

Requirements for Inpatient Admission

The CHLA Access Center needs the following information to ensure that the correct CHLA specialty team is engaged and that the appropriate bed is available:

PICU, NICU or CTICU Transfer Requests

- MD Name
- Contact number
- Unit where the child is located
- Patient name
- Patient DOB
- Reason for transfer request (patient diagnosis)

Med/Surg, Hem/Onc or Emergency Department Transfer Requests

- Referring MD Name
- Contact number
- Unit where the child is located
- Patient name and gender
- Patient DOB
- Reason for transfer request for admission or ED referral
- Is the patient ventilator dependent or on Bipap or CPAP?
- Does the patient have upper respiratory symptoms (to determine if the child needs isolation precautions)?

Admission Request Process

