

# RDTC TRACKING SHEET

- Record patient information in top right corner
- When completed, place in RDTC binder at A-pod Faculty desk

Name: \_\_\_\_\_

MR# \_\_\_\_\_

*Stamp OR write patient information above*

## ED provider (i.e. faculty/PA/resident to complete)

Protocol: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ (*military*)

Current ED Location \_\_\_\_\_ (*pod and room #*)

Name of supervising ED provider: \_\_\_\_\_

Name of RDTC Faculty: \_\_\_\_\_

## RDTC PA / Faculty to complete

Disposition: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ (*military*)

Hospitalized

Discharged

AMA / Elopement

**PLEASE PLACE IN BINDER AT COMPLETION OF PATIENT COURSE**

## ED MD/PA Protocol Checklist and Templates

### Required Activities

***In order to bill for RDTC, we must have Orders, Progress Notes and Discharge Note. The entire completed RDTC Packet must be returned to the HUC at discharge.***

- RDTC Binder Sheet (*ED Provider begins. RDTC Provider Completes.*)
- Dictate ED Summary Note (ED Provider – *addendum by attending*)
- Sign, Date and Time Order Set (RDTC Attending)
- Dictate RDTC Admission Note including reason for RDTC and the risk Stratification. (RDTC Provider–*addendum by attending*)
- Any patient seen in the ED before Midnight who then goes into the RDTC after midnight needs a second note dictated at the level 4/5\* plus the risk stratification. (RDTC Provider–*addendum by attending*)
- Document RDTC Progress Notes (RDTC Provider)
- Sign, Date and Time Discharge Order Sheet (RDTC Attending)
- Dictate RDTC Discharge Summary Note (RDTC Provider–*addendum by attending*)
- Give entire RDTC Packet to HUC** (RDTC Provider)

**\*Level 4**

4 HPI elements  
2+ ROS  
3/3 Past, Fam, Social HX  
EXAM 5-7 body areas/organ sx  
MDM straight forward – mod complexity

**Level 5**

4 HPI elements  
10+ ROS  
3/3 Past, Fam, Social Hx  
EXAM 8+ organ sx  
MDM High complexity

## Dictation Templates

### RDTC Attending Summary Template (if no PA to do admit note)

This patient has been risk-stratified based on the available history, physical exam, and related study findings, and admission to observation status for further diagnosis/treatment of \_\_\_\_\_ is warranted. This extended period of observation is specifically required to determine the need for hospitalization. This patient will be treated/monitor with/for \_\_\_\_\_. We will observe the patient for the following endpoints \_\_\_\_\_. When met, appropriate disposition will be arranged.

### Physician's Assistant Admission Summary Template

I am dictating on behalf of the attending \_\_\_\_\_. This patient has been risk-stratified based on the available history, physical exam, and related *study findings, and admission to observation status for further diagnosis/treatment of \_\_\_\_\_ is warranted. **This extended period of observation is specifically required to determine the need for hospitalization.*** This patient will be treated/monitor with/for \_\_\_\_\_. We will observe the patient for the following endpoints \_\_\_\_\_. When met, appropriate disposition will be arranged.

### Discharge Home Stat Disposition Summary Template

This patient has been cared for according to standard RDTC protocol for \_\_\_\_\_ (diagnosis). Significant events during the course of observation include (detail testing, therapy, and response). This extended period of observation was specifically required to determine the need for hospitalization. (Please give evidence for medical necessity of DURATION of observation—i.e. when condition improved sufficiently or when study results became available.) This patient is stable for discharge based on the following diagnostic/therapeutic criteria. Prior to discharge from observation, the final physical examination reveals \_\_\_\_\_. Total length of observation time was \_\_\_\_\_ hours. (Detail discharge instructions and discussions with primary/consulting MDs)

**If PA dictating add: I have reviewed the case with Dr. \_\_\_\_\_ (RDTC Attending.)**

### Admission Disposition Summary Template

*This patient has been cared for according to standard RDTC protocol for \_\_\_\_\_ (diagnosis). Significant events during the course of observation include (detail testing, therapy, and response). **This extended period of observation was specifically required to determine the need for hospitalization.*** (Please give evidence for medical necessity of DURATION of observation—i.e. **when** condition improved sufficiently or when study results became available.) *It is now clear based on \_\_\_\_\_ that this patient will require admission to hospital for \_\_\_\_\_.* Prior to discharge from observation, the final physical examination reveals \_\_\_\_\_. Total length of observation time was \_\_\_\_\_ hours.

