

MEDICAL CONTRAINDICATIONS FOR ADMISSION

1. Patients will be assessed on a case by case basis possibly utilizing an ADL scale. Patients 17 and under presenting with the following will be reviewed on a case by case basis:
 - a. Pregnancy (beyond 1st trimester)
 - b. Sickle Cell Disease
 - c. Type (I) Diabetes
 - d. Open/Infectious Wounds
2. Patient with swallowing problems and who cannot utilize a General, Soft or Puree Diet.
3. Toileting
 - a. Frequent and ongoing episodes of diarrhea (consult with CLH internist).
 - b. Ostomy care that requires more than minimal assistance from staff.
4. Patient requiring catheter
 - a. (Patients with a chronic, indwelling Foley can be accepted.) Feeding tubes, or N/G tube
5. Patient requiring dialysis
6. Patient requiring Peripheral IV line, Central line or IV injection.
7. Patients with physical therapy can be assessed on a case by case basis. Patient requiring CPAP and/or diagnosed with sleep apnea are considered on a case by case basis (Patients must have a functional machine).
8. Patient requiring post-surgical care and follow up will be considered on a case by case basis.
9. Patient at risk of medically significant complications due to recent medical trauma will be considered on a case by case basis.
10. Patient with acute neurological symptoms, including unstable seizure disorders. (This will be reevaluated and discussed at a later time).
11. Patient with cancer that requires work up and/or treatment.
12. Patient with active MRSA, VRE, TB or C.difficile. Patient requiring oxygen. (PRN oxygen can be accepted. Do not accept patients who require continuous oxygen.
13. Patient requiring EKG monitoring/telemetry. (Must be off telemetry for 24 hours, Exceptions approved by CLH Internist).
14. Patient requiring urgent surgery.
15. Patient with medically significant bleeding.
16. Patient with draining wounds that require wound vacs or other external fixation device for wound treatment. (Can be managed if a patient presents with a wound but generally is a deflection.)
 - a. Patients with Stage 3, 4 pressure ulcers.
17. Patient with communicable disease requiring isolation.

18. Patient with primary Dementia without other psychiatric or Axis I symptoms (Older Adult Unit is acceptable if other possible medical etiologies are ruled out PRIOR to admission.)
19. Patient with toxic levels of medication or who are at risk to become toxic (i.e., acetaminophen). All overdose cases should be reviewed with the physician. All patients will require appropriate labs.
20. Transplant patients may only be admitted AFTER speaking directly with the transplant physician to determine any adverse effects to medication management with psychotropic and to verify transplant medications.
21. Any pregnant patient must be accepted by the CLH Internist as well as an attending psychiatrist (must have had pre-natal care).
 - a. No pregnant women addicted to opiates
22. Patients who are non-compliant with life-threatening medical treatment. (CLH Internist will make determination on these patients).
23. Patients with a recent (within last three months) history of DVT's, PVT's and/or noncompliance with treatment will be reviewed on a case by case basis.
24. Patients with medical conditions/treatments as listed below are not appropriate for admission unless noted. Cases should be consulted with the internists. Patients should also be required to bring in their own medications.
 - All MS (review on case by case)
 - Transplant Rejection Patients
 - Hepatitis C patients receiving
 - Patient receiving Injectable Anticoagulants
 - Autoimmune diseases (like Resistant Rheumatoid Arthritis) being treated with listed medications Interferon Treatment
 - Patient receiving Mucomyst (for Tylenol/Acetaminophen overdoses) should finish their prescribed medical treatment BEFORE arrival or acceptance.
 - Patients receiving Growth Hormone

Lab Test Exclusions

- Patient with Absolute Neutrophil Count of Less than 500
 - Patient receiving Injectable Chemotherapy Medications
 - Patient receiving medications to stimulate WBC/RBC production
Patients utilizing pumps to administer medications Intravenously or Subcutaneously
25. All medications will be reviewed for availability, compatibility and efficacy.