Ortho-Medicine Admission Criteria

Clinically Significant Medical Co morbidity for Patients with Hip Fractures
And

Admission Guideline for Patients Receiving Orthopedic Procedures

Any patient with 3 or more of the following AND a hip fracture (including inter-trochanteric fractures) will be admitted to the Internal Medicine service:

1. **Coronary Artery Disease:** History of ischemic heart disease
2. **Congestive Heart Failure:** EF <40% at any time, or multiple clinical indicators of acute CHF (current pulmonary edema, elevated JVP, new LE edema not attributable to another cause)
3. **Cardiac arrhythmias** within the past 6 months: VT, VF, asystole, 2nd or 3rd degree AV block, SVT, atrial flutter or fibrillation
4. **Diabetes:** Hemoglobin A1c >8, or CBG >300 during hospitalization while on appropriate medical therapy
5. **Previous stroke**
6. **Renal disease:** Current Cr >1.6, or new ARF (>20% increase in creatinine from baseline)
7. **Malignancy** for which the patient has received therapy including radiation, chemotherapy or surgery within the past year
8. **Parkinson’s Disease** requiring medication
9. **Hypertension:** >170/100 on regular outpatient medication regimen
10. **COPD:** FEV1 <60% of predicted, or with clinical signs of exacerbation
11. **Severe Asthma:** history of steroid dependency or intubation; or with current exacerbation
12. **Need for ongoing anticoagulation**
13. **Active infection:** UTI, pneumonia, etc.
14. **Acute delirium**
15. **Malnutrition:** BMI <17 or albumin <2.8

IN ADDITION
Any patient who would require a medicine admission in the absence of their fracture (e.g., DVT, ESRD, suspicious mechanism of fall, etc.) **should be admitted to medicine.**

Patients initially admitted to orthopedics who subsequently develop any of these criteria may be seen in consultation by the medicine attending, who will determine whether a transfer to the medicine service is in the patient’s best interest.

The above guidelines are to help make a decision regarding admission. **However, always remember that the interest of the patient comes first when determining the primary team.**