


Head and Neck Surgery or Procedure GRG

GRG: SG-HNS (ISC GRG)

MCG Health
General Recovery
Care
27th Edition
Surgical Admission Case
Management GRG  GRG

Note: An appropriate Optimal Recovery Guideline (ORG) should be identified and used whenever possible. This General Recovery Guideline (GRG) is intended to aid only in situations in which no ORG appears applicable.

- Care Planning - Inpatient Admission and Alternatives
 - Clinical Indications for Procedure
 - Alternatives to Procedure
 - Operative Status Criteria
- Hospitalization
 - General Recovery Course
 - Evaluation and Treatment
 - Benchmark Length of Stay - **Access diagnosis and procedure code-specific BLOS via Search functions.**
 - Discharge Criteria
- Case Management
- Discharge Destination
- Evidence Summary
 - Criteria
 - Rationale
 - Related CMS Coverage Guidance
- References
- Footnotes
- Definitions

Care Planning - Inpatient Admission and Alternatives

Clinical Indications for Procedure

- Surgery or other procedure covered by this guideline is indicated for **1 or more** of the following:

☐ Eye disease surgery needed; examples include(1):

- Cataract(2)(3)(4)
- Glaucoma(5)(6)(7)
- Corneal lesions(8)(9)(10)

☐ Eye trauma surgery needed; examples include(1)(11):

- Laceration
- Lens repair(2)
- Cornea repair

☐ Reconstruction procedure needed for eye, head, or neck abnormalities; examples include:

- Cleft palate or lip(12)(13)(14)
- Maxillofacial deformities(15)
- Eye muscle palsy(16)
- Congenital atresias, cysts, or sinus remnants

☐ Biopsy or resection procedure needed; examples include(17)(18):

- Skull mass(19)
- Neck mass
- Oropharyngeal mass
- Skin mass or lesion
- Laryngeal lesions or masses(20)

- Tonsillectomy or adenoidectomy needed(21)(22)(23)

☐ Drainage procedure needed; examples include(21)(22)(24)(25)(26):


- Abscess (eg, peritonsillar abscess)(27)
- Sinusitis(28)




- Otitis(29)
- ☐ Head and neck trauma surgery needed; examples include(30)(31)(32)(33)(34)(35):
 - Fractures(36)
 - Lacerations
 - Laryngeal or tracheal injury
- Epistaxis control procedure needed (eg, arterial ligation, endovascular embolization, repair of vascular malformation)(37)(38)(39)
- ☐ Vocal cord or related structure operation needed; examples include(40)(41):
 - Polyps
 - Vocal cord paralysis(42)
- Foreign body removal (eg, aspiration)
- ☐ Operation for hearing loss needed; examples include:
 - Ear reconstruction needed(43)
 - Implants needed(44)
- Surgical procedure needed for sleep apnea (eg, palatal, nasal, maxillomandibular advancement, supraglottoplasty)(45)(46)(47)(48)
- Complex dental procedure needed(49)
- ☐ Tracheostomy procedure needed, including **1 or more** of the following(50)(51):
 - Tracheostomy creation
 - Tracheostomy repair
 - Surgery for complications

Alternatives to Procedure

- Alternatives may include:
 - Medical treatment for eye, ear, nose, and throat diseases; examples include(1):
 - Medications for glaucoma(5)(6)(7)
 - Local treatment for corneal disease(8)(9)(10)
 - Antimicrobials for ocular infection, sinusitis, or otitis(8)(9)(10)(52)(53)(54)
 - Nonsurgical treatment for obstructive sleep apnea(45)(46)
 - Speech and swallow therapy (eg, for vocal cord paralysis)
 - Injection laryngoplasty for vocal cord paralysis(42)
 - Anti-inflammatory medications for ocular disease
 - Retrobulbar injections of alcohol or chlorpromazine for blind painful eye
 - Needle aspiration of tonsillar or peritonsillar abscess(22)
 - Outpatient epistaxis control (eg, anterior cauterization or packing)(39)(52)
 - Radiation or chemotherapy for neoplasms(17)
 - Conservative care for hearing loss or craniofacial deformities(55)
 - Office-based treatment for most dental problems(56)
 - Lithotripsy for parotid gland calculi
 - Outpatient cochlear implantation(44)
 - Palliative care as appropriate


Operative Status Criteria

- **Ambulatory:** Benchmark Length of Stay (BLOS) = A; see Search for specific procedure BLOS. Examples include:
 - Most eye, middle ear, inner ear, or nose surgeries(1)(2)(3)(5)(8)(9)(10)(57)
 - Some pharyngeal airway procedures for sleep apnea(46)
 - Most biopsy procedures
 - Most simple drainage procedures without drain in place
 - Most major dental procedures(56)
 - Operations for hearing loss(58)
 - Cleft palate or lip operations(12)
 - Most vocal cord operations(59)
 - Many cyst or sinus remnant operations(60)
 - Epistaxis control with **ALL** of the following(52):
 - No posterior packing
 - No procedures endangering airway
 - Tonsillectomy or adenoidectomy (or both) without complication (eg, hemorrhage)(25)
 - See Ambulatory Surgery or Procedure GRG  GRG for further information.
- **Inpatient:** for other surgeries and procedures, an inpatient stay will usually be needed for **1 or more** of the following:
 - Inpatient procedure: Benchmark Length of Stay of 1 day or more. See Search for specific procedure BLOS.

- o **Head and Neck Surgery or Procedure** and 1 or more General Admission Criteria  GRG or Pediatric General Admission Criteria  GRG
- o Procedure is usually performed on ambulatory basis,[A] but inpatient stay is needed. See Ambulatory Surgery Exception Criteria  GRG.

Hospitalization

General Recovery Course

Stage	Level of Care	Clinical Status	Interventions
1	<ul style="list-style-type: none"> • OR to ICU or intermediate care[B] • Social Determinants of Health Assessment • Discharge planning. See General Discharge Planning Tool  GRG. 	<ul style="list-style-type: none"> • Clinical Indications met[C] • Procedure completed 	<ul style="list-style-type: none"> • Inpatient interventions as needed
2	<ul style="list-style-type: none"> • Floor • Social Determinants of Health Assessment 	<ul style="list-style-type: none"> • No ICU or intermediate care needs 	<ul style="list-style-type: none"> • Inpatient interventions continue • Transition to oral routes
3	<ul style="list-style-type: none"> • Activity level acceptable • Social Determinants of Health Assessment • Floor to discharge • Complete discharge planning 	<ul style="list-style-type: none"> • Operative site and other wounds acceptable • Pain and nausea absent or adequately managed • Temperature status acceptable • No infection, or status acceptable • Ocular status acceptable • Orbital edema or inflammation absent or controlled • Airway and swallowing status acceptable • General Discharge Criteria met 	<ul style="list-style-type: none"> • Intake acceptable • No inpatient interventions needed

(2)(8)(9)(10)(25)(45)(46)



Recovery Milestones are indicated in **bold**.

