

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).

PNEUMONIA

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 community acquired pneumonia (i.e. mild hypoxia, vomiting) |
| <input type="checkbox"/> | <input type="checkbox"/> | Moderate symptoms and severity (see NEJM Dec 2002, vol 347, pg 2039-2045 - PORT score attached) |
| <input type="checkbox"/> | <input type="checkbox"/> | CXR findings consistent with pneumonia |
| <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 (if applicable) |
| <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"/> | Unstable vital signs, shock, impending respiratory failure, or severe systemic illness |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Current</u> pulse oximetry reading < 92% on 2 liters O ₂ via nasal cannula |
| <input type="checkbox"/> | <input type="checkbox"/> | Immunocompromised (i.e. CD4<200, transplant, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Diagnostic Certainty <ul style="list-style-type: none">• Alternative high morbidity/acuity diagnosis as likely as pneumonia (i.e. TB, PE)• Criteria for alternative RDTC protocol more specific or appropriate (i.e. asthma, COPD) |
| <input type="checkbox"/> | <input type="checkbox"/> | Likely or diagnosed extensive lung disease that is oxygen requiring or consistent with COPD (refer to COPD protocol) |
| <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

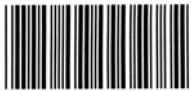
Disposition Criteria

Y N

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Home (if ALL criteria apply patient may be discharged to home) |
| <input type="checkbox"/> | <input type="checkbox"/> | Stable and normal vital signs without oxygen requirement |
| <input type="checkbox"/> | <input type="checkbox"/> | Tolerating oral medications & po fluids |
| <input type="checkbox"/> | <input type="checkbox"/> | Room air Pulse Ox> 92% with ambulation |
| <input type="checkbox"/> | <input type="checkbox"/> | Minimal or no symptoms with ambulation |
| <input type="checkbox"/> | <input type="checkbox"/> | Follow-up obtained |
| <input type="checkbox"/> | <input type="checkbox"/> | Primary physician or consultant contacted if appropriate |

Y N

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital (if ANY criteria apply patient should be hospitalized) |
| <input type="checkbox"/> | <input type="checkbox"/> | Unstable vital signs or unresolved symptoms |
| <input type="checkbox"/> | <input type="checkbox"/> | Persistent oxygen requirement |
| <input type="checkbox"/> | <input type="checkbox"/> | Inability to reliably tolerate po fluids or medications |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative diagnosis for symptoms requiring hospitalization is discovered |
| <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"/> | 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.

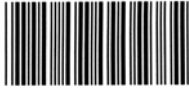
PAGE 1 OF 2

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ALLERGIES:

- None Known
- Yes, Drug/Reaction:

ORDER #	✓	PNEUMONIA RDTc Admission Orders			ORDER NOTED	
					(DATE/TIME)	(INITIAL)
1.	✓	Admit to observation status <i>(Please record date / time order noted by nurse)</i>				
2.	✓	<ul style="list-style-type: none"> Take off Order to begin observation by recording Date/Time ED nurse stamp protocol with addressograph Begin protocol orders unless RDTc bed imminently available Report to RDTc nurse with completed admission paperwork Transfer to RDTc 				
3.	✓	Diagnosis: Pneumonia				
4.	✓	Call RDTc MD or PA if:		greater than	Less than	
		VS: Q 2hour x 2, then Q 4 hours and prn (with pain assessment)	SBP	180	90	
			DBP	110	50	
			HR	120	60	
			RR	35	10	
		T	102.0° F			
		Notify physician if O ₂ sat is less than 90% on current O ₂ therapy				
5.	✓	Allergies: confirm allergies and record on designated area pg 1 & 2				
6.	✓	Nursing: Call MD/PA for worsening dyspnea or increasing O ₂ requirement Continuous Pulse Oximetry Evaluate for discharge criteria every 4 hours				
7.	<input type="checkbox"/>	IVF: D5 NS with 20 mEq KCl / liter @ 250 cc/hr				
8.	<input type="checkbox"/>	IVF: NS 1 liter bolus x 1				
9.	✓	Diet: regular diet, advance as tolerated				
10.	✓	IV Saline Lock				
11.	<input type="checkbox"/>	Consult Social Services for: _____				
		Medications: Please review allergy list before administration				
12.	<input type="checkbox"/>	O ₂ via nasal cannula at _____ liters / min				
13.	✓	Wean O ₂ as tolerated without dyspnea & O ₂ sat greater than 92%				
14.	✓	Incentive spirometer q 1 hour while awake - patient may administer				
15.	<input type="checkbox"/>	Albuterol MDI with spacer chamber 2 puffs q 2-4 hours prn				
16.	<input type="checkbox"/>	Acetaminophen 650 mg po q 4 hrs prn fever or pain – hold if more than 1 Roxicet tablet administered in last 4 hours				



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PHYSICIAN ORDER SHEET

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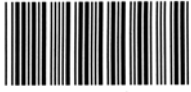
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ALLERGIES: None Known
 Yes, Drug/Reaction: _____

