

Ped Pulmonary/Hospital Pediatrics Admission Guidelines

Always admit to Ped Pulm regardless of problem:

- CF
- Lung transplant
- Ventilator dependent*

Patients with stable nighttime only non-invasive ventilatory support and those with trach and no vent support do not need to be admitted to PMP if they do NOT have a primary respiratory issue unless "critical airway"*

Admit to Ped Pulm if **PRIMARY RESPIRATORY ISSUE** in a patient with chronic respiratory illness.

Such diagnoses include but are not limited to:

- Asthma managed by pulmonologist
- Severe asthma requiring PICU care and/or HFNC (remind PICU to consult pulm early in hospitalization)
- CLD/BPD
- Airway center patients including tracheostomy* and critical airways
- Duchenne's/MD
- PCD
- ILD

Diagnoses below are generally appropriate for PHM, but may consider admission to Ped Pulm, if low Blue Team census and high PHM census or respiratory surges. Conversely, if Blue Team at high census, appropriate patients to offload onto PHM team include but are not limited to:

- Asthma not needing ICU care
- Complex pneumonia
- Bronchiolitis

Consult Ped Pulm INPATIENT for the following: (long time to first new outpatient visit, poor follow-up rates in clinic)

- Asthma
- Chronic/recurrent respiratory conditions resulting in admission to hospital
- Airway concerns