Evaluation and Treatment

- Common treatments and tests include(8)(9)(10)(17):
 - o Aspiration precautions and elevation of head of bed to 45 degrees
 - o Topical, oral, and IV antibiotics
 - o Analgesics(25)(46)
 - o NG tube until acceptable swallowing evaluation completed
 - o Topical and IV steroids
 - o Intraocular pressure monitoring(2)(5)
 - o Wound management(45)
- Commonly scheduled interventions include:
 - o Ophthalmologic examination and related procedures (eg, gonioscopy, dilated eye examination, intraocular pressure measurement)(2)(5)(8)(9)(10)(17)
 - o Laryngoscopy(25)(46)
 - o CT, MRI, or PET scan(17)(61)
 - o Swallowing study
 - o Esophagram
 - o Speech evaluation
 - o Tracheostomy evaluation and care plan(42)
 - o Auditory testing(55)
 - o Medical or radiation oncology consultation

Benchmark Length of Stay (BLOS): Access diagnosis and procedure code-specific BLOS via Search functions.

Discharge Criteria

- Continued inpatient stay is needed until **1 or more** of the following are present:
 - Acceptable patient status for next level of care is achieved.
 - **ALL** of the following are present:
 - ☐ Operative site and other wounds acceptable, as indicated by **1 or more** of the following(62):
 - Wounds absent
 - Wound site clean and intact, with minimal to no drainage and without signs of infection
 - Current wound care performable at next level of care
 - ☐ Pain and nausea absent or adequately managed, as indicated by **1 or more** of the following(63)(64)(65)(66)(67):
 - No pain or nausea
 - Minimal discomfort on oral medications
 - Pain and nausea managed on regimen performable at next level of care
 - ☐ Temperature status acceptable, as indicated by **1 or more** of the following(68)(69)(70):
 - Temperature less than 100.5 degrees F (38.1 degrees C) (oral) and greater than 96.8 degrees F (36 degrees C) (rectal)
 - Temperature as expected for disease process and appropriate for management at next level of care
 - ☐ No infection, or status acceptable, as indicated by **1 or more** of the following(71)(72)(73)(74):
 - No infection present
 - Infection status acceptable for next level of care, as indicated by **ALL** of the following(75):
 - WBC count normal, stable, or declining with treatment
 - Adequate treatment performable at next level of care
 - Organism and sensitivities identified, or adequate clinical response to empiric therapy
 - Repeat cultures negative or not needed
 - ☐ Ocular status acceptable, as indicated by **1 or more** of the following:
 - No ocular problems
 - **ALL** of the following(1)(76):
 - Ocular abnormalities (eg, hemorrhage, orbital fracture) acceptable for management at next level of care
 - Intraocular pressure less than 21 mm Hg or acceptable for management at next level of care(77)
 - Orbital edema or inflammation absent or controlled
 - ☐ Airway and swallowing status acceptable, as indicated by **ALL** of the following:
 - Aspiration absent or manageable at next level of care(78)(79)
 - No stridor, or at anticipated baseline
 - Tracheostomy absent or functioning adequately for next level of care(80)
 - Posterior nasal packs absent(81)
 - ☐ Activity level acceptable, as indicated by **1 or more** of the following:
 - Patient ambulatory and can perform ADL as appropriate for age and development
 - Activity at baseline
 - Activity level acceptable for next level of care
 - ☐ Intake acceptable, as indicated by **1 or more** of the following(82):
 - Oral hydration, medications, and diet
 - Enteral hydration, medications, and diet
 - Administration routes performable at next level of care
 - ☐ No inpatient interventions needed; examples include:
 - Urgent laryngoscopy
 - Monitoring for stridor or other airway difficulties
 - Monitoring for uncontrolled increased intraocular pressure
 - Delayed wound closure planned in next 24 hours
 - Repeat surgeries for hemorrhage or other procedural complications
 - Drain care requiring continuing observation and care that cannot be managed at next level of care
 - ☐ General Discharge Criteria  GRG met or Pediatric General Discharge Criteria  GRG met (if either is relevant or necessary for patient's condition)

Case Management

See Surgical Admission Case Management GRG  GRG for further information.

Discharge Destination

- Post-hospital levels of admission may include:
 - Home.

- Home healthcare. See Surgical Admission Home Care GRG [↗](#) HC or Geriatric Admission Home Care GRG [↗](#) HC for further information.
- Recovery facility care. See Surgical Admission Recovery Facility Care GRG [↗](#) RFC or Geriatric Admission Recovery Facility Care GRG [↗](#) RFC for further information.

Evidence Summary

Criteria

The evidence for the clinical indications found in this guideline includes 27 published peer reviewed articles, 6 specialty society or other evidence-based guidelines, and 18 book sections.

Rationale

Surgical MCG care guidelines help the clinician to identify, for a given procedure, which patient-specific factors and clinical conditions are appropriate for that procedure. The evidence-based clinical indication criteria assist the clinician in the decision to appropriately perform a procedure, evaluating whether the potential benefits of a procedure outweigh the potential risks. For Medicare enrollees, surgical MCG care guidelines also identify which procedures CMS has designated as inpatient only.

Related CMS Coverage Guidance

This guideline supplements but does not replace, modify, or supersede existing Medicare regulations or applicable National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs).

