

Approved February 2023

## *Writing Admission and Transition Orders*

Revised February 2023,  
October 2017, April 2010  
with current title

Reaffirmed October 2001  
and October 1997

Revised October 1993

Reaffirmed April 1992

Originally approved  
October 1989 titled,  
“Writing Admission  
Orders”

As an adjunct to this policy  
statement, ACEP has  
prepared a Policy Resource  
and Education Paper  
(PREP) entitled, “Writing  
Admission and Transition  
Orders”

The American College of Emergency Physicians (ACEP) believes that the best patient care occurs when there is no ambiguity as to which physician (or designee) is responsible for care of a patient. The physician (or designee) in charge of a hospitalized patient's care (eg, the admitting physician or designee) is established when he/she accepts responsibility for the patient's care by verbal or written communication, by policy, or by providing, authorizing, or writing admission orders for that patient. Emergency physicians (or designee) generally do not have admitting privileges and should not provide ongoing inpatient care. ACEP recognizes that the admitting physician (or designee) may not be immediately available to write admission orders. Thus, to avoid delays in care, emergency physicians (or designee) may write transition orders intended to facilitate transfer to the most appropriate inpatient unit. However, this is not intended to imply or invoke a responsibility on behalf of the emergency physician or designee to provide ongoing care of such patients once they leave the emergency department (ED) for their inpatient unit.

Therefore, ACEP endorses the following principles:

Patients are best served when there is a clear delineation of which physician (or designee) has patient care responsibility.

- The best practice for patients admitted through the ED is to have the admitting physician (or designee) evaluate and write admitting orders for ED patients requiring hospitalization at the time of admission or as soon as possible thereafter.
- The admitting physician (or designee) is responsible for ongoing care of the patient after accepting responsibility for the patient's care whether verbally, by policy, or by writing admission orders, regardless of the patient's physical location within the hospital.
- The emergency physician (or designee) is responsible for ongoing care of the patient only while the patient is physically present in the ED and under his/her exclusive care.
- There are circumstances where, in the interest of patient care, patient safety and operational efficiency, an emergency physician (or designee) may be asked to and may choose to write transition orders.

- Transition orders are meant to include essential treatment and assessment parameters upon the patient's initial admission to an inpatient bed; they should be time limited and should serve as a bridge before complete admission orders (including the use of telemedicine) are provided by the admitting physician (or designee). It is ideal for the admitting physician (or designee) to write the admitting orders at the time of admission or as soon as possible thereafter.
- When it is necessary for an emergency physician (or designee) to write orders that appear to extend control and responsibility for the patient beyond treatment in the ED to the inpatient setting, it is understood that the admitting physician (or designee) is responsible for providing inpatient care, and that by writing transition orders, the emergency physician (or designee) will not be assuming that responsibility.<sup>1</sup>
- Hospital and ED policies and medical staff bylaws should clearly delineate responsibility and privileges for writing admission and transition orders (including the use of telemedicine) and define an appropriately limited period of time for the admitting physician (or designee) to evaluate patients and write admission orders.

<sup>1</sup> This policy is not meant to address the emergency episodic care that emergency physicians (or designee) may provide to inpatients on a case by case basis (ie, cardiac arrest, emergent procedures, etc.). Refer to the ACEP policy statement, "Emergency Physician Response to In-Hospital Emergencies Outside the Emergency Department."