

InterQual® 2021 Physician Admission Guide

This document identifies key clinical differentiators between the Observation and Inpatient (Acute, Intermediate, Critical) 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.

Condition	Observation (6hrs ≥ and ≤ 48hrs)	Acute/Intermediate/Critical
Abdominal pain (non-traumatic)	MS changes or GCS 9-14 OR Hx of abd surg OR vomiting after ≥ 2 antiemetic doses OR elevated temp and WBC ≥ 12,000/cu.mm/bands > 10%/elevated HR AND imaging	n/a
Acute Coronary Syndrome (ACS)	ACS suspected AND ECG normal/unchanged/non-diagnostic AND troponin negative/indeterminate AND serial troponins planned OR unstable angina AND pain free/controlled with medication AND troponin negative/indeterminate AND serial troponins planned	NSTEMI OR STEMI OR ACS suspected AND new LBBB OR unstable angina AND IV nitro or ≥ 2 doses morphine necessary/chest pain/anginal equivalent
Anaphylaxis/allergic reaction	Airway patent AND hemodynamically stable after epinephrine 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	Anemia AND Hct < 21%/Hb < 7.0 g/dL OR exertional dyspnea OR fatigue OR presyncope/syncope AND Hct/Hb monitoring at least daily AND blood product transfusion	Hemolytic anemia AND Hct < 30%/Hb < 10.0 g/dL OR exertional dyspnea OR fatigue OR presyncope/syncope AND Hct/Hb monitoring 2x/24h and blood product transfusion OR corticosteroid OR immunotherapy ≤ 24h OR immunoglobulin
Arrhythmia: Atrial	New onset Afib/Aflutter and HR < 110/min post ED antiarrhythmic (includes PO) OR Afib/Aflutter and HR < 110/min post ED IV antiarrhythmic OR resolved Afib/Aflutter post electrical cardioversion ≤ 24h OR Afib/Aflutter resolved after ibutilide	New onset Afib/Aflutter requiring continuous antiarrhythmic/digoxin loading/permanent pacemaker OR Afib and NYHA Class III/IV HF requiring IV antiarrhythmic and IV diuretic OR SVT OR symptomatic bradycardia OR PO sotalol initiation/adjustment OR suspected drug toxicity and bradycardia requiring monitoring
Asthma	SABA ≥ 2 doses and ipratropium/ipratropium contraindicated AND corticosteroids ≥ 1 dose AND wheezing AND PEF or FEV1 40-69% OR symptoms of airway obstruction	Impending respiratory failure OR mechanical ventilation OR NIPPV OR status asthmaticus OR PEF/FEV1 < 40% after 2h treatment in ED OR PEF/FEV1 ≤ 25% OR silent chest OR use of accessory muscles OR MS changes OR drowsiness OR arterial Pco2 ≥ 42 mmHG OR bradycardia < 60/min AND heliox OR short-acting beta-agonist every 1-2h continuous
Cellulitis	Animal/human bite of face/hand/genitalia/peri-orbital/multifocal OR failed OP anti-infective	Immunocompromised OR located over a prosthesis/implanted device OR orbital
COPD	≥ 2 doses short-acting beta-agonist prior to admission AND O2 sat 90-91% OR arterial Po2 56-60 mmHg OR Pco2 41-44 mmHg OR increased work of breathing and difficulty taking PO OR prefers sitting OR talks in phrases	Impending intubation OR NIPPV OR mechanical ventilation OR dyspnea AND ≥ 2 doses short-acting beta-agonist AND O2 sat ≤ 89% OR arterial Po2 ≤ 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 (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 risk for bleeding requiring monitoring AND anticoagulation	DVT by US AND continuous unfractionated heparin AND risk of limb compromise and anticoagulation OR hospital acquired and initiation of anticoagulation OR IVC filter placement planned
Dehydration or gastroenteritis	≥ 1L IVF prior to admit OR BUN/creatinine ratio of at least 10:1 OR HR > 100 OR MS changes or GCS 9-14 OR orthostatic hypotension OR Na > 150 mEq/L OR urine SG > 1.030 OR vomiting after ≥ 2 antiemetic doses AND IVF	N/A
Diabetic ketoacidosis (DKA)	BS > 250 mg/dL AND ketones elevated AND anion gap 10-12 mEq/L OR pH 7.25 - 7.30 serum OR HCO3 or CO2 15-18 mEq/L	BS > 250 mg/dL AND ketones elevated AND anion gap >12 mEq/L OR pH <7.25 serum OR HCO3 or CO2 < 15 mEq/L
GI bleeding	GI bleeding and 1L IVF or blood product transfusion prior to decision to admit AND Hct ≥ 21%/Hb ≥ 7 g/dL AND coffee ground emesis/hematemesis/hematochezia/melena	GI bleeding and 1L IVF or blood product transfusion prior to decision to admit AND Hct < 21%/Hb < 7 g/dL OR exertional dyspnea OR MS changes OR INR ≥ 2 OR orthostatic hypotension OR presyncope/syncope

