



# OUTCOMES OF EMERGENCY MEDICAL PATIENTS ADMITTED TO AN INTERMEDIATE CARE UNIT WITH DETAILED ADMISSION GUIDELINES

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**Background** An important, but not well characterized, population receiving intermediate care is that of medical patients admitted directly from the emergency department. **Objective** To characterize emergency medical patients and their outcomes when admitted to an intermediate care unit with clearly defined admission guidelines.

**Methods** Demographic data, admitting diagnoses, illness severity, comorbid conditions, lengths of stay, and hospital mortality were characterized for all emergency medical patients admitted directly to an intermediate care unit from July through December 2012.

**Results** A total of 317 unique patients were admitted (mean age, 54 [SD, 16] years). Most patients were admitted with respiratory (26.5%) or cardiac (17.0%) syndromes. The mean (SD) Acute Physiology and Chronic Health Evaluation score version II, Simplified Acute Physiology Score version II, and Charlson Comorbidity Index were 15.6 (6.5), 20.7 (11.8), and 2.7 (2.3), respectively. Severity of illness and length of stay were significantly different for patients who required intensive care within 24 hours of admission ( $n = 16$ ) or later ( $n = 25$ ), patients who continued with intermediate care for more than 24 hours ( $n = 247$ ), and patients who were downgraded or discharged in less than 24 hours ( $n = 29$ ). Overall hospital mortality was 4.4% (14 deaths).

**Conclusions** Emergency medical patients with moderate severity of illness and comorbidity can be admitted to an intermediate level of care with relatively infrequent transfer to intensive care and relatively low mortality. (*American Journal of Critical Care*. 2017;26:e1–e10)

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