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## **POLICY**

All oncology admissions and transfers are assigned to an attending physician of record who is responsible for the supervision of the care. The RTC – Inpatient Unit (VU-14) is designated as a non-COVID Surge Unit.

## CRITERIA FOR ADMISSION TO THE RTC - INPATIENT UNIT

## I. ADMISSION CRITERIA:

- a. Previously known to a Mount Sinai Health System (MSHS) Hematology/Oncology faculty physician (i.e. followed in the outpatient practices). These patients should be receiving active cancer management, active post-treatment management or managing complications associated with cancer management at the time of admission
- b. Low acuity non-COVID oncology patients
- c. Expected LOS <6 days

## **II. EXCLUSION CRITERIA:**

- a. Patients who tested positive for COVID-19
- b. Patient who are non-ambulatory or require two person assist
- **c.** Patients who require isolation beyond standard precautions
- **d.** Patients who require 1:1 sitter for safety and suicidal ideation
- e. Febrile neutropenia (T>38 and ANC <1000)
- f. Patients that are acutely ill (i.e. change from baseline) with unstable vital signs (as above in #1) and/or severe, symptomatic lab abnormalities (representing a change from baseline) or cancer sequelae presenting as:
  - 1. Requiring non-invasive oxygen support other than nasal cannula
  - 2. disseminated intravascular coagulation
  - 3. acute chest syndrome
  - 4. acute mental status change/neurologic symptoms
  - 5. superior vena cava syndrome
  - 6. high risk for active acute coronary syndrome
  - 7. high risk for active acute cerebrovascular vascular accident
  - 8. elevated viscosity levels and high disease burden
  - 9. Suspected pulmonary embolism (PE) and symptomatic
  - 10. Leukocytosis with blast crisis/leukostasis
  - 11. New onset neurological symptoms with concern for CNS leukemia/carcinomatosis or cord compression.
- g. Patients requiring the following:
  - 1. Chemotherapy induction
  - 2. Chemotherapy regimen > 6 days
  - 3. Patients who have previous decompensation during treatment
  - 4. Telemetry/cardiac monitoring
  - 5. Vasoactive IV medications