

Maryland Alternative Care Sites for Patient Care

Contact List for Admission

11/16/2020

- **UM Laurel Medical Center Alternate Care Site**
One Call Access: 301-618-6000

- **Baltimore Convention Center Field Hospital (BCCFH)**
Triage Nurse: 240-517-8227

- **Adventist HealthCare Takoma Park ACS Alternate Care Site**
Admitting physician via pager 301-206-0644

Three Attachments: BCCFH, Takoma Park, Laurel Admission criteria for reference

Attachment 1: Baltimore Convention Center Intake Triage page 1 of 2

Date: **Time:** **BCC Provider:**
Pt Name: **DOB:** **Ref Hospital:**
ER or Inpatient

Language:

Smoking Status (must be willing to use nicotine replacement/not smoke entire duration of BCC stay):

**Caution if significant psychiatric history, esp if directly from ER, where has not been monitored over time or if need for sitter/meds for agitation then clarify current status, if ongoing behavioral concerns then don't accept*

EXCLUSION CRITERIA: do not admit if Yes	YES	NO
Most recent COVID test was negative		
Dialysis		
Lack of Mental Capacity/Decision Making		
BiPAP/CPAP/Intubated/nebulizer need		
Persistent Vomiting, Diarrhea or C. Difficile		
Suicidal or Homicidal Ideation or other Major Behavioral Concerns (sitter, meds for agitation)*		
Co-infection with Flu/RSV/transmissible respiratory pathogen (TB, etc.)		
Bedbound		

Other Criteria/Data	Notes
COVID Sx Onset:	<i>May be incidental/no symptoms</i>
COVID Test Dates/Results:	<i>Cannot admit if most recent negative</i>
Current Oxygen Need	<i>Do not admit if persistently > 4 L NC</i>
Current IV Medications	<i>Do not admit if continuous IV; check w/ pharmacy for any periodic IV medications</i>
Physical Ability (AM-PAC Score)	<i>Ideal ≥ 19; nursing OK if 13-18; do not admit ≤ 12</i>

Attachment 1: Baltimore Convention Center Intake Triage page 2 of 2

CC/HPI/Hospital Course:

Most Recent Vital Signs/Labs (CBC, Cr, d-dimer):

Current Medications:

Comorbidities:

Skilled Nursing/Wound Care Needs:

Social Issues/Disposition Concerns

Attachment 2: Laurel Hospital Admission Criteria page 1 of 1

ICU/IMCU Unit Admission Criteria

- Respiratory failure requiring >10LPM 100% oxygen flow especially if oxygen saturations on above are <94%
- Respiratory failure requiring high flow oxygen therapy > 15LPM at >30% FiO2
- Respiratory Failure requiring mechanical ventilation - ICU
- COVID +ve patients requiring vasopressor therapy
- COVID +ve patients that would otherwise require Intensive/IMCU care such as with severe altered mental status (frequent neuro checks), Diabetic Ketoacidosis, Status epilepticus, etc.
- COVID + patient with single organ or multi-organ failure requiring life sustaining medication or devices – ICU
- CRRT-Continuous Renal Replacement Therapies for acute kidney injury that are hemodynamically unstable
- PUI and Covid “Recovered” (considered on case by cases basis) as per UMMS HICS policy
- Appropriate surgical procedures completed prior to transfer- i.e. peg, permacaths, interventional radiology

Medical Surgical Unit Admission Criteria

- Covid19 + patient or a PUI requiring management of respiratory failure or Hypoxia (O2sat<94%)
- Oxygen requirement of <10 L/Min via face mask
- Patients on NIV with ICU Consult
- Patients at risk* with comorbidities, with evidence of LRTI or AMS or Bilateral Infiltrates who are PUIs or Covid19 +
- Patient with risk factors** for progression of Covid19 which may need ICU consult
- Dialysis patients
- Covid “Recovered” as per UMMS HICS policy, PUI, Covid + with 1 negative retest and 2nd test pending

***Patient risk & comorbidity** include Age 60+; Comorbidities (HTN, CVD, cardiomyopathy, pulmonary disease, renal disease, DM, transplant); Immune deficiency (immune modulators, immunosuppressive medication, HIV); Altered mental status (GCS < 15); Evidence of Lower Respiratory Tract Infection

** **Risk factors for progression to severe disease which may need ICU Consult** D –Dimer > 1.0 ug/ml; CPK > 2x ULN; CRP > 100, LDH > 245; Hepatic Transaminase elevation; New Creatinine elevation; Troponin elevation; Abs lymphocyte count <0.8; Lactate > 4

Extensive bilateral and/or worsening pulmonary infiltrates. Exertional SpO2 <90% during one-minute walk in place or unable to complete

Exclusions Criteria for Units:

- ECMO- oxygenation therapy, >500 lb., MRI needs if >350 lb.
- Urgent surgical/procedural intervention, i.e. GI bleed
- Urgent Cardiac procedures-i.e. cardiac cath, cardiac surgery
- Acute BH issues with no medical diagnosis criteria for admission
- Pregnant patients more than 20 weeks gestation and do not need surgical intervention and active deliveries
- *Acute strokes (within window of thrombolytic therapy)
- Patients with Trauma, Intra-Cranial bleed requiring emergent surgery

Attachment 2: Adventist Healthcare Takoma Park Hospital Admission Criteria page 1 of 1

The state of Maryland and Adventist HealthCare have partnered to create a Center of Excellence for the care of COVID-19 patients at the Takoma Park Alternate Care Site. At this location, patients have access to continuing medical care and a comprehensive rehabilitation team which provides acute as well as subacute rehabilitation.

Patients with the following care needs are **appropriate for transition** to Takoma Park:

- Active COVID Dx (U07.1)
 - Patients who have a negative COVID test may not be admitted to the ACS. Please reach out to your Adventist HealthCare Rehabilitation liaison if your patient could benefit from Acute Rehabilitation
 - If the positive test was done more than 30 days ago, the test must be repeated
 - If the test was done 20-30 days ago, the treating physician and the ACS accepting physicians should discuss the patient's case and decide if the patient needs to be retested prior to transfer
 - ED patients must have a positive COVID test within 15 days of admission/transfer to the ACS
- COVID Clinical Risk Score ≤ 5
- Intravenous access addressed
- CT/MRI done
- Other medical needs acceptable for admission
- No exclusion criteria

Patients with the following care needs are **not appropriate for transition** to the ACS:

Clinical Risk Score > 5

- Ventilator
- Telemetry monitoring
- Oxygen > 4L
- Peritoneal dialysis
- PCA pump
- IV anticoagulants
- Restraints
- Acute psychiatric illness

Clinical Risk Score:

Pulse ≥ 125 at time of disposition (5 pts)

- Elevated lactate level at time transfer (2 pts)
- Age > 65, obese (1 pt each)
- Pre-existing moderate-to-severe pulmonary disease (1 pt)
- Labs: D-Dimer >1000 ng/mL, Troponin > 2X UNL, Renal failure, Ferritin (if measured) > 500 μ g/L (1 pt each)

If you have a patient who could benefit from care at the Takoma Park Alternate Care Site, please contact the Alternate Care Site admitting physician via pager 301-206-0644

