

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).

TRANSFUSION / HEMMORHAGE

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"/> | Patient requiring or potentially requiring transfusion <ul style="list-style-type: none">• Subacute to chronic anemia currently symptomatic or Hg <8.• Acute but controlled hemorrhage currently symptomatic or Hg <8.• Acute but controlled hemorrhage requiring serial CBC's.• Sickle cell patient requiring transfusion (place on sickle cell protocol unless NOT in crisis) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hematologist contacted (mandatory if sickle cell patient) |
| <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, hypoxia, shock, impending respiratory failure, or severe systemic illness |
| <input type="checkbox"/> | <input type="checkbox"/> | Pancytopenia or neutropenic (ANC<1000) |
| <input type="checkbox"/> | <input type="checkbox"/> | Suspicion or knowledge of acute hemorrhage (any source) that is continued or likely to reoccur |
| <input type="checkbox"/> | <input type="checkbox"/> | Suspicion of splenic sequestration |
| <input type="checkbox"/> | <input type="checkbox"/> | Aplastic crisis |
| <input type="checkbox"/> | <input type="checkbox"/> | Sickle cell patient currently in crisis (consider sickle cell protocol) |
| <input type="checkbox"/> | <input type="checkbox"/> | Newly diagnosed blood dyscrasia |
| <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

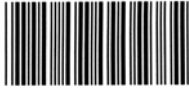
Disposition Criteria

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 vitals signs |
| <input type="checkbox"/> | <input type="checkbox"/> | Absent, stable, or improved symptoms 4 hours post transfusion |
| <input type="checkbox"/> | <input type="checkbox"/> | Stable or improved hemoglobin and hematocrit (CBC2 hr post transfusion) |
| <input type="checkbox"/> | <input type="checkbox"/> | Follow-up obtained |
| <input type="checkbox"/> | <input type="checkbox"/> | Primary physician or consulting physician contacted as 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 / abnormal vital signs or worsening symptoms |
| <input type="checkbox"/> | <input type="checkbox"/> | Worsened hemoglobin or hematocrit |
| <input type="checkbox"/> | <input type="checkbox"/> | Occurrence or reoccurrence of active acute hemorrhage |
| <input type="checkbox"/> | <input type="checkbox"/> | Significant transfusion reaction (febrile, hemolytic, or anaphylactoid) |
| <input type="checkbox"/> | <input type="checkbox"/> | New diagnosis requiring hospitalization discovered. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not or will not meet Home Disposition criteria after 23 hours of treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospitalization 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.

Please Stamp Here

ALLERGIES: None Known
 Yes, Drug/Reaction: _____

ORDER #	✓	Tranfusion / Hemorrhage Protocol RDTA Admission Orders	ORDER NOTED	
			(DATE/TIME)	(INITIAL)
		Medications		
12.	<input type="checkbox"/>	Acetaminophen 650mg PO/PR 30 minutes prior to transfusion		
13.	<input type="checkbox"/>	Benadryl 25 mg PO/IV 30 minutes prior to transfusion		
14.	<input type="checkbox"/>	Transfuse _____ units of PRBC over 3 hours for each unit.		
15.	<input type="checkbox"/>			
16.	<input type="checkbox"/>			
		Home/Other Medications:		
17.	<input type="checkbox"/>			
18.	<input type="checkbox"/>			
19.	<input type="checkbox"/>			
20.	<input type="checkbox"/>			
		Laboratories		
21.	<input checked="" type="checkbox"/>	CBC prior to transfusion if not done in ED		
22.	<input checked="" type="checkbox"/>	CBC 2 hours after last transfusion completed		
23.	<input type="checkbox"/>	Serial CBC Q 4 hours. (NOT DURING TRANSFUSION) Notify MD if: <ul style="list-style-type: none"> • Hg less than 8.0 or drops greater than 2.0 • Hct less than 23.0 or drops greater than 6.0 		
24.	<input type="checkbox"/>	Type and Cross _____ units of PRBC if not done in the ED.		
25.	<input type="checkbox"/>	<ul style="list-style-type: none"> • CBC with diff, Reticulocyte count • Peripheral Blood Smear • Serum Iron, TIBC, Ferritin, % Saturation, Haptoglobin, LDH, Indirect Bilirubin • Renal • Serum B12, Serum Folate • Direct and indirect coombs test 		
		Other:		
26.	<input checked="" type="checkbox"/>	Obtain verbal consent to transfuse or possible need to transfuse.		
27.	<input type="checkbox"/>			
28.	<input type="checkbox"/>			

