

## Vertical Care/E pod Patients

**It is difficult to create an inclusive list of inclusion and exclusion criteria.**

**Below are examples and Guidelines / Principles to follow.**

Overall, the ESI 3s you see in TRG are ambulatory and not too sick. You should try to send as many as possible to E pod. Patients who should not go to E pod area those with highly complex/non-focused problems, Non-ambulatory patients, hemodynamically unstable patients.

The table below lists some inclusion and exclusion principles / Guidelines with some examples. The examples on the inclusion side are not meant to be limits/requirements/all inclusive as many other diagnoses are likewise appropriate.

<u><b>INCLUSION:</b></u>	<u><b>EXCLUSION</b></u>
<p>Neuro: Migraine HA, head trauma currently non-focal with GCS 15</p> <p>Respiratory: cough, cold, bronchitis, r/o PNA, strep vs mono, mild – mod asthma. Patients on droplet or contact precautions may go to E pod</p> <p>Chest pain: low risk of ACS or PE otherwise stable. Single troponin testing is appropriate.</p> <p>Abdominal Complaints: Stable pts with r/o appy, r/o GBD, r/o diverticulitis, r/o renal colic, UTI/pyelo, STD, who can sit in a chair</p> <p>Young pts with need of Pelvic Exam for bleeding/STD (APP can do pelvic exams in E pod Procedure room)</p> <p>Simple procedures: small lacs, simple abscess</p> <p>Stable pt sent in for admission</p> <p>Stable pt in need of specialty consultation</p>	<p>Non Focused complaint with side differential and likely admit</p> <p>Neuro: stroke/TIA pts</p> <p>Respiratory: need for negative pressure isolation (r/o measles, TB, SARS, Ebola)</p> <p>Cardiac: High risk/high suspicion of Cardiac Chest pain, cardiac arrhythmia, pt who you will want a second trop (heart score) on, need for NTG or heparin</p> <p>Immune compromised: Bone marrow or organ transplant &lt; 3mo ago. Suspected Neutropenia</p> <p>Sexual Assault, intoxicated pts, overdose patients</p> <p>Complex social issues. Concern for EtOH withdrawal</p> <p>Nursing/Monitoring needs -req cardiac monitor -non-ambulatory</p> <p>Pts needing blood transfusion</p> <p>Unstable vital signs: HR&lt;40, &gt;140, SBP&lt;90</p> <p>Procedure that is complex or anticipated to take &gt; 30 min. No Paracentesis/Thoracentesis/LP /complicated lacerations/complex abscesses</p> <p>Pts with high suspicion for severe sepsis- pts with likely infection who will need lactates, blood cultures and definite admission should not be placed in E pod</p>