



Harris County Hospital District Lyndon B. Johnson General Hospital IMU Admission Criteria



Patient may be admitted if one or more of the following criteria are met. Refer to Intermediate Care Admission Criteria policy in Med/Surg Policy & Procedure for protocol to follow when patient does not meet IMU criteria.

Respiratory Compromise/ Hemodynamics	Neurologic/GI Status	Metabolic Status	Nursing Care	IV infusions
Underlying disease w/ potential for worsening resp insufficiency that require freq obs/not at imminent risk of intubation. No Ventilators Patients on CPAP/BiPAP that require 2-4hrs monitoring with no respiratory comprise.	Established, stable stroke requiring frequent neurologic assessments, or suctioning or turning	Recovery phase (resolved anion gap metabolic acidosis) of DKA requiring frequent injections of insulin	Total Care demands that can not be met on general nursing unit	Amiodarone Lasix Heparin
RR > 24 and Sp O ₂ < 85% on RA Fi O ₂ > 40% by facemask No severe intercostal retractions No accessory ventilator muscle use	Acute non-surgical traumatic brain injury with GCS > 9 requiring frequent monitoring	Continuous infusion of insulin for mgmt of hyperglycemia w/ out DKA /Must be approved by Nursing & Medical Director (refer to policy)	Nursing Care ≤ q 4 hrs ≥ q 2 hrs (monitoring, VS, assessments, lab draws)	Fentanyl (for pain control/not to compromise ventilatory/ cardiovascular fxns)
Resp. care 2-4 hours; Q 1 Nebs OK/ Not at imminent risk of intubation ABGs ≥ 6 hrs Post Tracheostomy after 12 hrs	Chronic but stable neurologic disorders requiring frequent nursing interventions New seizures requiring close observation	Unstable glucose > 50 and < 400 Glucose check ≥ q 2 hrs Hyperosmolar state with resolution of coma	Postoperative patients – hemodynamically stable that requires close nurse monitoring during 1 st 24 hrs post op	Insulin drip (w/approval of Nursing & Medical Director)
Hemodynamically stable MI requiring Cardiac Monitoring Low probability MI; R/O MI – max stay 24 hrs	Stable DT's that may require Ativan administration, not compromising ventilatory/ cardiovascular functions	Na 116-129 or 151-169 w/out neurologic dysfunction; lab draws ≥ q 4 hrs Hypertonic saline requires ICU	Post pericardial window > 24 hrs post op and hemodynamically stable	Lorazepam drip (w/out compromising ventilatory/cardiovascular functions)
Hemodynamically stable dysrhythmia; Non-life threatening arrhythmias requiring Cardiac Monitoring No immediate post CPR	GI bleeding w/minimal orthostatic hypotension; responds to fluid	K > 6.0 or < 2.5 w/out muscular weakness or ECG abnormalities and not requiring > 20 mEq of KCl per hour replacement Lab draws ≥ q 4 hrs	More frequent than q 2 hrs nursing care requires ICU	Mannitol Octreotide Remicade
No continuous IV infusions of antiarrhythmic drugs except Amiodarone Arrhythmia: HR > 40 but < 150 and asymptomatic	Active GI bleeding or patients requiring MORE than 4 units PRBC or 12 FFP/Cryo or 12 pack Platelets in 24 hrs must go to ICU	Stable thyrotoxicosis or hypothyroid state requiring frequent monitoring	Pts from whom aggressive modalities of care are withheld/only receiving comfort measures should be admitted to general nursing care unit	IV push meds per HCHD policy & procedure
Mild to moderate CHF without shock (Killip Class I,II) MAP between 60 and 110 SBP w/in 30% of pt's usual	Variceal bleeding w/out evidence of active GI bleeding and stable VS Acute liver failure w/ stable VS	Drug ingestion/overdose – hemodynamically stable requiring CM or neuro or pulmonary assessments no more than q 2 hr	No invasive hemodynamic monitoring	Iron Administration per Med/Surg policy & procedure
Hypertensive urgency without evidence of end-organ damage/ see IV infusions				NO continuous infusions of vasoactive drugs