

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).

NEPHROLITHIASIS

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 exam consistent with nephrolithiasis |
| <input type="checkbox"/> | <input type="checkbox"/> | Confirmation of urinary tract stone by imaging study |
| <input type="checkbox"/> | <input type="checkbox"/> | Moderate/severe symptoms with persistent vomiting/pain (see Emer Med Clin North Am 2001;19(3):633-54) |
| <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, sepsis, or severe systemic illness |
| <input type="checkbox"/> | <input type="checkbox"/> | Pregnant with any UTI (<u>please note: neither classification by itself is an exclusion</u>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Pyelonephritis (i.e. severe symptoms of kidney infection as primary diagnosis) |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural complication requiring emergent procedure <ul style="list-style-type: none">• High grade obstruction with large stone• Obstructing stone in setting of UTI |
| <input type="checkbox"/> | <input type="checkbox"/> | Significant pre-existing renal disease <ul style="list-style-type: none">• Single kidney• Transplant• New Cr >2.0 or baseline Cr >2.5 |
| <input type="checkbox"/> | <input type="checkbox"/> | Diagnostic Certainty <ul style="list-style-type: none">• Alternative high morbidity/acuity diagnosis as likely as kidney stone (i.e. appendicitis)• Criteria for alternative RDTC protocol more specific or appropriate |
| <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

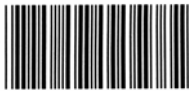
Disposition Criteria

Y N

- | | | |
|---|--------------------------|--|
| Home (if ALL criteria apply patient may be discharged to home) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Stable and normal vital signs |
| <input type="checkbox"/> | <input type="checkbox"/> | Able to tolerate oral hydration and medications |
| <input type="checkbox"/> | <input type="checkbox"/> | Pain controlled on oral medications |
| <input type="checkbox"/> | <input type="checkbox"/> | Follow-up obtained |
| <input type="checkbox"/> | <input type="checkbox"/> | Primary physician or consultant contacted as appropriate |

Y N

- | | | |
|--|--------------------------|---|
| Hospital (if ANY criteria apply patient should be hospitalized) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Unstable or abnormal vitals signs |
| <input type="checkbox"/> | <input type="checkbox"/> | Nausea or pain not controlled by oral medications; inability to tolerate oral medications |
| <input type="checkbox"/> | <input type="checkbox"/> | New complicating illness or structural consideration identified |
| <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.

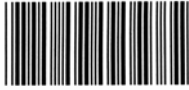
PAGE 1 OF 2

Please Stamp Here

ALLERGIES:

- None Known
- Yes, Drug/Reaction:

ORDER #	✓	NEPHROLITHIASIS PROTOCOL 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: Nephrolithiasis					
4.	✓	VS: Q 2hour x 2, then Q 4 hours and prn (with pain assessment)	Call RDTc MD or PA if:	greater than	Less than		
			SBP	180	90		
			DBP	110	50		
			HR	110	50		
			RR	25	10		
T	100.0° F						
5.	✓	Allergies: confirm allergy list & record on designated area pg 1 & 2					
6.		Nursing: Call MD / PA for recurrent vomiting, uncontrolled pain or fever, prn Pulse Oximetry x 1 on RDTc Admission if not obtained previously Instruct patient to strain urine for stone Evaluate for discharge criteria every 4 hours					
7.	✓	IV: Saline Lock					
8.	✓	Diet: Advance as tolerated, regular					
9.	<input type="checkbox"/>	IVF: NS 1 liter bolus x 1					
10.	<input type="checkbox"/>	IVF: D5 NS with 20 mEq KCl / liter @ 250 cc/hr while nauseated					
11.	<input type="checkbox"/>	Consult Social Services for: _____					
		Medications: Please review allergy list before administration					
12.	<input type="checkbox"/>	Phenergan 12.5 – 25 mg IV q6 hrs PRN nausea/vomiting Change to 25 mg PO q6 hrs PRN when tolerating po fluids					
13.	<input type="checkbox"/>	Other: _____ iv q__hr vomiting uncontrolled by promethazine					
14.	<input type="checkbox"/>	Toradol 30mg IV q6 hrs PRN pain or fever					
15.	<input type="checkbox"/>	Morphine Sulfate 2-5 mg IV q2hr PRN, hold for sedation					
16.	<input type="checkbox"/>	Demerol 25-50 mg IV q2hr PRN <i>if MSO₄ allergic</i> , hold for sedation					
17.	<input type="checkbox"/>	Roxicet 1-2 po q4 hr PRN: preferred as soon as tolerating po fluids					
18.	<input type="checkbox"/>	Cipro 400mg IV q12h Convert to Cipro 500mg po q12 when tolerating po fluids					
19.	<input type="checkbox"/>	Acetaminophen 650mg po/pr q 4 hrs PRN pain or fever					