Code of Federal Regulations (CFR): 42 CFR 412.3(83); 42 CFR 419.22(n)(84); 42 CFR 422.101(85)

Internet-Only Manual (IOM) Citations: CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services Covered Under Part A(86); CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 6 - Hospital Services Covered Under Part B(87); CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services(88); CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 6, Section 6.5 - Medical Review of Inpatient Hospital Claims for Part A Payment(89)

Medicare Coverage Determinations: Medicare Coverage Database(90)

References

1. Guluma K, Lee JE. Ophthalmology. In: Walls RM, editor. Rosen's Emergency Medicine. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:750-780.e4. [Context Link 1, 2, 3, 4, 5]
2. Werner L. Secondary cataract. In: Yanoff M, Duker JS, editors. Ophthalmology. 5th ed. Elsevier; 2019:410-414.e1. [Context Link 1, 2, 3, 4, 5, 6]
3. Allen D. Phacoemulsification. In: Yanoff M, Duker JS, editors. Ophthalmology. 5th ed. Elsevier; 2019:367-370.e1. [Context Link 1, 2]
4. Olitsky SE, Marsh JD. Abnormalities of the lens. In: Kliegman RM, St. Geme JW, Blum NJ, Shah SS, Tasker RC, Wilson KM, editors. Nelson Textbook of Pediatrics. 21st ed. Philadelphia, PA: Elsevier; 2020:3372-3375.e1. [Context Link 1]
5. Lim DK, Koh VT, Aquino MC, Chew PT. Angle-closure glaucoma. In: Yanoff M, Duker JS, editors. Ophthalmology. 5th ed. Elsevier; 2019:1064-1073.e2. [Context Link 1, 2, 3, 4, 5]
6. Gedde SJ, et al. Primary Open-Angle Glaucoma Suspect. Preferred Practice Pattern [Internet] American Academy of Ophthalmology. 2020 Nov Accessed at: <https://www.aao.org/>. [accessed 2022 Sep 28] [Context Link 1, 2]
7. Madu A, Rhee DJ. Which therapy to use in glaucoma. In: Yanoff M, Duker JS, editors. Ophthalmology. 5th ed. Elsevier; 2019:1117-1119.e1. [Context Link 1, 2]
8. Keenan JD, McLeod SD. Bacterial keratitis. In: Yanoff M, Duker JS, editors. Ophthalmology. 5th ed. Elsevier; 2019:220-226.e1. [Context Link 1, 2, 3, 4, 5, 6, 7]
9. Keenan JD, McLeod SD. Fungal keratitis. In: Yanoff M, Duker JS, editors. Ophthalmology. 5th ed. Elsevier; 2019:227-229.e1. [Context Link 1, 2, 3, 4, 5, 6, 7]
10. Lin A, et al. Bacterial Keratitis. Preferred Practice Pattern [Internet] American Academy of Ophthalmology. 2018 Accessed at: <https://www.aao.org/>. [accessed 2022 Sep 28] DOI: 10.1016/j.ophtha.2018.10.018. [Context Link 1, 2, 3, 4, 5, 6, 7]
11. Lee GD, Kitchens JW, Rubsamen PE. Posterior segment ocular trauma. In: Yanoff M, Duker JS, editors. Ophthalmology. 5th ed. Elsevier; 2019:670-677.e1. [Context Link 1]
12. Fahradyan A, Galdyn I, Azadgoli B, Tsuha M, Urata MM, Francis SH. To admit or not to admit: that is the cleft lip question. confirming the safety of outpatient cleft lip repair. Plastic and Reconstructive Surgery 2018;142(1):159-168. DOI: 10.1097/PRS.0000000000004473. [Context Link 1, 2] View abstract...
13. Kantar RS, Cammarata MJ, Rifkin WJ, Plana NM, Diaz-Siso JR, Flores RL. Outpatient versus inpatient primary cleft lip and palate surgery: analysis of early complications. Plastic and Reconstructive Surgery 2018;141(5):697e-706e. DOI: 10.1097/PRS.0000000000004293. [Context Link 1] View abstract...

