**ACGME Admission Cap rules:**

* PGY 1:
	+ 5 admissions + 2 transfers from other teams / 24 hours
	+ 8 admissions /48 hours
* Seniors:
	+ 10 admissions + 4 transfers from other teams / 24 hours
	+ 16 admissions /48 hours

**ACGME Ongoing Care rules:**

* PGY 1: maximum 10 patients / day
* 1 senior + 1 PGY 1: maximum 14 patients
* 1 senior + >1 PGY 1: maximum 20 patients

**Med Team admission caps:**

Day AR1:

* When Med Team census + admissions and pending ER evals for the day = 14, new evals go to AR2 who still admits to the scheduled admitting team
	+ Exception – if there is a second senior or intern on the admitting team during the day the cap goes to 20 but the ACGME admission cap rules of 5 admissions /PGY 1 and 10/senior still apply

Night AR1:

* When overnight admissions by AR1 and pending evals for the night = 10, new evals go to AR2 who still admits to the scheduled admitting team.
* If a pending eval is discharged from ER or admitted by someone other than Med Team and the total of overnight admissions by AR1 and pending evals for the night <10 the Night AR1 can do another eval.

**ICU admission caps:**

Day ICU Senior:

* When daytime ICU admissions + pending evals for the senior carrying the admitting pager for ICU = 8 the other ICU daytime senior must see the additional evals until they reach a cap of 8.
	+ ICU Seniors may also alternate admissions during the day

Night ICU Senior:

* When overnight admissions by ICUR and pending evals for the night = 8, new evals go to AR2
* If a pending eval is discharged from ER or admitted by someone other than ICU and the total of overnight admissions by ICUR and pending evals for the night < 8 the Night ICUR can do another eval.

Any problems with getting assistance when reaching caps, call Dr. Sweet or the Chief Resident.

Seniors reaching admission caps (Day or Night AR1, Day or Night ICU Seniors) must send an email to Dr. Sweet and the Chief Resident indicating they capped.

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| --- | --- | --- | --- |
|  | Patients counted towards Maximum | Maximum | Who takes over Evals / Admissions when reaching Max |
| Day AR1 – Rule 1 | Med Team census +Transfers from ICU/CCU +Admissions +Pending Evals | 14 | Day AR2 |
| Day AR1 – Rule 2 | Admissions + Pending Evals | 10 | Day AR2 |
| Night AR1 | Admissions + Pending Evals | 10 | Night AR2 |
| Day ICUR (Res #1) | ICU Admissions (including transfers) + Pending Evals | 8 | Second ICUR |
| Day ICUR (Res #2) | ICU Admissions (including transfers) + Pending Evals | 8 | AR2 |
| Night ICUR | ICU Admissions (excluding transfers done by AR2) | 8 | AR2 |

Notes re Table:

* Admissions are those completed by the resident alone or with their intern, not those done by another resident or by an attending
* Med Teams
	+ Table presumes 1 senior and 1 PGY 1 on Admitting Med Team
	+ If more than 1 PGY 1 on admitting Med Team, Max for Day AR1 Rule 1 is 20 (Max for Day AR1 Rule 2 remains 10)
	+ If transfers from ICU & CCU total more than 4 the Maximum for Day AR1 Rule 2 is reduced from 10 by the number of transfers beyond 4 (example, if 6 unit transfers the max for Day AR1 Rule 2 is 8)
* ICU
	+ Day ICU Seniors may alternate admissions rather than having 1 senior cap before admitting is switched to the other senior