

Vancouver General Hospital CTU vs Subspecialty Admission Guidelines

Specialty	Always Admits	During Surge Conditions
CTU	<ul style="list-style-type: none"> • Complex multimorbid patients • Eating disorders (with the SPH eating disorder clinic following) • HIV (with the HIV service following) 	
GI*	<ul style="list-style-type: none"> • IBD flares • New TPN starts • Stable liver transplant workup • Necrotizing pancreatitis, once stabilized • Post-procedure (ERCP, scope) complication 	<ul style="list-style-type: none"> • Stable GI bleeds (not on AC) • Simple pancreatitis • Stable cholangitis (not requiring surgical input, no cholecystitis)
Resp	<ul style="list-style-type: none"> • Pneumothorax • Massive hemoptysis • Asthma exacerbation • Advanced ILD • Pulmonary hypertension • Lung transplant patients • Home ventilator patients 	
Renal Transplant	<ul style="list-style-type: none"> • Pts <3 months post transplant 	
BMT	<ul style="list-style-type: none"> • Active leukemia • Stem cell transplant patients (recent) 	
Urology	<ul style="list-style-type: none"> • Septic stones if not medically complex (IMPCT to follow) 	

*GI staff should bring CTU staff on the line for ALL PTN CALLS whereby the GI service is requesting CTU admission.