14. Bonanthaya K, Jalil J. Management of the nasal deformity in the unilateral cleft of the lip and nose. *Journal of Maxillofacial and Oral Surgery* 2020;19(3):332-341. DOI: 10.1007/s12663-020-01412-0. [Context Link 1] View abstract...
15. Pluijmers BI, et al. Surgical correction of craniofacial microsomia: evaluation of interventions in 565 patients at three major craniofacial units. *Plastic and Reconstructive Surgery* 2019;143(5):1467-1476. DOI: 10.1097/PRS.0000000000005554. [Context Link 1] View abstract...
16. Braaksma-Besselink Y, Jellema HM. Orthoptic evaluation and treatment in orbital fractures. *Atlas of the Oral and Maxillofacial Surgery Clinics of North America* 2021;29(1):41-50. DOI: 10.1016/j.cxom.2020.10.002. [Context Link 1] View abstract...
17. Pfister DG, et al. Head and Neck Cancers. NCCN Clinical Practice Guideline in Oncology [Internet] National Comprehensive Cancer Network (NCCN). v. 2.2022; 2022 Apr Accessed at: <https://www.nccn.org/>. [accessed 2022 Aug 11] [Context Link 1, 2, 3, 4, 5]
18. Goel AN, et al. Readmission after surgery for oropharyngeal cancer: An analysis of rates, causes, and risk factors. *Laryngoscope* 2019;129(4):910-918. DOI: 10.1002/lary.27461. [Context Link 1] View abstract...
19. Liu JK, Wong A, Eloy JA. Combined endoscopic and open approaches in the management of sinonasal and ventral skull base malignancies. *Otolaryngologic Clinics of North America* 2017;50(2):331-346. DOI: 10.1016/j.otc.2016.12.009. [Context Link 1] View abstract...
20. Anis MM. Correlating laryngoscopic appearance of laryngeal lesions with histopathology. *Laryngoscope* 2019;129(6):1308-1312. DOI: 10.1002/lary.27585. [Context Link 1] View abstract...
21. Buckley J, Harris AS, Addams-Williams J. Ten years of deep neck space abscesses. *Journal of Laryngology and Otology* 2019;133(4):324-328. DOI: 10.1017/S0022215119000458. [Context Link 1, 2] View abstract...
22. Battaglia A, Burchette R, Hussman J, Silver MA, Martin P, Bernstein P. Comparison of medical therapy alone to medical therapy with surgical treatment of peritonsillar abscess. *Otolaryngology Head and Neck Surgery* 2018;158(2):280-286. DOI: 10.1177/0194599817739277. [Context Link 1, 2, 3] View abstract...
23. Patel R, Patel NA, Stoffels G, Silverman J, Smith L. Adenoidectomy: Inpatient criteria study. *American Journal of Otolaryngology* 2021 Jan - Feb;42(1):102765. DOI: 10.1016/j.amjoto.2020.102765. [Context Link 1] View abstract...
24. Chole RA, Sharon JD. Chronic otitis media, mastoiditis, and petrositis. In: Flint PW, et al., editors. *Cummings Otolaryngology Head and Neck Surgery*. 7th ed. Philadelphia, PA: Elsevier; 2021:2118-2134.e4. [Context Link 1]
25. Allen CT, Nussenbaum B, Merati AL. Acute and chronic laryngopharyngitis. In: Flint PW, et al., editors. *Cummings Otolaryngology Head and Neck Surgery*. 7th ed. Philadelphia, PA: Elsevier; 2021:897-905.e2. [Context Link 1, 2, 3, 4, 5]
26. Harounian JA, Patel VA, Carr MM. An analysis of perioperative outcomes following cervical abscess drainage in children under 2 years. *International Journal of Pediatric Otorhinolaryngology* 2019;116:125-129. DOI: 10.1016/j.ijporl.2018.10.038. [Context Link 1] View abstract...
27. Akhavan M. Ear, nose, throat: beyond pharyngitis: retropharyngeal abscess, peritonsillar abscess, epiglottitis, bacterial tracheitis, and Postoperative Tonsillectomy. *Emergency Medicine Clinics of North America* 2021;39(3):661-675. DOI: 10.1016/j.emc.2021.04.012. [Context Link 1] View abstract...
28. Okafor S, Kelly KM, Halderman AA. Management of sinusitis in the cystic fibrosis patient. *Immunology and Allergy Clinics of North America* 2020;40(2):371-383. DOI: 10.1016/j.iac.2019.12.008. [Context Link 1] View abstract...
29. Schilder AGM, Rosenfeld RM, Venekamp RP. Acute otitis media and otitis media with effusion. In: Flint PW, et al., editors. *Cummings Otolaryngology Head and Neck Surgery*. 7th ed. Philadelphia, PA: Elsevier; 2021:2956-2969.e4. [Context Link 1]
30. Papa L, Goldberg SA. Head trauma. In: Walls RM, editor. *Rosen's Emergency Medicine*. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:294-322.e6. [Context Link 1]
31. Mayersak RJ. Facial trauma. In: Walls RM, editor. *Rosen's Emergency Medicine*. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:323-339.e2. [Context Link 1]
32. Newton K, Claudius I. Neck. In: Walls RM, editor. *Rosen's Emergency Medicine*. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:368-375.e3. [Context Link 1]
33. Upper airway obstruction. In: Marcdante KJ, Kliegman RM, Schuh AM, editors. *Nelson Essentials of Pediatrics*. 9th ed. Elsevier; 2023:536-539. [Context Link 1]
34. Al-Ali MA, Hefny AF, Abu-Zidan FM. Head, face and neck camel-related injuries: Biomechanics and severity. *Injury* 2019;50(1):210-214. DOI: 10.1016/j.injury.2018.11.029. [Context Link 1] View abstract...
35. Gebran SG, et al. Characterization of age-related injury patterns and surgical treatment of pediatric facial fractures: analysis of the national trauma data bank. *Journal of Craniofacial Surgery* 2019;30(7):2189-2193. DOI: 10.1097/SCS.0000000000005789. [Context Link 1] View abstract...
36. Liu FC, et al. Pediatric pedestrian facial fracture patterns and management following motor vehicle collisions. *Journal of Craniofacial Surgery* 2020;31(1):265-268. DOI: 10.1097/SCS.0000000000006034. [Context Link 1] View abstract...
37. Tunkel DE, et al. Clinical practice guideline: nosebleed (epistaxis). *Otolaryngology Head and Neck Surgery* 2020;162(1_suppl):S1-S38. DOI: 10.1177/0194599819890327. (Reaffirmed 2022 Jul) [Context Link 1] View abstract...
38. Stoddard T, Loehrl TA, Hunt BC, Poetker DM. Intractable epistaxis due to isolated primary telangiectasias. *JAMA Otolaryngology-- Head & Neck Surgery* 2014;140(2):160-3. DOI: 10.1001/jamaoto.2013.5991. [Context Link 1] View abstract...
39. Ni JS, Kohn J, Levi JR. Inpatient pediatric Epistaxis: management and resource utilization. *Annals of Otolaryngology, Rhinology and Laryngology* 2018;127(11):829-835. DOI: 10.1177/0003489418797946. [Context Link 1, 2] View abstract...
40. Bertelsen C, Jacobson L, Osterbauer B, Hochstim C. Safety and efficacy of Early injection laryngoplasty in pediatric patients. *Laryngoscope* 2019;129(7):1699-1705. DOI: 10.1002/lary.27436. [Context Link 1] View abstract...
41. M Dominguez L, Villarreal R, Simpson CB. Voice outcomes of lipoinjection versus medialization laryngoplasty for nonparalytic glottic insufficiency. *Laryngoscope* 2019;129(5):1164-1168. DOI: 10.1002/lary.27573. [Context Link 1] View abstract...

