

Guidelines for Pediatric vs. Adult Admission

The following are guidelines to assist in the determination of the appropriate service for admission between the Pediatric, Internal Medicine, and Family Practice services. Several general principles deserve mention first:

1. Disagreements regarding the appropriate service for admission should be resolved at the attending level. If still unresolved, the medical directors of IM or FP and Pediatric services should be involved promptly.
2. The following are only guidelines and ultimately the patient's best interest should be the primary factor in determining the appropriate service. Either service should feel free to consult the other, and if it appears that the consulting service (or corresponding subspecialist) is making primary decisions in the patient's care, the patient should be transferred. Transfers of care should be accompanied by an interim summary and an appropriate verbal signout. The patient is the primary responsibility of the existing team until transfer orders are written.
3. The admitting diagnosis may be considered when determining the appropriate service within the age guidelines noted below. If the admission diagnosis is most often managed by one service versus another, that service should admit the patient.

Following are general guidelines developed by the adult and pediatric hospitalist services in attempt to clarify admission guidelines:

1. With few exceptions, patients 18 years and older should be admitted to an adult service and patients less than 18 years should be admitted to a pediatric service.
2. Patients less than 21 years of age that are familiar to the Pediatric Hospitalist service and have not yet transitioned to an adult PCP may be considered for admission to the Pediatric service. During the admission, appropriate transition to an adult service should be pursued through the consult services of IM or FP.
3. If a Pediatric subspecialty service is requesting admission for a patient well known to the subspecialty who is less than 21 years of age and who has not yet transferred to adult care, that patient should be admitted to the Pediatric service. However, the admission should be used as a time to transition to an adult service. Subspecialty patients 21 years of age or older should be admitted to the adult service with a pediatric consult as indicated.
4. Incarcerated youth less than 18 years of age will be admitted to an adult floor but cared for by the Pediatric service (unless admission is for an "adult" diagnosis as above).
5. Patients with an established FP physician PCP should be admitted to the FP service with pediatric consultation as indicated and routinely for children 12 years and under.

In an attempt to transfer patients 18 years of age and older to adult services, the following goals should be pursued:

1. Pediatric PCPs and subspecialists will make efforts to transfer care of adolescents nearing adulthood to adult services on an out-patient basis.
2. Internal medicine and Family Practice faculty will attempt to take new patients that have previously been cared for by pediatricians regardless of diagnoses.
3. Pediatric and adult consult services agree to work cooperatively to transition patients 18 years of age and older during admission to the hospital.