Heart failure (HF)	Failed OP mgt OR dyspnea after ≥ 1 diuretic dose AND O ₂ sat 89-91% OR edema OR hepatomegaly OR JVD OR ≥ 3 lbs weight gain over last 2d OR rales OR pleural effusion/pulmonary edema/cardiomegaly on CXR	New onset AND dyspnea OR orthopnea OR paroxysmal nocturnal dyspnea AND rales OR gallop OR pleural effusion/pulmonary edema/cardiomegaly on CXR OR edema OR hepatomegaly OR JVD OR BNP or NT-pro-BNP $>$ ULN OR acute on chronic AND O ₂ sat $<$ 89% after ≥ 1 diuretic dose and ≥ 2 h treatment AND inadequate diuresis OR persistent weight gain ≥ 5 lbs OR troponin $>$ ULN OR Cr $>$ 1.5x baseline OR CKD (excludes chronic dialysis) and Cr ≥ 2.75 mg/dL OR HR 100-120/min OR SBP ≤ 120 mmHg OR Na $<$ 130 mEq/L OR BUN $>$ 43 mg/dL OR mental illness/cognitive impairment/substance use disorder OR dyspnea not returned to baseline after 1 dose of diuretic and ≥ 2 h treatment
Hypertension (HTN)	SBP $>$ 180 mmHg/DBP $>$ 120 mmHg AND chest pain OR cerebral aneurysm OR dyspnea on exertion OR headache OR Hx of CHF/stroke/TIA OR stable angina	HTN AND end-organ damage AND hematuria OR proteinuria OR aortic aneurysm/dissection OR CHF OR encephalopathy OR MS changes OR papilledema/retinal hemorrhage/visual changes OR seizure
Hypertensive disorders of pregnancy	Gestation ≥ 20 wks AND SBP 140 - 159 mmHg/DBP 90 - 109 mmHg AND FHR monitoring AND US assessment	HELLP OR preeclampsia OR SBP ≥ 160 mmHg/DBP ≥ 110 mmHg after anti HTN Rx
Migraine	Failed OP mgt OR incapacitating/intractable OR focal neurological finding AND analgesic/anti-migraine agent ≥ 2 x/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/dl
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 ≤ 12 h since hypoglycemia corrected OR cause unknown OR on sulfonylurea drug OR on long-acting insulin	BS $<$ 70 mg/L AND coma/stupor/obtundation/GCS ≤ 8 OR seizure
Pneumonia	Pneumonia by imaging AND O ₂ sat 89-91% OR pneumonia severity index 71-90 OR two CURB-65 criterion (confusion or BUN $>$ 19.6 mg/dL or RR ≥ 30 /min or age ≥ 65 or SBP $<$ 90 mmHg or DBP ≤ 60 mmHg) OR failed OP mgt	Impending intubation OR NIPPV OR mechanical ventilation OR ECMO/ECLS OR vasoactive/inotrope OR O ₂ $\geq 40\%$ OR pneumonia by imaging AND O ₂ sat $<$ 89% OR arterial Po ₂ $<$ 56 mmHg OR Pco ₂ ≥ 45 mmHg and pH ≥ 7.31 OR empyema OR ≥ 2 lobes OR O ₂ sat 89-91% and Class III/IV COPD/HF/mental illness/substance use disorder OR pneumonia severity index ≥ 91 OR \geq three CURB-65 criteria (confusion or BUN $>$ 19.6 mg/dL or RR ≥ 30 /min or age ≥ 65 or SBP $<$ 90 mmHg or DBP ≤ 60 mmHg) OR lung abscess OR necrotizing
Pulmonary embolism (PE)	PE confirmed by imaging AND anticoagulation initiation	Impending intubation OR NIPPV OR mechanical ventilation OR ECMO/ECLS OR PE by imaging AND anticoagulation AND O ₂ sat $\leq 90\%$ (0.90) and $<$ baseline requiring supplemental O ₂ OR HIT OR HF requiring IV diuretic or titration of oral diuretic OR bridging anticoagulation OR IVC filter placement OR continuous unfractionated heparin OR abnormal biomarkers OR RV dysfunction OR vasoactive/inotrope OR thrombolytic therapy
Pyelonephritis or complex UTI	Urinary symptoms and abnormal UA AND urine culture pending AND persistent pain/vomiting/elevated temp requiring IV anti-infective and IVF/antiemetic/analgesic	Urinary symptoms and abnormal UA AND systemic infection or end organ compromise (blood cultures positive/ ≥ 24 wks gestation/urinary stent/urinary tract obstruction/organ dysfunction or hypoperfusion) AND SIRS AND urine culture pending
Sickle cell disease	Failed OP analgesia AND acute pain requiring IVF AND IV analgesics 2-3 doses/24h; Infection AND temperature 100.4-101.2 AND anti-infective	Acute pain requiring IVF AND continuous OR IV analgesics ≥ 4 x/24h; Acute chest syndrome and anti-infective; Aplastic crisis requiring IVF OR transfusion and lab monitoring 2x/24h; Temperature ≥ 101.3 AND anti-infective
Stroke	N/A	Acute ischemic OR hemorrhagic stroke
Syncope	Presyncope/syncope AND occurred during exertion OR aortic stenosis OR EF $<$ 35% OR CAD OR MI w/in 6 mo OR new systolic murmur OR syncope and orthostatic hypotension	See other LOC criteria subsets (e.g., arrhythmia, anemia, GI bleeding) for admission criteria for syncope.
TIA	Neurological deficit resolved/resolving	Neurological deficit resolved/resolving AND crescendo TIA OR endocardial vegetation OR previous stroke