42. Thorpe RK, Kanotra SP. Surgical management of bilateral vocal fold paralysis in children: a systematic review and meta-analysis. *Otolaryngology Head and Neck Surgery* 2021;164(2):255-263. DOI: 10.1177/0194599820944892. [Context Link 1, 2, 3] View abstract...
43. Lewin S, Bishop R, Woerner JE, Yates D. Three techniques for reconstruction of congenital microtia: porous implant ear reconstruction, auricular reconstruction using autologous rib, and osseointegrated craniofacial implants with auricular prosthesis. *Atlas of the Oral and Maxillofacial Surgery Clinics of North America* 2022;30(1):113-128. DOI: 10.1016/j.cxom.2021.11.009. [Context Link 1] View abstract...
44. Patel TA, Nguyen SA, White DR. Clinical indicators of admission for pediatric cochlear implant procedures. *Annals of Otolaryngology, Rhinology and Laryngology* 2018;127(7):470-474. DOI: 10.1177/0003489418778880. [Context Link 1, 2] View abstract...
45. Goldstein NA. Evaluation and management of pediatric obstructive sleep apnea. In: Flint PW, et al., editors. *Cummings Otolaryngology Head and Neck Surgery*. 7th ed. Philadelphia, PA: Elsevier; 2021:2798-2807.e3. [Context Link 1, 2, 3, 4]
46. Sarber KM, Lam DJ, Ishman SL. Sleep apnea and sleep disorders. In: Flint PW, et al., editors. *Cummings Otolaryngology Head and Neck Surgery*. 7th ed. Philadelphia, PA: Elsevier; 2021:215-235.e4. [Context Link 1, 2, 3, 4, 5, 6]
47. Pabla L, Duffin J, Flood L, Blackmore K. Paediatric obstructive sleep apnoea: is our operative management evidence-based? *Journal of Laryngology and Otology* 2018;132(4):293-298. DOI: 10.1017/S002221511800021X. [Context Link 1] View abstract...
48. Kent D, et al. Referral of adults with obstructive sleep apnea for surgical consultation: an American Academy of Sleep Medicine clinical practice guideline. *Journal of Clinical Sleep Medicine* 2021;17(12):2499-2505. DOI: 10.5664/jcsm.9592. (Reaffirmed 2022 Jan) [Context Link 1] View abstract...
49. Nyirjesy SC, et al. The role of computer aided design/computer assisted manufacturing (CAD/CAM) and 3- dimensional printing in head and neck oncologic surgery: A review and future directions. *Oral Oncology* 2022;132:105976. DOI: 10.1016/j.oraloncology.2022.105976. [Context Link 1] View abstract...
50. Holevar M, et al. Practice management guidelines for timing of tracheostomy: the EAST Practice Management Guidelines Work Group. *Journal of Trauma* 2009;67(4):870-874. DOI: 10.1097/TA.0b013e3181b5a960. (Reaffirmed 2022 May) [Context Link 1] View abstract...
51. Doherty C, et al. Multidisciplinary guidelines for the management of paediatric tracheostomy emergencies. *Anaesthesia* 2018;73(11):1400-1417. DOI: 10.1111/anae.14307. [Context Link 1] View abstract...
52. Matlock AG, Pfaff JA. Otolaryngology. In: Walls RM, editor. *Rosen's Emergency Medicine*. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:781-793.e2. [Context Link 1, 2, 3]
53. Rosenfeld RM, et al. Clinical practice guideline: tympanostomy tubes in children (update). *Otolaryngology Head and Neck Surgery* 2022;166(1_suppl):S1-S55. DOI: 10.1177/01945998211065662. (Reaffirmed 2022 Feb) [Context Link 1] View abstract...
54. Rosenfeld RM, et al. Clinical practice guideline: acute otitis externa. *Otolaryngology Head and Neck Surgery* 2014;150(1 Suppl):S1-S24. DOI: 10.1177/0194599813517083. (Reaffirmed 2022 Jun) [Context Link 1] View abstract...
55. Cunningham LL, Tucci DL. Hearing loss in adults. *New England Journal of Medicine* 2017;377(25):2465-2473. DOI: 10.1056/NEJMra1616601. [Context Link 1, 2] View abstract...
56. Ogle OE. Odontogenic infections. *Dental Clinics of North America* 2017;61(2):235-252. DOI: 10.1016/j.cden.2016.11.004. [Context Link 1, 2] View abstract...
57. Aita TG, Pereira Stabile CL, Dezan Garbelini CC, Vitti Stabile GA. Can a facial injury severity scale be used to predict the need for surgical intervention and time of hospitalization? *Journal of Oral and Maxillofacial Surgery* 2018;76(6):1280.e1-1280.e8. DOI: 10.1016/j.joms.2018.02.002. [Context Link 1] View abstract...
58. Lammers MJ, van der Heijden GJ, Pourier VE, Grolman W. Bilateral cochlear implantation in children: a systematic review and best-evidence synthesis. *Laryngoscope* 2014;124(7):1694-1699. DOI: 10.1002/lary.24582. [Context Link 1] View abstract...
59. Benninger MS. Laser surgery for nodules and other benign laryngeal lesions. *Current Opinion in Otolaryngology and Head and Neck Surgery* 2009;17(6):440-444. DOI: 10.1097/MOO.0b013e3283317cae. [Context Link 1] View abstract...
60. Weber RK, Hosemann W. Comprehensive review on endonasal endoscopic sinus surgery. *GMS Current Topics in Otorhinolaryngology, Head and Neck Surgery* 2015;14:Doc08. DOI: 10.3205/cto000123. [Context Link 1] View abstract...
61. Alimohammadi R. Imaging of dentoalveolar and jaw trauma. *Radiologic Clinics of North America* 2018;56(1):105-124. DOI: 10.1016/j.rcl.2017.08.008. [Context Link 1] View abstract...
62. Yepuri N, Pruekprasert N, Cooney RN. Surgical complications. In: Townsend CM, Beauchamp RD, Evers BM, Mattox KL, editors. *Sabiston Textbook of Surgery*. 21st ed. Elsevier; 2022:238-283. [Context Link 1]
63. Swarm RA, et al. Adult Cancer Pain. *NCCN Clinical Practice Guidelines in Oncology [Internet] National Comprehensive Cancer Network (NCCN)*. v. 2.2022; 2022 Jun Accessed at: <https://www.nccn.org/>. [accessed 2022 Aug 11] [Context Link 1]
64. Zeltzer LK, Krane EJ, Levy RL. Pediatric pain management. In: Kliegman RM, St. Geme JW, Blum NJ, Shah SS, Tasker RC, Wilson KM, editors. *Nelson Textbook of Pediatrics*. 21st ed. Philadelphia, PA: Elsevier; 2020:469-490.e2. [Context Link 1]
65. Abdel-Aziz S, Adams MC. Pain. In: McKean SC, Ross JJ, Dressler DD, Scheurer DB, editors. *Principles and Practice of Hospital Medicine*. 2nd ed. New York, NY: McGraw-Hill Education; 2017:701-708. [Context Link 1]
66. Correll DJ. Perioperative pain management. In: McKean SC, Ross JJ, Dressler DD, Scheurer DB, editors. *Principles and Practice of Hospital Medicine*. 2nd ed. New York, NY: McGraw-Hill Education; 2017:313-322. [Context Link 1]
67. Gan TJ, et al. Consensus guidelines for the management of postoperative nausea and vomiting. *Anesthesia and Analgesia* 2014;118(1):85-113. DOI: 10.1213/ANE.0000000000000002. [Context Link 1] View abstract...
68. Surana NK, Dinarello CA, Porat R. Fever. In: Loscalzo J, Fauci A, Kasper D, Hauser S, Longo D, Jameson JL, editors. *Harrison's Principles of Internal Medicine*. 21st ed. McGraw Hill Education; 2022:130-144. [Context Link 1]

