Cardiology Admission Grid

Note: "Type I" refers to patients who present with presentations that are thought to be of a "Primary cardiogenic etiology" (not the result of a PNA, Sepsis, PE, etc.)

RED=Cards Admit, Blue=AIM Admit, Green=ED/OBS

Chest Pain/Ischemic Heart Disease	SOB/CHF	Arrhythmia
Cardiogenic Shock (Primary cardiac)	CHF: Intubated	VT/VF → Cards
Cardiology	Cardiology	Arrest → SCU/Cards
STEMI Cardiology	CHF: - BIPAP (Primary cardiac) → Cards - Weaned off BIPAP w/ Multiple medical problems → AIM - CICU → Cards	Brady Arrhythmia (Primary cardiac) hemodynamically unstable or possibly Requiring TVP → Cards Brady Arrhythmia with medical cause → AIM
High Risk ACS	Definite CHF:	Afib: New Onset
NSTEMI or High Risk Unstable Angina	(Primary cardiac)	1. High cardiac complexity
Should include only "Type I"	Patient with shortness of	Cardiology
(ie Primary cardiac)	breath, physical exam and	
Presentations with any two of the	chest x-ray evidence of CHF	2. Not high cardiac complexity
following:	1. High cardiac complexity	→AIM
-Dynamic ST changes (ie. Depressions)	Cardiology	
-Ongoing cardiac chest pain		3. Not high Cardiac complexity
-NSTEMI (+) Troponins	2. Not high Cardiac	BUT significant medical
-Nitro Drip, pressors, etc	complexity	complexity→ AIM
Cardiology	AIM/OBS(future)	
Low Risk ACS		Afib: Paroxysmal and/or Permanent
Unstable Angina/ Rule Out MI	CHF Re-admission for CHF	1. High cardiac complexity
1. High cardiac complexity	Goes to service who care for	-Extensive valvular dis.
→ Cardiology	patient on last admission	→ Cards
2. Not high complexity →AIM/OBS		2. Not high Cardiac complexity BUT significant medical complexity → AIM
Atypical Chest Pain/SOB/	Rule out CHF, Shortness of	Afib: Not primary diagnosis /Rate
Positive Troponin →AIM	breath with physical exam & chest x-ray→AIM	control →AIM
Chest Pain Observation ED OBS w/ Cardiology		Syncope 1. High complexity or ICD→Cards
		2. Not high Cardiac complexity →AIM