

## MEMORANDUM

**To:** All Memorial Hospital Medical and Nursing Staff  
All Municipal EMS Services

**From:** Joe Oriti, Chief Administrative Officer, Memorial Hospital  
Raymond Powrie, MD, Chief Medical Officer Memorial Hospital  
Michael Dacey, MD

**Date:** November 9<sup>th</sup>, 2017

**Re:** Categories of Patients Capable of Being Served by Memorial Hospital after  
November 13<sup>th</sup>, 2017

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With the diminution of clinical capability at Memorial due to the closure of the Intensive Care Unit, please note that patients with either **suspected or diagnosed** conditions listed below should not be admitted to Memorial Hospital effective November 13<sup>th</sup>, 2017. We also suggest to EMS services that they not transport to the Memorial Emergency Department patients with the conditions listed below effective November 13<sup>th</sup>, 2017:

**Neurological:**

1. Embolic stroke
2. Hemorrhagic stroke
3. Status epilepticus
4. Intracranial hypertension, regardless of cause
5. Acute demyelinating diseases, regardless of cause

**Cardiovascular:**

6. Acute myocardial infarction
7. Unstable cardiovascular status or hypotension, regardless of underlying cause
8. Cardiac arrhythmia sufficient to cause hemodynamic instability
9. Acute congestive heart failure or pulmonary edema
10. Ventricular tachycardia
11. Aortic dissection, regardless of location
12. Hypertensive emergency
13. Leaking abdominal aortic aneurysm
14. Shock, regardless of cause

**Pulmonary:**

15. Impending or actual acute respiratory failure, including patients with oxygen requirements of more than 50% FiO<sub>2</sub> and those requiring non-invasive mechanical ventilation
16. Severe chronic obstructive pulmonary disease and impending respiratory failure
17. Status Asthmaticus
18. Pneumonia with impending respiratory failure

19. Pulmonary embolism
20. Acute lung injury or acute respiratory distress syndrome

**Renal:**

21. Acute renal failure
22. Any patient requiring emergent dialysis

**Gastrointestinal:**

23. Gastrointestinal bleeding, regardless of source
24. Acute liver failure
25. Hepatic encephalopathy
26. Acute ischemic bowel
27. Acute pancreatitis, associated with organ failure

**Other:**

28. Sepsis or septic shock, regardless of cause
29. Compromised arterial blood flow to an extremity
30. Toxicological emergencies associated with mental status changes or cardiovascular instability
31. Major trauma
32. Rhabdomyolysis
33. Diabetic ketoacidosis
34. Life threatening electrolyte disorders
35. Severe alcohol withdrawal
36. *Any patient deemed at risk of requiring ICU care during their stay not included in the above categories*

***In addition to the above, please note that going forward, elective surgery will only be performed at Memorial for low risk patients.***

As questions arise regarding types of patients appropriate to be admitted or cared for at Memorial Hospital, please direct them to the shift nursing supervisor, Dr. Powrie or Dr. Dacey.