69. Miller CS, Wiese JG. Hyperthermia and fever. In: McKean SC, Ross JJ, Dressler DD, Scheurer DB, editors. *Principles and Practice of Hospital Medicine*. 2nd ed. New York, NY: McGraw-Hill Education; 2017:647-656. [Context Link 1]
70. Nield LS, Kamat D. Fever. In: Kliegman RM, St. Geme JW, Blum NJ, Shah SS, Tasker RC, Wilson KM, editors. *Nelson Textbook of Pediatrics*. 21st ed. Philadelphia, PA: Elsevier; 2020:1386-1388.e1. [Context Link 1]
71. Hooper DC, Shenoy ES, Elshaboury RH. Treatment and prophylaxis of bacterial infections. In: Loscalzo J, Fauci A, Kasper D, Hauser S, Longo D, Jameson JL, editors. *Harrison's Principles of Internal Medicine*. 21st ed. McGraw Hill Education; 2022:1148-1163. [Context Link 1]
72. Blum FC, Biros MH. Fever in the adult patient. In: Walls RM, editor. *Rosen's Emergency Medicine*. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:90-95.e1. [Context Link 1]
73. Oxman DA. Undiagnosed fever in hospitalized patients. In: McKean SC, Ross JJ, Dressler DD, Scheurer DB, editors. *Principles and Practice of Hospital Medicine*. 2nd ed. New York, NY: McGraw-Hill Education; 2017:1659-1664. [Context Link 1]
74. Mick NW. Pediatric fever. In: Walls RM, editor. *Rosen's Emergency Medicine*. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:2067-2077.e2. [Context Link 1]
75. Singh M, Fernandez-Frackelton M. Bacteria. In: Walls RM, editor. *Rosen's Emergency Medicine*. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:1586-1609.e3. [Context Link 1]
76. Shah SM, Khanna CL. Ophthalmic emergencies for the clinician. *Mayo Clinic Proceedings* 2020;95(5):1050-1058. DOI: 10.1016/j.mayocp.2020.03.018. [Context Link 1] View abstract...
77. Weinreb RN, Aung T, Medeiros FA. The pathophysiology and treatment of glaucoma: a review. *Journal of the American Medical Association* 2014;311(18):1901-11. DOI: 10.1001/jama.2014.3192. [Context Link 1] View abstract...
78. DiBardino DM, Wunderink RG. Aspiration pneumonia: a review of modern trends. *Journal of Critical Care* 2015;30(1):40-48. DOI: 10.1016/j.jcrc.2014.07.011. [Context Link 1] View abstract...
79. John JS, Berger L. Using the gugging swallowing screen (GUSS) for dysphagia screening in acute stroke patients. *Journal of Continuing Education in Nursing* 2015;46(3):103-4. DOI: 10.3928/00220124-20150220-12. [Context Link 1] View abstract...
80. Mitchell RB, et al. Clinical consensus statement: tracheostomy care. *Otolaryngology Head and Neck Surgery* 2013;148(1):6-20. DOI: 10.1177/0194599812460376. (Reaffirmed 2022 Jun) [Context Link 1] View abstract...
81. Seikaly H. Epistaxis. *New England Journal of Medicine* 2021;384(10):944-951. DOI: 10.1056/NEJMcp2019344. [Context Link 1] View abstract...
82. Hoffer LJ, Bistrian BR, Driscoll DF. Enteral and parenteral nutrition. In: Loscalzo J, Fauci A, Kasper D, Hauser S, Longo D, Jameson JL, editors. *Harrison's Principles of Internal Medicine*. 21st ed. McGraw Hill Education; 2022:2539-2546. [Context Link 1]
83. Centers for Medicare and Medicaid Services. "Admissions." 42 CFR 412.3 Washington, DC 2023 Jul [accessed 2023 Aug 02] Accessed at: <http://www.gpoaccess.gov/cfr/index.html>. [Context Link 1]
84. Centers for Medicare and Medicaid Services. "Hospital services excluded from payment under the hospital outpatient prospective payment system." 42 CFR 419.22 Washington, DC 2023 Jul [accessed 2023 Aug 02] Accessed at: <http://www.gpoaccess.gov/cfr/index.html>. [Context Link 1]
85. Centers for Medicare and Medicaid Services. "Requirements relating to basic benefits." 42 CFR 422.101 Washington, DC 2023 Jul [accessed 2023 Aug 02] Accessed at: <http://www.gpoaccess.gov/cfr/index.html>. [Context Link 1]
86. Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual. Chapter 1-Inpatient hospital services covered under part A [Internet] Centers for Medicare & Medicaid Services. 2017 Mar10 Accessed at: <http://www.cms.gov/manuals/Downloads/bp102c01.pdf>. [accessed 2017 Oct 04] [Context Link 1]
87. Medicare Benefit Policy Manual. Chapter 6 - hospital services covered under Part B rev. 215 [Internet] Centers for Medicare & Medicaid Services. 2015 Dec Accessed at: <http://www.cms.gov/manuals/>. [accessed 2017 Feb 28] [Context Link 1]
88. Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual. Chapter 15 - Covered Medical and Other Health Services [Internet] Centers for Medicare & Medicaid Services. Rev. 11901; 2023 Mar 16 Accessed at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/>. [accessed 2023 Aug 02] [Context Link 1]
89. Centers for Medicare & Medicaid Services. Medicare Program Integrity Manual. Chapter 6, Section 6.5 - Medical Review of Inpatient Hospital Claims for Part A Payment [Internet] Centers for Medicare & Medicaid Services. Rev. 10365; 2020 Oct 02 Accessed at: <https://www.cms.gov/regulations-and-guidance/regulations-and-guidance>. [accessed 2023 Aug 02] [Context Link 1]
90. Medicare Coverage Database. [Internet] Centers for Medicare and Medicaid Services. Accessed at: <https://www.cms.gov/medicare-coverage-database/search.aspx>? Updated 2023 [accessed 2023 Aug 02] [Context Link 1]

Footnotes

[A] Ambulatory surgery includes surgery performed in a hospital-based or freestanding ambulatory surgery center with patient discharge by the end of the work day, or in a hospital setting with patient discharge in fewer than 24 hours. [A in Context Link 1]

[B] See Intensive, Intermediate, and Telemetry Care Guidelines  ISC. [B in Context Link 1]

[C] See Clinical Indications for Procedure in this guideline. [C in Context Link 1]