**If PA dictating add: I have reviewed the case with Dr. \_\_\_\_\_ (RDTC attending).**

## ANGIOEDEMA

### INCLUSION AND DISCHARGE CRITERIA

#### ADMISSION

##### **Inclusion Criteria (if ALL criteria apply patient is a POTENTIAL RDTC candidate)**

Y N

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Clinical picture consistent with mild to moderate angioedema: facial/lip or soft palate edema (Otolaryngol Head Neck Surg 1999;121:263-268) |
| <input type="checkbox"/> | <input type="checkbox"/> | Need for continued monitoring due to airway issues, co-morbidities, or risk of relapse  |
| <input type="checkbox"/> | <input type="checkbox"/> | Anticipated RDTC length-of-stay greater than 8 hours and less than 23 hours   |
| <input type="checkbox"/> | <input type="checkbox"/> | Primary physician and / or consultant contacted ( <b>if applicable</b> )  |
| <input type="checkbox"/> | <input type="checkbox"/> | Order for admission to observation status signed, dated, and timed by attending physician   |
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate follow-up and social support anticipated at time of discharge  |

##### **Exclusion Criteria (if ANY criteria apply patient is NOT an RDTC candidate)**

Y N

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Persistent signs of laryngeal edema (voice change, hoarseness, stridor)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Diffuse lingual edema (not isolated to just the anterior portion of the tongue)  |
| <input type="checkbox"/> | <input type="checkbox"/> | New ECG changes or signs and symptoms of ACS in moderate to high risk patient  |
| <input type="checkbox"/> | <input type="checkbox"/> | Diagnostic Certainty <ul style="list-style-type: none"><li>• Etiology more consistent with anaphylaxis/allergic reaction (see anaphylaxis protocol)</li><li>• Alternate etiology as likely as angioedema</li></ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | Unstable vital signs, shock, impending respiratory/airway failure, or severe systemic illness  |
| <input type="checkbox"/> | <input type="checkbox"/> | Pulse oximetry reading <92% on RA  |
| <input type="checkbox"/> | <input type="checkbox"/> | Repeat doses of epinephrine within the last 60 minutes   |
| <input type="checkbox"/> | <input type="checkbox"/> | Multiple or severe co-morbidities likely to significantly complicate disposition decision  |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency Physician, Primary Physician, or Consulting Physician chooses hospitalization  |

#### DISPOSITION

##### **Disposition Criteria**

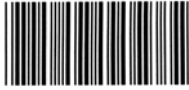
Y N

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Home (if ALL criteria apply patient may be discharged to home)</b>                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Stable and normal vital signs   |
| <input type="checkbox"/> | <input type="checkbox"/> | Stable or improving symptoms: no stridor, voice change, progressive oropharyngeal edema |
| <input type="checkbox"/> | <input type="checkbox"/> | Pulse Ox reading >92% on room air <b>with ambulation</b>                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Tolerating PO fluids and medications  |
| <input type="checkbox"/> | <input type="checkbox"/> | Follow-up obtained  |
| <input type="checkbox"/> | <input type="checkbox"/> | Primary physician or consulting ENT contacted <b>if appropriate</b>                     |

Y N

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Hospital (if ANY criteria apply patient should be hospitalized)</b>      |
| <input type="checkbox"/> | <input type="checkbox"/> | Unstable vital sign (hypoxia) or unresolved symptoms                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Persistent voice change, stridor, severe or progressive oropharyngeal edema |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not or will not meet discharge criteria after 23 hours of treatment    |
| <input type="checkbox"/> | <input type="checkbox"/> | Newly discovered diagnosis requiring admission                              |
| <input type="checkbox"/> | <input type="checkbox"/> | At the discretion of the ED physician, primary physician, or consultant     |





\*EDREC\*

# RAPID DIAGNOSIS AND TREATMENT CENTER

## PHYSICIAN ORDER SHEET

All applicable orders have been checked.  
ORDERS NOT CHECKED ARE NOT TO BE FOLLOWED

Orders are modified according to the medical condition of the patient. All orders are to be dated, timed and signed by a physician. Additional orders may be entered at the end of the order set. If the orders are transcribed in sessions, the transcriber must date, time, and initial in the section marked order noted.

