## InterQual® 2020 Physician Admission Guide



This document identifies key clinical differentiators between the Observation and Acute levels of care for clinical conditions in the Acute Adult Criteria. It is intended to serve as a guide to admitting providers to support documentation and decision making when assigning a level of care.

Conditions	Observation (6hrs ≥ and ≤ 48hrs)	Acute (> 48hrs)
Abdominal pain (non-traumatic)	MS changes OR GCS 9-14 OR Hx of abd surg OR vomiting after $\geq$ 2 antiemetic doses OR elevated temp and WBC $\geq$ 12, 000/cu.mm/bands > 10%/elevated HR AND imaging	n/a
Acute Coronary Syndrome (ACS)	ACS suspected AND ECG normal/unchanged/nondiag AND troponin negative/indeterminate AND serial troponins planned OR NSTEMI AND cath not planned AND pain free/controlled with medication OR unstable angina AND pain free/controlled with medication AND ischemic/paced ECG AND troponin negative/indeterminate AND serial troponins planned	STEMI OR ACS suspected AND new LBBB OR NSTEMI AND cath planned/IV nitro or $\geq 2$ doses morphine necessary OR unstable angina AND IV nitro or $\geq 2$ doses morphine necessary/chest pain/anginal equivalent
Anaphylaxis/allergic reaction	Airway patent AND hemodynamically stable after epinephrine admin AND ≥ 2 epinephrine doses/Hx of biphasic reaction AND antihistamine/corticosteroid planned	Impending intubation OR mechanical ventilation OR NIPPV OR nebulizer/inhaler q 1-2 hr/continuous
Anemia, unknown etiology	Hct 18–25%/Hb 6.0–8.3 g/dL AND age < 65 OR asymptomatic OR non vit K oral anticoagulant	Hct < 18%/Hb < 6.0 g/dL OR Hct < 25%/Hb < 8.3 g/dL AND age $\geq$ 65 OR Hct < 30%/Hb < 10.0 g/dL AND dyspnea or orthostatic HTN or presyncope or syncope
Arrhythmia: Atrial	Afib/Aflutter resolved after ibutilide OR onset < 48h AND Hx of stroke/TIA or mitral valve area > 1.5 cm2 OR unsuccessful electrical cardioversion or rheumatic valve disease	Hemodynamic instability OR bradycardia OR SVT OR sotalol adjustment OR sustained Afib/Aflutter AND MI w/in last 4 wks OR troponin positive OR NYHA Class III/IV HF OR intracardiac thrombus OR mechanical valve OR onset > 48h/unknown OR mitral valve area $\leq$ 1.5 cm2
Asthma	Wheezing AND dyspnea OR HR > 100 OR 02 sat < 96% OR PEF/FEV 26-69% OR pulsus paradoxus > 10 mmHg OR use of accessory muscles AND failed OP Rx	Impending intubation OR NIPPV OR mechanical ventilation OR wheezing unresolved after OP Rx AND DM with BS 300 mg/dL OR pneumonia OR Hx of severe exacerbation/intubation/critical care admission OR difficulty perceiving severity of asthma OR mental illness OR substance use disorder
Cellulitis	Animal/human bite of face/hand OR DM and BS > 300 mg/dL OR failed OP anti-infective OR peri-orbital OR purpura OR petechiae OR systemic symptom/finding	Immunocompromised OR located over a prosthesis/implanted device OR orbital OR > 50% limb/torso OR > 10% BSA
COPD	Dyspnea AND ≥ 2 doses short-acting beta-agonist AND 02 sat 90-91% OR arterial Po2 56-60 mmHg OR Pco2 41-44 mmHg OR increased work of breathing	Impending intubation OR NIPPV OR mechanical ventilation OR dyspnea AND $\geq$ 2 doses short-acting beta-agonist AND 02 sat $\leq$ 89% OR arterial Po2 $\leq$ 55 mmHg and pH $>$ 7.45 OR Pco2 $>$ 45 mmHg and pH $<$ 7.35 OR increased work of breathing OR cyanosis OR paradoxical chest wall motion OR risk factor for respiratory failure (e.g., cor pulmonale, cancer, pneumonia, DM, home O2, Class III or IV HF, mental illness, substance use disorder, stable angina)
Deep vein thrombosis (DVT)	DVT by US AND medication teaching	DVT by US AND bilateral OR BMI ≥ 35kg/m² OR creatinine clearance < 30 mL/min OR susp HIT OR HIT by Hx OR risk for fall/trauma OR home unsafe OR coagulopathy OR immobilization OR liver disease with elevated PT/INR OR recent stroke/surgery/trauma OR active cancer OR plt < 75,000/cu.mm OR previous VTE OR pregnant OR patient/caregiver unable to manage care
Dehydration or gastroenteritis	BUN 25-45 mg/dL OR Cr 1.5-3 mg/dL OR HR > 100 OR MS changes OR GCS 9-14 OR orthostatic hypotension OR Na > 150 mEq/L OR urine SG > 1.030 OR IV fluids OR vomiting after ≥ 2 antiemetic doses	Failed Observation Rx AND vomiting OR diarrhea OR inadequate PO intake OR Na > 150 mEq/L AND advancing diet as tolerated OR antiemetic $\geq$ 3x/24/h OR serotonin antagonist $\geq$ 2x/24h OR IVF
Diabetic ketoacidosis (DKA)	n/a	pH $\leq$ 7.30 AND BS > 250 mg/dL AND ketones elevated AND serum HCO3 or CO2 $\leq$ 18 mEq/L

