
* ADDENDUM *

HACKETTSTOWN REGIONAL MEDICAL CENTER

Division of Nursing

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TITLE: **ADMISSIONS TO OB/GYN MIXING – SAME DAY SURGERY**

In accordance with the New Jersey State Department of Health standards and the Medical Staff Rules and Regulations, the following policy concerning the admission of patients to the OB Unit shall be effective immediately.

Obstetrical Admissions

All obstetrical patients shall be admitted to the OB Unit.

Gynecological Admissions

The selection of gynecologic patients to be admitted to the OB Unit is under the control of the Chief of Obstetrics or his designee. The obstetric/non-obstetric mix program is restricted to admission of female non-obstetric patients. The selection will be governed by the following:

1. **Type of Gynecologic Cases that May Be Admitted:**
 - a. All elective or emergency gynecologic cases considered to be free of infection or malignancy and provided the diagnosis does not appear in the list of Type of Gynecologic Cases that **May Not** be Admitted. Some so-called cases of infection or conditions thought to be the result of infection such as chronic cervicitis, erosion of the cervix, polyp of the cervix, and endometrial polyp may be admitted and are purposely omitted from the list of Cases that **May Not** be Admitted.
 - b. Patients with carcinoma in-situ which have been proven by previous cervical conization (see paragraph 2c).
 - c. Types of surgical procedures that may be performed are:
 - (1) Dilation and curettage of the uterus.
 - (2) Conization or biopsy of the cervix.
 - (3) Vaginal plastic repair and vaginal hysterectomy.
 - (4) Pelvic laparotomy for ectopic pregnancy, ovarian cysts, endometriosis, myomata, and other benign conditions. This includes total abdominal hysterectomy.
 - (5) Breast biopsy.
 - (6) In cases of high medical/surgical occupancy, the following female cases may be admitted to the OB Unit: inguinal, femoral, umbilical, and incisional hernias, varicose vein stripping, and ophthalmic surgery.

2. **Type of Gynecologic Cases that May Not be Admitted:**

- a. Patients with an admission temperature (oral) of 100.4°F or higher.
- b. All cases of known or questionable infection such as:
 - (1) Acute diffuse inflammation of genital organs (vulvo-vaginitis, endometriosis, salpingo-oophoritis).
 - (2) Chronic diffuse inflammation of genital organs. This would not include patients admitted for occluded tubes, pelvic adhesions, etc., thought to be due to an old, now inactive, pelvic inflammatory disease as proven by a laboratory test such as the sedimentation rate.
 - (3) Any abscess of genital organs.
 - (4) Cellulitis.
 - (5) Recto-vaginal fistula.
 - (6) Uterorectal fistula.
 - (7) Bartholin cyst.
 - (8) Venereal disease.
 - (9) Pyometra.
 - (10) Pyosalpinx.
 - (11) Septic abortion.
 - (12) Mental illness.
 - (13) Substance abuse/misuse.
- c. Cases of known malignancy exclusive of intra epithelial carcinoma of the cervix in-situ (see 1b) requiring extensive surgery or use of radium.
- d. In all cases when the patient or household contacts have a history of Staphylococcal infection occurring within the month prior to admission or history of any other evidence of infection or contagious diseases.
- e. Patients on whom a hemorrhoidectomy is planned as an additional procedure with the exception of the excision of small hemorrhoidal tabs.
- f. Any major associated surgery not on the approved list will be performed during the same admission. If the planned sequence of events is such that the non-gynecologic surgery will be done on a different date than the gynecologic surgery and will follow the gynecologic surgery, the patient may be admitted to the mixed obstetric and gynecologic floor but must be transferred upon the day of the non-gynecologic surgery.
- g. Patients who have received antibiotics or who have been admitted to a non-obstetrical hospital unit during the two week period prior to the current admission.

