

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.**