



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.
 - 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](#)):
 - 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.