

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**