Definitions

Activity level acceptable

- Activity level acceptable, as indicated by **1 or more** of the following:
 - Patient ambulatory and can perform ADL as appropriate for age and development
 - Activity at baseline
 - Activity level acceptable for next level of care

Airway and swallowing status acceptable

- Airway and swallowing status acceptable, as indicated by **ALL** of the following:
 - Aspiration absent or manageable at next level of care(1)(2)
 - No stridor, or at anticipated baseline
 - Tracheostomy absent or functioning adequately for next level of care(3)
 - Posterior nasal packs absent(4)

References

1. DiBardino DM, Wunderink RG. Aspiration pneumonia: a review of modern trends. *Journal of Critical Care* 2015;30(1):40-48. DOI: 10.1016/j.jcrc.2014.07.011.
2. John JS, Berger L. Using the gugging swallowing screen (GUSS) for dysphagia screening in acute stroke patients. *Journal of Continuing Education in Nursing* 2015;46(3):103-4. DOI: 10.3928/00220124-20150220-12.
3. Mitchell RB, et al. Clinical consensus statement: tracheostomy care. *Otolaryngology Head and Neck Surgery* 2013;148(1):6-20. DOI: 10.1177/0194599812460376. (Reaffirmed 2022 Jun)
4. Seikaly H. Epistaxis. *New England Journal of Medicine* 2021;384(10):944-951. DOI: 10.1056/NEJMc2019344.

General Discharge Criteria met

- General Discharge Criteria met or Pediatric General Discharge Criteria met (if either is relevant or necessary for patient's condition)

Intake acceptable

- Intake acceptable, as indicated by **1 or more** of the following(1):
 - Oral hydration, medications, and diet
 - Enteral hydration, medications, and diet
 - Administration routes performable at next level of care

References

1. Hoffer LJ, Bistrian BR, Driscoll DF. Enteral and parenteral nutrition. In: Loscalzo J, Fauci A, Kasper D, Hauser S, Longo D, Jameson JL, editors. *Harrison's Principles of Internal Medicine*. 21st ed. McGraw Hill Education; 2022:2539-2546.

No infection, or status acceptable

- No infection, or status acceptable, as indicated by **1 or more** of the following(1)(2)(3)(4):
 - No infection present
 - Infection status acceptable for next level of care, as indicated by **ALL** of the following(5):
 - WBC count normal, stable, or declining with treatment
 - Adequate treatment performable at next level of care
 - Organism and sensitivities identified, or adequate clinical response to empiric therapy
 - Repeat cultures negative or not needed

References

1. Hooper DC, Shenoy ES, Elshaboury RH. Treatment and prophylaxis of bacterial infections. In: Loscalzo J, Fauci A, Kasper D, Hauser S, Longo D, Jameson JL, editors. *Harrison's Principles of Internal Medicine*. 21st ed. McGraw Hill Education; 2022:1148-1163.
2. Blum FC, Biros MH. Fever in the adult patient. In: Walls RM, editor. *Rosen's Emergency Medicine*. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:90-95.e1.
3. Oxman DA. Undiagnosed fever in hospitalized patients. In: McKean SC, Ross JJ, Dressler DD, Scheurer DB, editors. *Principles and Practice of Hospital Medicine*. 2nd ed. New York, NY: McGraw-Hill Education; 2017:1659-1664.
4. Mick NW. Pediatric fever. In: Walls RM, editor. *Rosen's Emergency Medicine*. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:2067-2077.e2.
5. Singh M, Fernandez-Frackelton M. Bacteria. In: Walls RM, editor. *Rosen's Emergency Medicine*. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:1586-1609.e3.

No inpatient interventions needed

- No inpatient interventions needed; examples include:

- Urgent laryngoscopy
- Monitoring for stridor or other airway difficulties
- Monitoring for uncontrolled increased intraocular pressure
- Delayed wound closure planned in next 24 hours
- Repeat surgeries for hemorrhage or other procedural complications
- Drain care requiring continuing observation and care that cannot be managed at next level of care

Ocular status acceptable

- Ocular status acceptable, as indicated by **1 or more** of the following:
 - No ocular problems
 - **ALL** of the following(1)(2):
 - Ocular abnormalities (eg, hemorrhage, orbital fracture) acceptable for management at next level of care
 - Intraocular pressure less than 21 mm Hg or acceptable for management at next level of care(3)

References

1. Guluma K, Lee JE. Ophthalmology. In: Walls RM, editor. Rosen's Emergency Medicine. 10th ed. Philadelphia, PA 19103-2899: Elsevier; 2023:750-780.e4.
2. Shah SM, Khanna CL. Ophthalmic emergencies for the clinician. Mayo Clinic Proceedings 2020;95(5):1050-1058. DOI: 10.1016/j.mayocp.2020.03.018.
3. Weinreb RN, Aung T, Medeiros FA. The pathophysiology and treatment of glaucoma: a review. Journal of the American Medical Association 2014;311(18):1901-11. DOI: 10.1001/jama.2014.3192.

Operative site and other wounds acceptable

- Operative site and other wounds acceptable, as indicated by **1 or more** of the following(1):
 - Wounds absent
 - Wound site clean and intact, with minimal to no drainage and without signs of infection
 - Current wound care performable at next level of care

References

1. Yepuri N, Pruekprasert N, Cooney RN. Surgical complications. In: Townsend CM, Beauchamp RD, Evers BM, Mattox KL, editors. Sabiston Textbook of Surgery. 21st ed. Elsevier; 2022:238-283.

Pain and nausea absent or adequately managed

- Pain and nausea absent or adequately managed, as indicated by **1 or more** of the following(1)(2)(3)(4)(5):
 - No pain or nausea
 - Minimal discomfort on oral medications
 - Pain and nausea managed on regimen performable at next level of care

References

1. Swarm RA, et al. Adult Cancer Pain. NCCN Clinical Practice Guidelines in Oncology [Internet] National Comprehensive Cancer Network (NCCN). v. 2.2022; 2022 Jun Accessed at: <https://www.nccn.org/>. [accessed 2022 Aug 11]
2. Zeltzer LK, Krane EJ, Levy RL. Pediatric pain management. In: Kliegman RM, St. Geme JW, Blum NJ, Shah SS, Tasker RC, Wilson KM, editors. Nelson Textbook of Pediatrics. 21st ed. Philadelphia, PA: Elsevier; 2020:469-490.e2.
3. Abdel-Aziz S, Adams MC. Pain. In: McKean SC, Ross JJ, Dressler DD, Scheurer DB, editors. Principles and Practice of Hospital Medicine. 2nd ed. New York, NY: McGraw-Hill Education; 2017:701-708.
4. Correll DJ. Perioperative pain management. In: McKean SC, Ross JJ, Dressler DD, Scheurer DB, editors. Principles and Practice of Hospital Medicine. 2nd ed. New York, NY: McGraw-Hill Education; 2017:313-322.
5. Gan TJ, et al. Consensus guidelines for the management of postoperative nausea and vomiting. Anesthesia and Analgesia 2014;118(1):85-113. DOI: 10.1213/ANE.0000000000000002.

