

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).

ANAPHYLAXIS

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 moderate or transiently severe allergic reaction/anaphylaxis including but not limited to dyspnea/stridor/hypotension (J Allergy Clin Immunol; 108 (5): 861-6) |
| <input type="checkbox"/> | <input type="checkbox"/> | Initially severe symptoms with need for continued monitoring due to airway issues, co-morbidities, or risk of relapsing symptoms |
| <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"/> | Continued unstable vital signs, shock, impending respiratory failure, or severe systemic illness |
| <input type="checkbox"/> | <input type="checkbox"/> | Current pulse oximetry reading < 92% on 2L nasal canula |
| <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"/> | 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"/> | Continued stridor |
| <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"/> | Minimal or no symptoms with ambulation 1 hour after last albuterol administration |
| <input type="checkbox"/> | <input type="checkbox"/> | Pulse Ox reading >92% on room air with ambulation 1 hour after last albuterol administration |
| <input type="checkbox"/> | <input type="checkbox"/> | Follow-up obtained |
| <input type="checkbox"/> | <input type="checkbox"/> | Primary physician or consulting cardiologist contacted if appropriate |

Y N

- | | | |
|--|--------------------------|---|
| 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 need for oxygen to maintain pulse oximetry reading > 92% with ambulation |
| <input type="checkbox"/> | <input type="checkbox"/> | Persistent stridor or wheezing |
| <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:

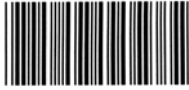
ANAPHYLAXIS

RDTC Admission Orders

ORDER NOTED

(DATE/TIME) (INITIAL)

ORDER #	✓																		
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: Acute Allergic reaction/Anaphylaxis																	
4.	✓	<p>Call RDTC MD or PA if:</p> <table border="1"> <thead> <tr> <th></th> <th>greater than</th> <th>Less than</th> </tr> </thead> <tbody> <tr> <td>SBP</td> <td>180</td> <td>90</td> </tr> <tr> <td>DBP</td> <td>110</td> <td>50</td> </tr> <tr> <td>HR</td> <td>120</td> <td>60</td> </tr> <tr> <td>RR</td> <td>35</td> <td>10</td> </tr> </tbody> </table> <p>VS: Q 2hour x 2, then Q 4 hours and prn (with pain assessment)</p> <p>Notify MD if O₂ sat is less than 90% on current O₂ supplementation</p>		greater than	Less than	SBP	180	90	DBP	110	50	HR	120	60	RR	35	10		
	greater than	Less than																	
SBP	180	90																	
DBP	110	50																	
HR	120	60																	
RR	35	10																	
5.	✓	Allergies: confirm allergy list and record on designated area page 2																	
6.		<p>Nursing:</p> <p>Call MD/PA for worsening dyspnea, stridor, or increased edema</p> <p>Continuous Pulse Oximetry</p> <p>Evaluate for discharge criteria every 4 hours</p>																	
7.	<input type="checkbox"/>	Cardiac monitoring																	
8.	✓	IV Saline Lock																	
9.	✓	Diet: regular , advance as tolerated																	
10.	<input type="checkbox"/>	Consult Social Services for: _____																	



EDREC

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PAGE 2 OF 2

Please Stamp Here

ALLERGIES: None Known
 Yes, Drug/Reaction: _____

ORDER #	✓	ANAPHYLAXIS RDTc Admission Orders Continued	ORDER NOTED	
			(DATE/TIME)	(INITIAL)
		Medications: <i>Please review allergy list before administration</i>		
11.	<input type="checkbox"/>	O ₂ via nasal cannula at ____ liters / min		
12.	<input checked="" type="checkbox"/>	Wean O ₂ as tolerated without dyspnea & O ₂ sat greater than 92%		
13.	<input type="checkbox"/>	Albuterol MDI with spacer chamber 5 puffs q 20 min x 4 hrs, then 5 puffs q 1 hr If asymptomatic and no wheezing hold and notify MD		
14.	<input type="checkbox"/>	Prednisone 60 mg po q12hrs • Hold 1st dose if steroids given in ED • Give 60 mg prior to discharge if discharge less than 12 hours		
15.	<input type="checkbox"/>	Acetaminophen 650mg po q 4 hrs prn for fever or pain		
16.	<input type="checkbox"/>	Diphenhydramine <input type="checkbox"/> 25 mg OR <input type="checkbox"/> 50 mg po q6 hrs		
17.	<input type="checkbox"/>	Pepcid 20 mg po q12 hrs		
		Home / Other Medications		
18.	<input type="checkbox"/>			
19.	<input type="checkbox"/>			
20.	<input type="checkbox"/>			
		Studies:		
		<u>Laboratory:</u>		
21.	<input type="checkbox"/>	Cardiac Enzymes (CK-MB, Troponin T) at 0,3,6 hours		
22.	<input type="checkbox"/>	ECG		
		<u>Imaging:</u>		
23.	<input type="checkbox"/>	Chest x-ray PA/Lat		
		Miscellaneous:		
24.	<input type="checkbox"/>			
25.	<input type="checkbox"/>			
26.	<input type="checkbox"/>			

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

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



EDREC

ANAPHYLAXIS

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>

ANAPHYLAXIS / ALLERGIC REACTION

You have been treated in the Rapid Diagnosis and Treatment Center (RDTc) for an acute allergic reactions. When allergic reactions are particularly severe they are called anaphylactic. These reactions are typically due to contact with some trigger such as food/lotion/soap/medication or other factors. The symptoms of allergic reactions may include rash(hives), itching, difficulty breathing or swallowing, a choking feeling, or swelling. If you experience these symptoms you should seek medical care immediately.

Please avoid the trigger which caused this attack in the future if possible. If you do not know what lead to these symptoms, please take careful note of any potential triggers in your environment to attempt to determine the cause should your symptoms return. Your doctor may prescribe an Epipen or other form of epinephrine for you to inject should your symptoms ever return. If so, please keep this with you at all times.

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:

- * recurrent itching unrelieved by medicines
- * shortness of breath
- * difficulty swallowing
- * swelling
- * chest pain
- * 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.

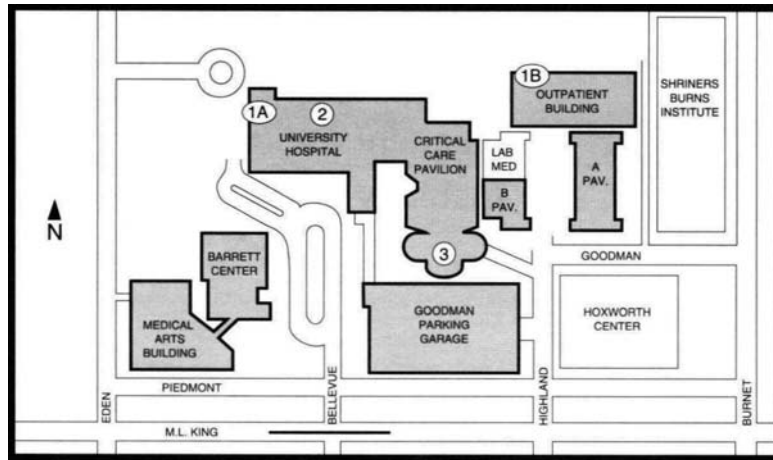
Please review your Discharge Instructions Sheet for specific instructions regarding your follow-up and medications.

The University Hospital

Health Alliance 

Emergency Department

Anaphylaxis / Allergic Reaction (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