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 #	✓	NEPHROLITHIASIS PROTOCOL RDTc Admission Orders Continued	ORDER NOTED	
			(DATE/TIME)	(INITIAL)
		Home / Other Medications		
20.	<input type="checkbox"/>			
21.	<input type="checkbox"/>			
22.	<input type="checkbox"/>			
23.	<input type="checkbox"/>			
		Studies:		
		<u>Laboratory:</u>		
24.	✓	UA with micro and Urine Cx if not already performed in ED		
25.	✓	Urine Pregnancy test if female and not already performed		
26.	✓	EP1 on admission if not already obtained		
27.	✓	Order EP1 q12 hr		
28.	✓	Send kidney stone to pathology for analysis if obtained from patient		
		<u>Imaging Studies</u>		
29.	<input type="checkbox"/>	IVP (if not allergic to contrast dye and normal creatinine)		
30.	<input type="checkbox"/>	Retrograde pyelography (urology consult <u>required</u>)		
		Miscellaneous:		
31.	<input type="checkbox"/>			
32.	<input type="checkbox"/>			
33.	<input type="checkbox"/>			
34.	<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



EDREC

Rapid Diagnosis and Treatment Center
University Hospital, Center for Emergency Care

NEPHROLITHIASIS

RDTc MD/PA Protocol Continuation Checklist

- PA notes/Dictations must include current RDTc attending name
- Progress Notes documented **every 6 hours** during RDTc admission. If stay is less than 6 hours, there must be at least one progress note.
- Add additional orders to NEW order form, NOT to original order set
- Complete Patient Tracking Form by A-pod desk at shift change

Please Stamp Here

DATE	TIME	<i>Please sign, date, and time all notes</i>
		NOT for admission/discharge notes (these should be STAT dictated) All PA notes should document attending name
		<u>Attending Observation Admission Addendum</u>
		<u>Progress Note(s)</u>
		<u>Attending Observation Discharge Addendum</u>

KIDNEY STONES

Your care in the Rapid Diagnostic and Treatment Center (RDTC) was for symptoms caused by kidney stones, a condition known as nephrolithiasis. Kidney stones cause pain when they block the flow of urine from the kidney to the bladder. It is not known what causes these stones, although a family history may make you more likely to develop them. Some foods may be associated with formation of these stones: beets, chocolate, coffee, cola, nuts, rhubarb, spinach, strawberries, tea, and wheat bran. Bladder infections, kidney problems, hormone problems, gout, taking too much vitamin D, and certain medications may increase your chance of developing stones as well. Once you have had a kidney stone, you are more likely to have them again in the future.

Most kidney stones will pass out of your body without requiring any further treatment from a physician. Occasionally, hospitalization or special procedures are required for complications from kidney stones or for large stones that will not pass on their own. Even if your stone does pass by itself, you should follow-up with your doctor or with a Urologist to find ways to prevent future stones and discover any unrecognized health problems.

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

1. Drink plenty of water and other fluids that do not contain caffeine (2 to 3 quarts of fluid every day)
2. Take all of your medications as prescribed.
3. Follow-up with your primary doctor and/or a Urologist as directed.
4. Strain your urine with the filter provided or with a coffee filter to catch your kidney stone and take the stone to your physician.
5. Other: _____

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

- * Severe pain or vomiting
 - * High fevers or burning/pain with urination
 - * Inability to drink fluids or take medications
-

Follow Up

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

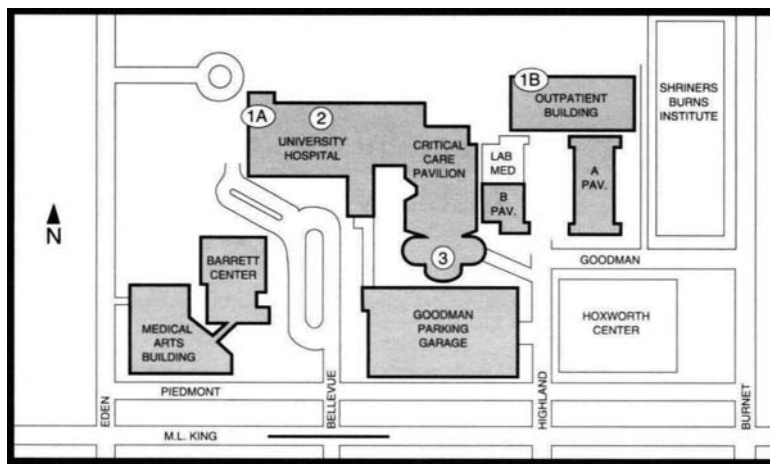
Please review your Discharge Instructions Sheet for specific instructions regarding your follow-up and medications.

The University Hospital

Health Alliance 

Emergency Department

Chest Pain (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

GENERAL INFORMATION
for our patients