Social Determinants of Health Assessment

- Risk of poor health outcomes may be increased by the presence of **1 or more** of the following social determinants of health(1)(2)(3)(4):
 - Housing insecurity, as indicated by **1 or more** of the following:
 - Individual or caregiver's current living situation is **1 or more** of the following(5):
 - Does not have own housing (eg, staying in a hotel, shelter, or with others)
 - Has own housing (eg, house, apartment), but at risk of losing it in the future (ie, behind on rent or mortgage)
 - Has own housing (eg, house, apartment), but has lived in 3 or more places in past year

- Current housing has **1 or more** of the following:
 - Electrical appliances (eg, stove, refrigerator) not working or unavailable
 - Insufficient heating or cooling
 - Insufficient ventilation
 - Lead paint or pipes
 - Mold
 - Pests (eg, bugs) or rodents
 - Smoke detectors not working or unavailable
- Food insecurity, as indicated by **1 or more** of the following(6):
 - In the past year, individual or caregiver ran out of food and did not have money to buy more food.
 - In the past year, individual or caregiver worried that they would run out of food before they received money to buy more food.
- Insufficient transportation, as indicated by **1 or more** of the following(7):
 - In the past year, individual or caregiver missed medical appointments or could not get medications due to lack of transportation.
 - In the past year, individual or caregiver missed nonmedical activities, work, or could not get things needed for daily living due to lack of transportation.
- Insufficient utilities, as indicated by **1 or more** of the following(8):
 - Utilities (eg, electricity, water, gas, or oil) are currently shut off or unavailable.
 - In the past year, electric, water, gas, or oil company threatened to shut off services.
- Personal safety risk, as indicated by **2 or more** of the following(6):
 - Individual is sometimes or frequently physically hurt by another person (including family member).
 - Individual is sometimes or frequently insulted or talked down to by another person (including family member).
 - Individual is sometimes or frequently threatened with physical harm by another person (including family member).
 - Individual is sometimes or frequently screamed or cursed at by another person (including family member).
- Insufficient dependent care, as indicated by **1 or more** of the following:
 - In the past year, individual or caregiver was unable to work due to lack of dependent care.
 - In the past year, individual or caregiver was unable to work more (additional) hours due to lack of dependent care.
 - In the past year, individual or caregiver missed medical appointments or could not get medications due to lack of dependent care.
 - In the past year, individual or caregiver missed nonmedical activities (eg, school, church, social activity) due to lack of dependent care.
- Depression risk, as indicated by **ALL** of the following:
 - In the past 2 weeks, individual had little interest or pleasure in normal activities on at least several days.
 - In the past 2 weeks, individual felt down, depressed, or hopeless on at least several days.

References

1. Social Determinants of Health. [Internet] World Health Organization. Accessed at: https://www.who.int/social_determinants/sdh_definition/en/. Updated 2022 [accessed 2022 Apr 20]
2. Moen M, Storr C, German D, Friedmann E, Johantgen M. A review of tools to screen for social determinants of health in the United States: a practice brief. *Population Health Management* 2020;23(6):422-429. DOI: 10.1089/pop.2019.0158.
3. Daniel-Robinson L, Moore JE. Innovation and Opportunities to Address Social Determinants of Health in Medicaid Managed Care. [Internet] Institute for Medicaid Innovation. 2019 Jan Accessed at: <https://www.medicaidinnovation.org/>. [accessed 2022 Oct 18]
4. Billioux A, Verlander K, Anthony S, Alley D. Standardized Screening for Health-Related Social Needs in Clinical Settings: the Accountable Health Communities Screening Tool. [Internet] National Academy of Sciences. 2017 May Accessed at: <https://nam.edu/>. [accessed 2022 Sep 14]
5. Sandel M, et al. Unstable housing and caregiver and child health in renter families. *Pediatrics* 2018;14(2):e20172199. DOI: 10.1542/peds.2017-2199.
6. Children's HealthWatch Survey. Screening Instrument [Internet] Children's HealthWatch. 2020 Sep Accessed at: <https://childrenshealthwatch.org/>. [accessed 2022 Oct 27]
7. PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences Screening Tool. [Internet] Association of Asian Pacific Community Health Organizations (AAPCHO) and National Association of Community Health Centers (NACHC). 2016 Sep Accessed at: <https://prapare.org/the-prapare-screening-tool/>. [accessed 2022 Sep 26]
8. Cook JT, et al. A brief indicator of household energy security: associations with food security, child health, and child development in US infants and toddlers. *Pediatrics* 2008;122(4):e867-75. DOI: 10.1542/peds.2008-0286.

Temperature status acceptable

- Temperature status acceptable, as indicated by **1 or more** of the following(1)(2)(3):
 - Temperature less than 100.5 degrees F (38.1 degrees C) (oral) and greater than 96.8 degrees F (36 degrees C) (rectal)
 - Temperature as expected for disease process and appropriate for management at next level of care

References

1. Surana NK, Dinarello CA, Porat R. Fever. In: Loscalzo J, Fauci A, Kasper D, Hauser S, Longo D, Jameson JL, editors. Harrison's Principles of Internal Medicine. 21st ed. McGraw Hill Education; 2022:130-144.
2. Miller CS, Wiese JG. Hyperthermia and fever. In: McKean SC, Ross JJ, Dressler DD, Scheurer DB, editors. Principles and Practice of Hospital Medicine. 2nd ed. New York, NY: McGraw-Hill Education; 2017:647-656.
3. Nield LS, Kamat D. Fever. In: Kliegman RM, St. Geme JW, Blum NJ, Shah SS, Tasker RC, Wilson KM, editors. Nelson Textbook of Pediatrics. 21st ed. Philadelphia, PA: Elsevier; 2020:1386-1388.e1.

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