3. **Type Of Gynecologic Cases That Must Be Transferred From The OB Unit:**

- a. When unexpected pus, infection, or malignancy is discovered at the time of surgery. This does not include non-invasive, intraepithelial carcinoma or the cervix (Ca-in-situ) or a chronic “burned out” pelvic inflammatory disease when the only findings are pelvic adhesions or anomalies of the tubes thought to be the result of an old pelvic inflammatory disease.
- b. When patients require bowel surgery, with the exception of incidental appendectomy.
- c. Patients on whom a mastectomy is performed or who have had extensive surgery for malignancy.
- d. When surgery includes insertion of radium.
- e. When patients require intraperitoneal drains.
- f. When morbidity is present, using the same standard adopted for maternity patients, except that it will be based on 100.4°F, on any two successive days postoperatively, exclusive of the first 24 hours following surgery.
- g. Breakdowns in incision or other conditions requiring frequent dressing changes.
- h. When other infections not related to the gynecologic condition are present.
- i. When diarrhea occurs.
- j. When ordered by the Chief of Obstetrics and Gynecology or his/her designee, who will make rounds to review the records of all gynecologic patients and determine which patients should be transferred from the OB Unit.
- k. Cases of temperature of 100.4°F or higher occurring preoperatively except when such elevation is directly related to the administration of a pre-operative blood transfusion.
- l. When antibiotics are used (see exceptions in 4f below).

4. **Rules Governing Care Of OB/GYN Mix Patients:**

- a. Gynecological or female surgical and obstetrical patients are not to be placed in the same room except that a gynecological or female surgical patient may be placed in a room with a mother who has delivered a stillborn infant.
- b. Gynecological or female surgical and obstetrical patients are not to be placed in the same room except that a gynecological or female surgical patient may be placed in a room with a mother who has delivered a stillborn infant.
- c. Gynecological or female surgical patient’s place on the OB Unit will be subject to the same visiting limitation of the unit.

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- d. Surgery for gynecological or female surgical patients **not** involving pregnancy must be performed in the Operating Room and not in the Delivery Room.
- e. Protocols for cultures of non-obstetric patients, including the type of cultures, when, and under what circumstance are in place as follows:
 - (1) If there is any discharge from the incisional area, or from a break in the skin, or from an orifice, the physician shall be promptly notified and culture may be ordered.
 - (2) If the patient complains of a sore throat, with or without the presence of a low-grade temperature elevation, the physician will be notified so that a throat culture may be ordered.
 - (3) If a patient complains of burning upon urination, frequency, or any other s/s of a UTI, the physician will be promptly notified and clean catch urine cultures obtained as ordered.
 - (4) If a patient with a catheter complains of s/s of a UTI, the physician will be promptly notified, and urine cultures done as ordered.
- f. The use of antibiotics or chemotherapeutics shall not be permitted with the following exceptions:
 - (1) Local application of antibiotics including bladder irrigation, local preparation of the vagina, etc.
 - (2) Pre-operative sterilization of the bowel when it is known that negligible amount of the drug selected will be absorbed from the gastrointestinal tract.
 - (3) Pre-operative prophylactic antibiotics in patients otherwise free of infection who are undergoing surgery or in mid trimester abortions. They may not be administered more than six (6) hours pre-operatively nor continued for more than seventy-two (72) hours following surgery.
 - (4) Methenamine Mandelate and its derivatives or nitro-furantin and its derivatives in the presence of or following the use of an indwelling catheter.
 - (5) When a postoperative patient develops a urinary tract infection, which has been proven by urinalysis and is related to Catheterization, the use of antibiotics or chemotherapeutics will be permitted therapeutically. However, urine specimens for culture purposes must be obtained prior to the administration of the antibiotics. Although antibiotics are permitted under these circumstances, all patients who develop morbidity by temperature definition must be transferred from the Unit regardless of the cause of morbidity.
 - (6) When the attending physician orders antibiotics for suspected urinary tract infection related to the catheterization and the microscopic urinalysis indicates less than 10 WBC/HPF, the progress notes must indicate evidence for treatment. The Chief of Obstetrics and Gynecology or his/her designee must be contacted for approval to retain the patient on the Unit.