GUIDELINE:

1. Should be admitted to the trauma service at city division; or if at Mainland, transferred to the trauma service at city division.
   a. Patients with injury who have a high energy mechanism (MVC, pedestrian struck, fall from height, etc.)
   b. Open fractures
   c. Multiply injured patients
   d. Closed, single extremity fractures proximal to, and including, the knee/elbow that orthopedics does not want to admit, regardless of mechanism.

2. May be admitted to the Hospitalist
   a. Elderly patients (>65) with a same level fall and an isolated hip (intertrochanteric, femoral neck) fracture. This does not include any fracture of the pelvis.
   b. Isolated, closed fractures distal to the knee or elbow due to a low energy mechanism (twisted ankle off curb, foot run over, etc.)
   c. Patients with an injury which would otherwise be sent home who are being admitted for their medical condition (i.e. massive MI loses consciousness and breaks finger in the process of collapsing) – please at least document a conversation with the trauma attending in these cases.

3. Spreadsheet of injured patients who are admitted to a non-surgical service will be reviewed with the ED Medical Director at least semi-annual so that feedback can be provided to ED Physicians who admit injured patients inappropriately to a non-surgical service

4. Any instances in which a trauma attending is contacted and inappropriately recommends admission to non-surgical service will be discussed in Level 3 Trauma Peer Review.

REFERENCES:

DEFINITIONS:

AtlantiCare: AtlantiCare is defined as any and all affiliated companies of the AtlantiCare Health System, including its joint ventures operating under the AtlantiCare trademark, and captive professional services corporations such as AtlantiCare Physicians Group.