ORDER #	✓	PNEUMONIA RDTC Admission Orders Continued	ORDER NOTED	
			(DATE/TIME)	(INITIAL)
17.	<input type="checkbox"/>	Azithromycin 500 IVPB x 1, unless allergic or already given in ED		
18.	<input type="checkbox"/>	Ceftriaxone 1 gm IV x1		
19.	<input type="checkbox"/>	Acetaminophen 325 mg with oxycodone 5 mg. 1-2 tab PO q 4-6 hours prn pain		
20.	<input type="checkbox"/>	Morphine Sulfate 2-3mg IV q 3 hours prn pain, unrelieved by Acetaminophen 325 mg with oxycodone 5 mg. OR if vomiting po medications (hold for sedation)		
21.	<input type="checkbox"/>	Phenergan 12.5mg IV q 6 hours prn vomiting		
22.	<input type="checkbox"/>			
		Home / Other Medications		
23.	<input type="checkbox"/>			
24.	<input type="checkbox"/>			
25.	<input type="checkbox"/>			
26.	<input type="checkbox"/>			
		Studies:		
		<u>Laboratory:</u>		
27.	✓	Confirm that all initial laboratory values are printed and with chart		
28.	✓	CBC with differential and EP-1 if not obtained in ED		
29.	✓	Blood cultures x 2 before antibiotic administration – if not obtained in ED		
30.	<input type="checkbox"/>	Others: _____		
		<u>Imaging:</u>		
31.	✓	Repeat CXR 12 hours after initial x-ray performed in ED IF no clinical improvement		
32.	<input type="checkbox"/>	EKG (if not obtained in ED)		
		Miscellaneous:		
33.	<input type="checkbox"/>			
34.	<input type="checkbox"/>			

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

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



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 1 OF 1

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ALLERGIES: None Known
 Yes, Drug/Reaction: _____

ORDER #	✓	PNEUMONIA RDTC DISCHARGE ORDERS	ORDER NOTED	
			(DATE/TIME)	(INITIAL)
1.	<input type="checkbox"/>	DISCHARGE ORDERS <i>(Please record date / time order noted by nurse)</i> <p>A. Ensure completion of RDTC Tracking Sheet</p> <p>B. Discontinue IV</p> <p>C. Provide copy of Discharge <u>Information</u> Sheet</p> <p>D. Review Discharge <u>Instruction</u> Sheet with patient and discharge to home</p> <p>E. Discharge Diagnosis: 1. _____ 2. _____</p>		
2.	<input type="checkbox"/>	HOSPITAL ADMISSION ORDERS <i>(Please record date / time order noted by nurse)</i> <p>A. Ensure completion of RDTC Tracking Sheet</p> <p>B. Convert patient to transitional status unless transferred back to ED for unstable medical condition</p> <p>C. Admit to hospital</p> <p>D. Bed Type _____</p> <p>E. Admitting Service _____</p> <p>F. Admitting Attending / Resident: _____</p> <p>G. Hospital Admission Diagnosis: 1. _____ 2. _____</p>		

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

Attending MD Signature: _____ **Date:** _____ **Time:** _____
(DISCHARGE ORDERS ONLY)

Developed by: Emergency Medicine Date 02/15/2005 Review Date _____

Orders

PNEUMONIA

You have been treated in the Rapid Diagnosis and Treatment Center (RDTc) for pneumonia. Pneumonia is a disease in which an infection occurs deep in your lung(s).

Although lung infections may be caused by a number of things including viruses, the treatment for pneumonia usually includes antibiotics that will kill the bacteria most often responsible for pneumonia. You may also be given an inhaler if the pneumonia is causing you to feel short of breath. It is especially important to see your doctor after being diagnosed with pneumonia that requires treatment in the Emergency Department or RDTc.

Smoking is an extremely damaging habit, especially for your lungs, and may make you more likely to contract pneumonia again in the future.

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

1. Take your ENTIRE course of antibiotics and finish ALL of the pills.
2. See your primary-care physician or family doctor regularly.
3. Stop smoking if you currently smoke.
4. Other: _____

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

- * continued or worsening shortness of breath
- * chest pain
- * continued high fever or productive cough
- * 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.

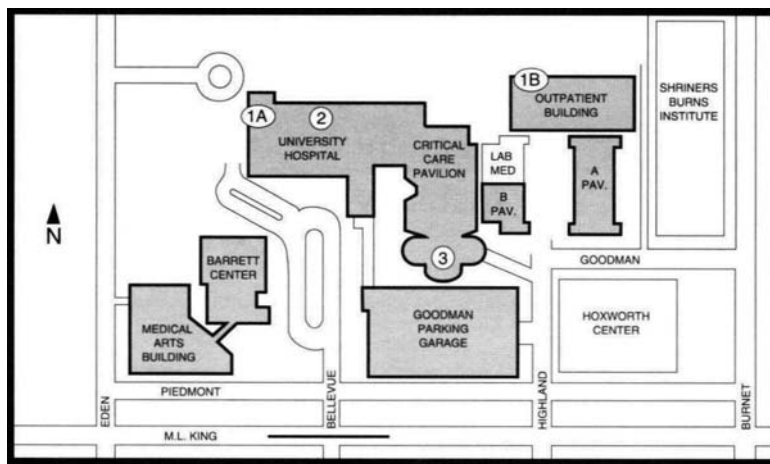
Please review your Discharge Instructions Sheet for specific instructions regarding your follow-up and medications.

The University Hospital

Health Alliance 

Emergency Department

Pneumonia (continued)



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