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

Attending MD Signature: _____ **Date:** _____ **Time:** _____

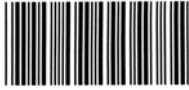
(ADMISSION ORDERS ONLY)

Developed by: Emergency Medicine

Date 1/1/03

Review Date _____

Orders



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 3 OF 4

Please Stamp Here

ALLERGIES: None Known
 Yes, Drug/Reaction: _____

ORDER #	✓	Transfusion / Hemorrhage Protocol	ORDER NOTED	
			(DATE/TIME)	(INITIAL)
Transfusion Reaction Orders				
		Reaction #1. <ul style="list-style-type: none"> • Fever, chills • SOB • Abdominal pain, back pain • Pain at infusion site. 		
1.	✓	Stop transfusion immediately.		
2.	✓	Obtain vital signs		
3.	✓	Notify MD/PA and blood bank.		
4.	✓	Send remaining blood, a new red top, and a new purple top to the blood bank.		
5.	✓	UA		
6.	✓	Replace IV tubing and start NS @ 100cc/hr.		
7.	✓	Order CXR if SOB or hypoxia.		
		Reaction #2. <ul style="list-style-type: none"> • Rash • Hives/Urticaria 		
1.	✓	Obtain vital signs and assess breathing.		
2.	✓	Notify MD/PA		
3.	✓	Benadryl 25mg IV x1.		
4.	✓	Obtain vitals and assess breathing Q15 minutes x4.		
5.	✓	If abnormal vital signs, wheezing, SOB follow orders as per reaction protocol #1.		
6.	✓	If rash worsens despite benadryl then follow orders as per reaction protocol #1.		

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

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



EDREC

TRANSFUSION

Please Stamp Here

RDTDC MD/PA Protocol Continuation Checklist

- PA notes/Dictations must include current RDTDC attending name
- Progress Notes documented **every 6 hours** during RDTDC 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

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>

TRANSFUSION / HEMORRHAGE

You have been treated in the Rapid Diagnosis and Treatment Center for low levels of red blood cells (anemia). Red blood cells carry oxygen to the tissues of your body. Low levels of red blood cells can make you feel ill and cause damage to the organs of the body such as the heart and brain. Anemia is usually caused by the body not making enough red blood cells or destroying them too fast.

Your blood count may have been low enough to require a transfusion. The body makes new cells at a slow rate but sometimes the body needs help catching up if the level of red blood cells drops fast or is severely low.

If your problem was caused by bleeding (hemorrhage) it is important to monitor the level of bleeding. While the bleeding had stopped or slowed enough to be sent home it may increase in the near future. If your anemia was caused by some other problem the possibility exists that the level of your red blood cells may become low again.

Symptoms of anemia include lightheadedness, passing out, weakness, shortness of breath, heart palpitations, and chest pain. Many symptoms and signs of low red blood cells can only be noticed by your doctor or through blood tests. Also, it is important to find the cause of your anemia. For these reasons, it is important to follow up with your regular doctor or hematologist.

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

1. Take medications as noted on your discharge sheet.
2. See your primary-care physician and hematologist regularly.
3. Other:

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

- a. chest pain, palpitations, or shortness of breath
 - b. passing out or a feeling lightheaded
 - c. weakness (particularly with activity)
 - d. increase in the amount of bleeding
 - e. bleeding going on longer than expected
 - f. 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.

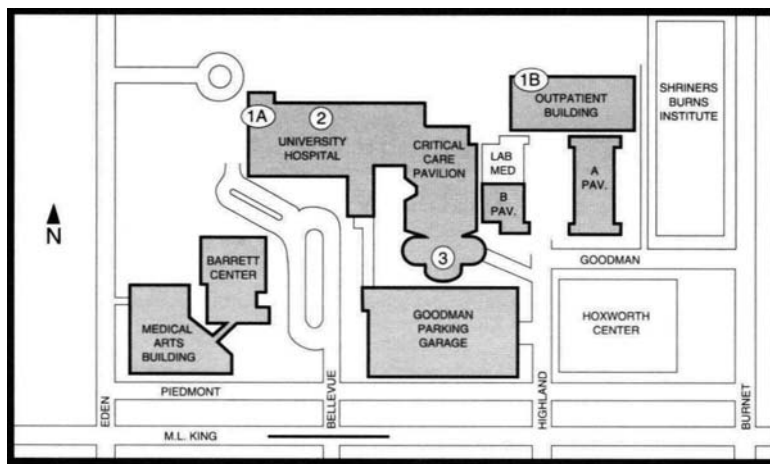
The University Hospital

Health Alliance 

Emergency Department

for our patients

Transfusion / Hemorrhage (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