Conditions	Observation (6hrs ≥ and ≤ 48hrs)	Acute (> 48hrs)
GI bleeding	Hct ≥ 30%/Hb ≥ 10 g/dL AND plt ≥ 60,000/cu.mm	Hemodynamic instability OR Hct < 30%/Hb < 10 g/dL AND plt < 60,000/cu.mm OR plt > 1,000,000/cu.mm OR PT/PTT $\geq$ 1.5 ULN OR INR > 2 OR HR 100 - 120 OR MS changes OR GCS 9-14 OR orthostatic HTN OR presyncope OR syncope OR non vit K anticoagulant
Heart failure (HF)	Failed OP mgt OR dyspnea and volume overload OR dyspnea after ≥ 1 diuretic dose and O2 sat 89-91% OR MS changes OR GCS 9-14 OR HR 100 -120 OR BUN > 1.5x ULN OR Cr > 1.5x ULN	Impending intubation OR NIPPV OR mechanical ventilation OR ECMO/ECLS OR VAD OR vasoactive/inotrope OR dyspnea AND stable angina OR CKD OR COPD OR DM with BS > 300 mg/dL OR pneumonia OR mental illness OR substance use disorder OR Na < 130 mEQ/L
Hypertension (HTN)	SBP > 180 mmHg/DBP > 120 mmHg AND asymptomatic AND no evidence of end-organ damage AND Hx of HF/stroke/TIA/stable angina	SBP > 180 mmHg/DBP > 120 mmHg AND acute kidney injury OR aortic aneurysm OR aortic dissection OR HF OR hypertensive encephalopathy OR symptomatic
Hypertensive disorders of pregnancy	Gestation ≥ 20 wks AND SBP 140 - 159 mmHg/DBP 90 - 109 mmHg AND FHR monitoring AND US assessment	HELLP OR SBP ≥ 160 mmHg/DBP ≥ 110 mmHg and anti HTN Rx OR preeclampsia
Migraine	Failed OP mgt OR incapacitating/intractable OR focal neurological finding AND analgesic/anti-migraine agent ≥ 2x/24h OR dihydroergotamine (DHE) and antiemetic	n/a
Nephrolithiasis (kidney stones)	Renal calculus w/o obstruction by imaging AND analgesic ≥ 2 doses AND IVF	Obstruction by imaging AND nephrostomy planned OR urinary catheterization necessary and Cr > 1.8 mg/DI
Hypoglycemia	BS < 70 mg/L AND 50% glucose bolus x2/glucagon/self- destructive and BH assessment planned OR BS ≥ 70 mg/L AND caregiver unavailable and ≤ 12h since hypoglycemia corrected OR cause unknown OR on sulfonylurea drug OR on long-acting insulin	BS < 70 mg/L AND coma OR stupor OR obtundation OR GCS ≤ 8 OR seizure
Pneumonia	Pneumonia by imaging AND O2 sat 89–91% OR pneumonia severity index 71-90 OR one CURB-65 criterion (confusion or BUN > 19.6 mg/dL or RR ≥ 30/min or age ≥ 65) OR failed OP mgt	Impending intubation OR NIPPV OR mechanical ventilation OR ECMO/ECLS OR vasoactive/inotrope OR O2 $\geq$ 40% OR pneumonia by imaging AND O2 sat < 89% OR arterial Po2 < 56 mmHg OR Pco2 $\geq$ 45 mmHg and pH $\geq$ 7.31 OR empyema OR $\geq$ 2 lobes OR O2 sat 89–91% and Class III/IV COPD/HF/mental illness/substance use disorder OR pneumonia severity index $\geq$ 91 OR two CURB-65 criteria (confusion or BUN $\geq$ 19.6 mg/dL or RR $\geq$ 30/min or age $\geq$ 65) OR lung abscess OR susp/known sepsis OR necrotizing OR pregnant and T $\geq$ 99.4
Pulmonary embolism (PE)	PE by imaging AND age $\leq$ 80 AND HR $<$ 110 AND no cancer AND no chronic lung disease AND no HF AND not pregnant AND O2 sat $\geq$ 90% AND SBP $>$ 100	Impending intubation OR NIPPV OR mechanical ventilation OR vasoactive/inotrope OR PE by imaging AND O2 $\geq$ 40% OR PE by imaging AND abnormal biomarkers OR HIT OR pregnant OR age $>$ 80 OR HR $>$ 110 OR chronic lung disease OR HF/malignancy requiring Rx
Pyelonephritis	T > normal AND pain AND u/a positive AND failed OP anti- infective OR vomiting/severe pain after Rx	T > normal AND pain AND u/a positive AND age $\geq$ 75 OR immunocompromised OR MS changes OR GCS 9-14 OR $\geq$ 24 wks gestation OR urinary stent OR urinary tract obstruction
Stroke	Prior stroke with neurological deficit exacerbation	Acute ischemic OR hemorrhagic stroke
Syncope	During exertion OR palpitations prior OR aortic stenosis OR EF < 35% OR CAD OR MI w/in last 6 mos OR new systolic murmur.	Long QT syndrome
TIA	Neurological deficit resolved/resolving	Neurological deficit resolved/resolving AND crescendo TIA OR endocardial vegetation OR previous stroke