Admission Criteria for General Medicine and Aged Care Unit

- Sub-specialty medical teams should be referred patients requiring admission with:
 - single organ or system dysfunction OR
 - exacerbations/complications of chronic disease usually managed by a specialty unit
- Patients with **known cognitive impairment & behavioural issues** requiring care on a dementia-care specific ward should be admitted to the Aged Care Unit, regardless of age

Presenting Illness	< 80 years	≥ 80 years
Alcohol and other drug-related illness requiring medical stabilisation (e.g. alcohol detoxification with seizures)	General Medicine	
Cellulitis [#] (Uncomplicated)	General Medicine	Aged Care Unit
Chronic pain syndromes (non-rheumatological)	General Medicine	Aged Care Unit
Confusion / Delirium of uncertain aetiology	General Medicine	Aged Care Unit
Eating disorders requiring medical stabilisation (e.g. anorexia nervosa)	General Medicine	
Falls (recurrent) of uncertain aetiology	General Medicine	Aged Care Unit
Limb and non-cervical vertebral fractures for non-operative management (after review & documentation by Orthopaedic &/ or neurosurgical team)	General Medicine	Aged Care Unit
Medical illness of uncertain aetiology requiring hospitalisation	General Medicine	Aged Care Unit
Multi-factorial or unexplained decline in function	General Medicine	Aged Care Unit
Multiple-active medical illnesses	General Medicine	Aged Care Unit
Patients from nursing homes with multi-system illness not requiring a dementia-specific ward for management	General Medicine	Aged Care Unit
Medication-related presentation (e.g. confusion, fall, hyponatremia)	General Medicine	Aged Care Unit
Syncope (clearly not cardiac or neurological) for work up	General Medicine	Aged Care Unit
Toxicology / Overdose	General Medicine	
Urosepsis [#] (Uncomplicated)	General Medicine	Aged Care Unit
Weight loss for investigation	General Medicine	Aged Care Unit

Admitting Unit*

Refer to Admission criteria for Cellulitis and Urosepsis

Speciality	Exclusion Criteria from General Medicine & Aged Care Unit
Cardiology	 Unstable angina, acute coronary syndrome. Unstable arrhythmia
Endocrinology	 Diabetic emergencies – e.g. hyperglycaemic hyperosmolar states Pituitary / adrenal crises Patients with Type 1 Diabetes with medical illness
Gastroenterology	Acute GI bleeding requiring endoscopy
Haematology / Oncology	 Presentation related to known malignancy Complications of chemotherapy (e.g. febrile neutropenia) or radiotherapy
Immunology	Anaphylaxis
Infectious Diseases	 Sepsis of unknown source / septic shock Complicated skin and soft tissue infection (e.g. necrotising fasciitis) Patients with HIV infection Fever in the Returned traveller
Neurology	 Acute Stroke or TIA Epileptic seizures (unrelated to drug withdrawal or metabolic disturbance)
Renal Medicine	Patients requiring haemodialysis or peritoneal dialysis.
Respiratory Medicine	Patients requiring non-invasive ventilation for respiratory failure
Rheumatology	 Rheumatological conditions (e.g. mechanical back pain, acute inflammatory arthritis, temporal arteritis, polymyalgia rheumatica)
Surgical	 Undiagnosed abdominal pain ('the acute abdomen') Post-traumatic injuries (e.g. post-MVA) Wounds requiring debridement or specialist surgical care Critical limb ischaemia Fractures requiring operative management Unstable vertebral fractures