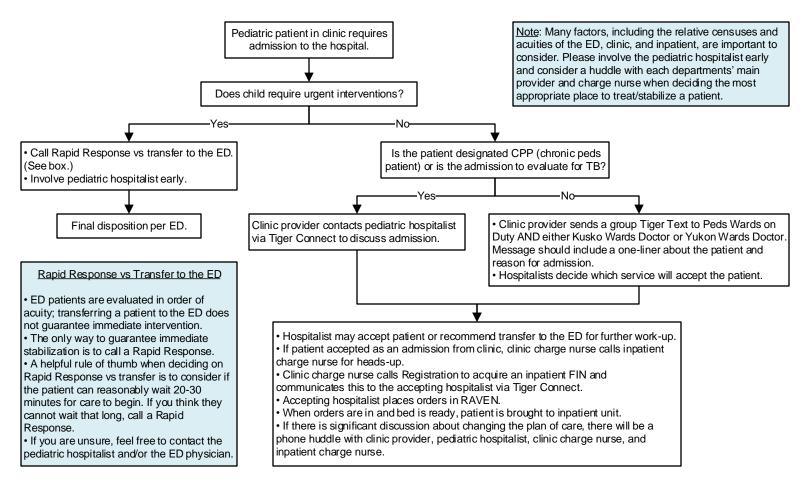


Admissions from Clinic (Pediatric)



Checklists for Specific Types of Admissions

- TB evaluation (see guideline):
- □ Work-up: CXR, LFTs, HIV test
- □ Contact TB officers via Tiger Connect and ensure they are aware of admission and have no further recommendations.
- $\hfill \square$ Discuss expected course with caregivers, including induced sputum collection and expected stay of ~24 hours.
- Iron Infusion (see guideline):
- ☐ If first infusion, ensure work-up (CBC, iron panel, ±lead level) is complete and within past month.
- □ Discuss IV access with admitting provider and accepting nursing team. Where IV access is obtained should be a team decision.
- □ Discuss expected course with caregivers.
- Skin Care (severe eczema exacerbation, etc.):
- ☐ If patient with history of chronic problems, work-up and IV are often not required. Discuss with accepting physician.
- □ Discuss expected course with caregivers, including to expect to stay at least 3-5 days.
- Failure to Thrive (see guideline):
- □ Discuss appropriateness of work-up and IV access with accepting physician. These decisions are tailored to each patient's unique presentation and needs.
- □ Discuss expected course with caregivers, including to expect to stay at least 3-5 days.
- · Constipation/Clean-out:
- □ Discuss appropriateness of work-up and IV access with accepting physician. These decisions are tailored to each patient's unique presentation and needs.
- Discuss expected course with caregivers, including to expect to stay at least two days.
- Respiratory (see pneumonia guideline, see respiratory distress guideline):
- □ Discuss appropriateness of work-up and IV access with accepting physician. These decisions are tailored to each patient's unique presentation and needs.
- Skin and Soft Tissue Infections (see guideline):
- $\hfill \square$ Discuss IV access with admitting provider and accepting nursing team. Where IV access is obtained should be a team decision.
- □ Discuss expected course with caregivers.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Approved by Clinical Guideline Committee 9/16/24.

Click here to see the supplemental resources for this guideline. If comments about this guideline, please contact Leslie_Herrmann@ykhc.org.