Transfer of CTU Patients from KGH ED to J3/CTU-J

• Good candidates are traditional short stay/MSSU patients:
  (No MSSU patients to CTU-E at this time, CTU E= COVID + or r/o)
  • Mild AKI
  • Stable LGIB (GI available at HDH)
  • Asthma, COPDE (no NIV required, COVID swab –)
  • Pyelonephritis
  • Pancreatitis
  • Cellulitis
  • VTE (hemodynamically stable)

• Poor candidates are those that require multiple consulting services, potential IVR biopsies/PICC lines, Possible COVID (any mod-high risk)

In addition to other exclusion criteria-
• Patients not supported on Johnson 3:
  × Medically unstable
  × Patients who require continuous monitoring and/or telemetry
  × Patients who require COVID, CPE or C. Diff precautions
  × Patients with moderate to severe cognitive or behavioural challenges that cannot be supported in the environment and pose a risk to patient or staff safety.
  × Agitated and/or wandering patients who require sitters
  × Bariatric patients whose needs can’t be met in the physical environment
  × Exit-seeking patients that require a secure unit
  × Ceiling lift patients

Process
1. Case reviewed with ER Senior/NF to confirm that meets criteria as MSSU patient
2. Admission orders completed on Entrypoint and submitted as usual, indicate service as “CTU-J/HDH J3”
3. Between 8-3, M-F patient can go directly to J3, otherwise ‘held’ over night for AM transfer
4. Patient added to the CTU-J section of the tracking sheet
5. CTU-J Attending will review case in KGH ED with junior in AM