PAGE 2 OF 2

*Please Stamp Here*

**ALLERGIES:**  None Known  
 Yes, Drug/Reaction: \_\_\_\_\_

ORDER #	✓	ANGIOEDEMA RDTC Admission Orders Continued	ORDER NOTED	
			(DATE/TIME)	(INITIAL)
		<b>Medications:</b> <i>Please review allergy list before administration</i>		
11.	<input type="checkbox"/>	O <sub>2</sub> via nasal cannula at <u>1-2</u> liters / min for symptom relief only		
12.	<input checked="" type="checkbox"/>	Notify MD for any RA O <sub>2</sub> sat less than 92%		
13.	<input type="checkbox"/>	Prednisone 60 mg po q12hrs ( <b>preferred</b> ) OR Solumedrol 60 mg IV Q6 hrs <b>if unable to take po</b>		
14.	<input type="checkbox"/>	Prednisone 60 mg prior to discharge if discharge less than 12 hours		
15.	<input checked="" type="checkbox"/>	Acetaminophen 650mg po q 4 hours prn for fever or pain		
16.	<input type="checkbox"/>	Diphenhydramine • <input type="checkbox"/> 25 to 50mg po q6 hrs (preferred) --OR-- • <input type="checkbox"/> 25 mg IV q6 hrs		
		<b>Home / Other Medications</b>		
17.	<input type="checkbox"/>			
18.	<input type="checkbox"/>			
19.	<input type="checkbox"/>			
		<b>Studies:</b>		
		<u>Laboratory:</u>		
20.	<input type="checkbox"/>	ECG		
21.	<input type="checkbox"/>	Complement levels (C1 esterase inhibitor, C2, C4 levels)		
		<u>Imaging:</u>		
22.	<input type="checkbox"/>	Chest x-ray PA/Lat		
		<b>Miscellaneous:</b>		
23.	<input type="checkbox"/>			
24.	<input type="checkbox"/>			

White -- Chart    Yellow -- Pharmacy    Pink -- Floor Copy

**Attending MD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
(ADMISSION ORDERS ONLY)

Developed by: Emergency Medicine

Date 02/15/2005

Review Date \_\_\_\_\_

*Orders*







## ANGIOEDEMA

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You have been treated in the Rapid Diagnosis and Treatment Center (RDTc) for angioedema. This is the term for swelling of the face, mouth and tongue. The cause of angioedema is often unknown. In some cases, it may be due to medication, like ACE inhibitors such as Lisinopril or Captopril. In other cases it may be hereditary. If you experience these symptoms again or have any facial swelling, difficulty breathing, or difficulty swallowing you should seek medical care immediately.

Although you received medications during here in the RDTc, you should know that these are not very effective, and it is very important to avoid the cause of this reaction if known. If your physician told you that a medication was the probable cause of your symptoms, then you should always list this medication when asked about your allergies.

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### ***Following discharge from the Rapid Diagnostic and Treatment Center you should:***

1. Keep track of possible allergic triggers to determine which ones affect you.
2. Avoid circumstances which trigger these symptoms
3. See your primary-care physician or family doctor regularly.
4. Other: \_\_\_\_\_  
\_\_\_\_\_

### ***Notify Your Doctor or Return to the Emergency Department if you have:***

- \* facial swelling
- \* tongue swelling
- \* difficulty swallowing
- \* difficulty breathing
- \* or any other concerns

### ***Follow Up***

A visit to the emergency department cannot substitute for having a family doctor. You should plan to see your regular doctor.

**Please review your Discharge Instructions Sheet for specific instructions regarding your follow-up and medications.**

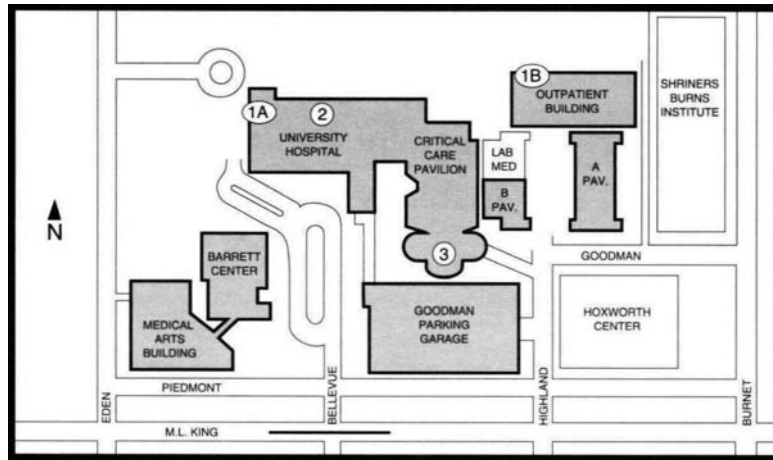
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**The University Hospital**

Health Alliance 

**Emergency Department**

## Angioedema



### **University Hospital Services**

#### 1. Pharmacy Locations

**1A** Central Pharmacy – Basement, Main Hospital

**1B** Outpatient Pharmacy – First Floor, Outpatient Building

#### 2. X-ray Services

3. Emergency Department 584-4571

Outpatient Information 584-4001

Outpatient Business Office 584-5061