



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY	
Triage for Bed Allocation		NUR-002	
MANUAL	EFFECTIVE DATE	REVIEW DATE	
Nursing	02/2020		
DEPARTMENT	REFERENCE		
Nursing			

SCOPE

This policy applies to patients who may be admitted to Mangum Regional Medical Center during times of high volume to ensure the appropriate level of care can be safely accommodated.

PURPOSE

To provide a mechanism for the allocation of bed spaces during times of high utilization.

DEFINITIONS

NA

POLICY

The hospital will utilize the triage bed allocation methodology* during times of high utilization.

PROCEDURE

Patients requiring acute treatment (Priority I) will have admission and treatment priority over patients requiring monitoring (Priority II), and patients who may be terminally ill (Priority III).

In case of a conflict regarding admission criteria, the Chief Clinical Officer (CCO), after consultation with the primary physician, may decide which patients will be given priority for available beds. In the absence of the CCO, conflicts may be resolved by their designee or the House Supervisor.

Patients will be triaged in accordance to the following guidelines:

- A. ***Priority III:** These patients may or may not be acutely ill, the condition and/or chronic nature of problems may require interventions to relieve an acute condition but have a poor

recovery prognosis and/or limitation to resuscitative measures, including do not resuscitate status.

- B. ***Priority II:** These patients may or may not be, at the time of admission, acutely ill but are at risk of requiring immediate treatment, monitoring, and/or interventions.
- C. ***Priority I:** These patients are acutely ill, requiring immediate treatment, monitoring, and/or frequent nursing interventions for a disease(s) or unstable condition.

For inhouse patients, consideration may be given to discharge to an appropriate level of care if indicated and can be safely accommodated. Transfers or discharges will only occur with a medical provider's order when a patient no longer requires medical care as outlined, and the receiving entity or discharge disposition is able to safely manage the nursing care required.

REFERENCES

NA

ATTACHMENTS

NA

REVISIONS/UPDATES

Date	Brief Description of Revision/Change