



### Scenario:

87-year-old presented for evaluation of shortness of breath, productive cough and fever.

**ED Course:** Febrile to 101.7, Tachycardic: 119, BP: 199/91. On exam: rhonchi noted. Labs: WBC: 12.4, Cr: 1.14. Chest x-ray: interval development patchy alveolar opacities characteristic of pulmonary edema and/or multifocal PNA, and trace bilateral pleural effusions.

**At Time of Admit:** Ill-appearing with tachycardia and rhonchi present. Pt treated w/Tylenol, Ibuprofen, IVF bolus. Pt requiring 4L supplemental O2 via nasal cannula.

**Documented Principal Problem:** Pneumonia

### Recommended Workflow

- C** - Consider appropriate care setting
  - Hospitalization
- A** - Ask what the principal diagnosis is?
  - Pneumonia
- R** - Review INPT guideline first, then OBS
  - INPT criteria: MET
- E** - Enter bed status / level of care order
  - Inpatient
- D** - Document criteria in medical record
  - **No documentation in admission notes of hypoxemia or oxygen requirements** (information located within vital sign flowsheet).

The screenshot shows the AdmissionCare interface for a Pneumonia - INPT case. The top navigation bar includes 'SEARCH', 'GUIDELINE', and 'DOCUMENTATION' tabs. The main content area displays 'Clinical Indications for Admission to Inpatient Care' with a list of criteria. The first criterion, 'Hypoxemia, as indicated by 1 or more of the following (1):', is expanded and shows three sub-criteria, the first of which is checked: 'Patient without baseline need for supplemental oxygen with oxygen saturation (SaO2) of less than 90% or arterial blood gas partial pressure of oxygen (PO2) of less than 60 mm Hg (8.0 kPa) on room air ([A])([B])'. A 'CRITERIA MET' indicator with a green checkmark is visible at the bottom left, and a 'Send Documentation to EHR' button is at the bottom right.