The Post-Acute Care Discharge Clinic, as you are hopefully aware, has expanded its hours to include morning slots (Monday- Friday, 0800- 1200) dedicated to ED discharge follow-up. The PADC was established to prevent re-admission to the hospital due to transition difficulties from inpatient to outpatient. The expansion to include ED discharges is to help facilitate safe and timely discharges.

WHERE: PADC is located in BBRP 1500 (by the glittery horse entrance)

HOW: ER Clerks have been trained in scheduling into PADC. At discharge time, you can ask the clerk to make a follow up with PADC in ____days. Availability is M-F 0800-1200 for ER patient use.

we are still working on improving the ED ordering of outpatient lab process, please see below for current instructions

The below diagnostic criteria for PADC follow-up are geared towards conditions that can be appropriately managed/bridged by the PADC clinic and that would otherwise have a high risk of ED bounce back, result in a prolonged ED course/observation period, or preventable admissions. Please reach out to ewheelis@salud.unm.edu if you have any suggestions for diagnoses that you think would benefit from being added to the below criterial list.

Current PADC approved diagnoses:

Please make sure you make it clear in your note the reason the patient is being sent to the PADC and what you want followed up!

1. *Cellulitis/wound check:*

Patients who are not septic, not requiring admission, but who the ED provider feels needs 24-48 hour reevaluation to ensure appropriate response to antibiotics either due to pts underlying comorbidities and risk for worsening illness, a vulnerable or high risk location of the cellulitis or an the extent or severity of infection on exam. *Please note extensive wound care is not available at PADC*

2. *Rash of unknown Etiology*

Patients with non-emergent rash treated in the ED can be reevaluated in the PADC clinic for improvement and/or adjustment of treatment and referral to dermatology if worsening or not responding to treatment.

3. Pyelonephritis
48 - 72 hour return if concerned for med failure/multiple comorbidities but otherwise safe to trial home meds.

*4. Pneumonia and lower respiratory tract infection ***NOT FOR Influenza, Covid, RSV*
Patients with known or suspected PNA who are well appearing +/- requiring low dose oxygen for home.
Consider community medic check as alternative to having patient come to the office if Flu/RSV/COVID to reduce risk of exposure to other clinic patients. Do not refer these patients to PADC

5. New Mass:
Asymptomatic / not needing admission but needs to coordinate follow up and biopsy to get in with cancer center. Consider PADC if the patient does not have a PCP in our system that can be messaged to coordinate and/or no ability to follow up with outside pcp. If patient has PCP, please utilize PCP for continuity for the patient rather than PADC.

6. Medication adjustments:
Acute medication side effect needing medication reconciliation or reevaluation: e.g. adjustment of insulin due to an episode of hypoglycemia needing rapid f/u to assess change, stopping ace inhibitors, up-titration of diuretics (ideally 72 hr return, see below)

7. CHF exacerbation (72 hour return)
Patients with known or suspected CHF who do not need admission for aggressive diuresis but who need close follow up to ensure response to diuretics and/or follow up studies and facilitate specialty evaluation as needed. Please order chemistry and BNP if appropriate prior to clinic visit.

8. New PE without signs of heart strain
For patients being discharged with New PE diagnosis and plan for outpatient management on DOACs you can refer the patient to the PADC for recheck as a bridge to cardiology follow up if you feel the patient would benefit from a reevaluation of symptom. Note warfarin patients should be followed up in the anticoagulation clinic and scheduled through the anticoagulation pharmacist prior to discharge.

9. Chemistry abnormalities expected to correct but needing a lab recheck:
- AKI thought to be due to hypovolemia, UTI, or other treatable or benign cause
- Mild improved hyperkalemia without a clear cause or with a presumed benign cause
- Mild to Moderate Hyponatremia (Na > 125 in setting known trigger such as diuresis or viral illness etc) and without mental status changes

Please order chemistry to be drawn prior to clinic visit

10. Non-obstructive LFT abnormalities
Patients with incidental, non-surgical, LFT derangements who would benefit from recheck of LFTs, +/- Hepatitis panel, and reevaluation for resolution vs further workup. Consider scheduling these pts 1 week out and please order repeat LFTs to be done prior to clinic visit

11. Anemia and Hemoglobin Recheck

For patients seen in the ED for anemia without short term specialty or primary care follow-up up that you feel would benefit from recheck of Hgb and reevaluation of symptoms. Ex: patient with slow GI bleed with referral for outpatient colonoscopy who you are concerned may drop their Hgb in the outpatient setting but does not currently meet inpatient criteria. Please be sure to order the Hgb recheck!

****** Follow up lab orders from the ED ******

Note at this time there is no perfect method so I am including a couple options until we can streamline the process.

Suggested method: Works for ED patients and ED Obs patients
Order labs as routine under the new PADC encounter (see below) after the clerk has scheduled. These will take 12+ hours to result and patient should be advised they can go to any TriCore lab, they do not need to bring the paper requisition, but should be done the day before their clinic appointment (consider pushing the clinic apt back by a day).

Alternative for regular ED patients (DO NOT USE for Obs status patients):
You can order labs as Stat under the ED encounter (same as all of your ER orders just don't draw it). You must then send the patient with the requisition to the 2nd floor TriCore lab on the day of their scheduled follow-up and labs will be drawn and run in real time. Note if you do not order them as STAT they will take 12-24 hours to result. The Lab opens at 7am and patients should get there as early as possible before their appointment.

To change the encounter for lab ordering:
Go to "Location" at the top right of the screen in the patient banner. Select the new PADC encounter and order the labs. Don't forget to change back to current ED encounter for your documentation and any ongoing management.