Background

In general, adult patients with hematologic malignancies receiving non-transplant related chemotherapy are admitted to the UWMC inpatient oncology service, either the resident or midlevel services. Only adult patients receiving transplant related care are admitted to the transplant service at UWMC. On both the inpatient oncology service and the transplant service, the total number of admissions is limited by the number of providers. At times, there are patients who require urgent admissions when the appropriate service is full.

Purpose

The overall purpose of this guideline is to provide census relief only at those times when either UWMC inpatient service is at capacity yet needing to admit patients. This recognizes that there may well be times when both services are at capacity and unable to admit for each other. Inter-service transfers of patients are not permitted.

Policy

1. If either service wants to admit to the other, the initial communication must be between inpatient medical directors of the respective services and not between one service attending (inpatient or outpatient) and another inpatient service attending.

2. This agreement ensures reciprocity so each service has the potential benefit of limited admission to the other in times of high census.

3. Patients who may be accepted to the respective services include low acuity patients with hematologic malignancies who are admitted for routine chemotherapy.

4. In general, the BMT census limit for accepting off service patients is 16 or less patients per team. The census limit for the Hem/Onc service is 10 or less for the midlevel providers and 8 or less for the resident providers.

5. No newly diagnosed leukemias or lymphomas or ICU patients will be accepted by the BMT service.

6. No patients with active GvHD or ICU patients will be accepted by the Heme/Onc service.

7. For the purposes of this guideline, both green and platinum services within the Heme/Onc service are considered appropriate for accepting BMT patients (except for those with active GvHD or early in the transplant conditioning or post-transplant phase.)