

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).

GENERAL

INCLUSION AND DISCHARGE CRITERIA

ADMISSION

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

Y N

- Patient has been a registered patient evaluated in the Center for Emergency Care
- Well-defined diagnostic or therapeutic question or issue (**NOT social issue or pre-op**)
- Well-defined protocol endpoint (LIST DETAILS IN DISPOSITION CRITERIA)**
- Risk stratification making discharge inappropriate and hospitalization potentially avoidable
- Anticipated RDTC length-of-stay greater than 8 hours and less than 23 hours
- Restraints placed for any mentally incompetent patient (i.e. threat to self or others)
- Primary physician and / or consultant contacted (**if applicable**)
- Order for admission to observation status signed, dated, and timed by attending physician
- 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

- Unstable vital signs, shock, impending respiratory failure, or severe systemic illness
- Need for vital signs more than every 2 hours or likelihood of future instability
- Current pulse oximetry reading < 92% on 2L nasal canula
- Current loud or disruptive behavior
- Multiple or severe co-morbidities likely to significantly complicate disposition decision
- Known communicable diseases requiring isolation
- Pre- or post-operation or other procedure as reason for observation
- Social issues as opposed to medical issues as reason for observation
- Patient already admitted to the hospital
- Emergency Physician, Primary Physician, or Consulting Physician chooses hospitalization

DISPOSITION

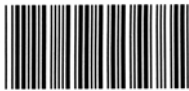
Disposition Criteria

Y N

- Home (if ALL criteria apply patient may be discharged to home)**
- Protocol Endpoint #1:** _____
 - Protocol Endpoint #2:** _____
 - Stable and normal vital signs
 - Resolution or stabilization of signs and symptoms prompting observation
 - Appropriate follow-up obtained
 - Primary physician or consulting physician contacted **if appropriate**

Y N

- Hospital (if ANY criteria apply patient should be hospitalized)**
- Unstable vital signs or unresolved symptoms
 - New diagnosis requiring hospitalization discovered
 - Does not meet Home Disposition criteria after 23 hours of treatment
 - 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.

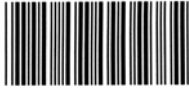
PAGE 1 OF 2

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ALLERGIES:

- None Known
- Yes, Drug/Reaction:

ORDER #	✓	GENERAL OBSERVATION 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.	<input type="checkbox"/>	Diagnosis: 1) _____ 2) _____				
4.	✓	Call RDTc MD or PA if:		greater than	Less than	
		VS: Q 2hour x 2, then	SBP	180	90	
		Q 4 hours and prn	DBP	110	50	
		(with pain assessment)	HR	120	60	
		RR	35	10		
		Notify physician if O ₂ sat is less than 90% on current O ₂ therapy				
5.	✓	Allergies: confirm allergy list and record on designated area pg 1&2				
6.	✓	IV Saline Lock				
7.	<input type="checkbox"/>	Diet: Advance as tolerated, _____				
8.	✓	Nursing: Call MD/PA for worsening symptoms, abnormal vitals, or prn Evaluate for discharge criteria every 4 hours				
9.	<input type="checkbox"/>	Call MD/PA for _____				
10.	<input type="checkbox"/>	Continuous Cardiac monitoring				
11.	<input type="checkbox"/>	Continuous Pulse Oximetry				
12.	<input type="checkbox"/>	Consult Social Services for: _____				
13.	<input type="checkbox"/>					
14.	<input type="checkbox"/>					
15.	<input type="checkbox"/>					
16.	<input type="checkbox"/>					



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PAGE 2 OF 2

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ALLERGIES: None Known
 Yes, Drug/Reaction: _____

ORDER #	✓	GENERAL OBSERVATION 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 Wean O ₂ as tolerated without dyspnea & O ₂ sat greater than 92%		
12.	<input type="checkbox"/>	Acetaminophen 650mg po q 4 hrs prn for fever or pain		
13.	<input type="checkbox"/>	Diphenhydramine <input type="checkbox"/> 25 mg OR <input type="checkbox"/> 50 mg po q6 hrs		
14.	<input type="checkbox"/>	Pepcid 20 mg po q12 hrs		
15.	<input type="checkbox"/>	Dulcolax 10mg po / pr q6 hour prn constipation		
		Home / Other Medications		
16.	<input type="checkbox"/>			
17.	<input type="checkbox"/>			
18.	<input type="checkbox"/>			
19.	<input type="checkbox"/>			
		Studies:		
		<u>Laboratory:</u>		
20.	<input type="checkbox"/>			
21.	<input type="checkbox"/>			
		<u>Imaging:</u>		
22.	<input type="checkbox"/>			
23.	<input type="checkbox"/>			
		Miscellaneous:		
24.	<input type="checkbox"/>			
25.	<input type="checkbox"/>			
26.	<input type="checkbox"/>			
27.	<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 _____



EDREC

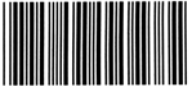
GENERAL

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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

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>



EDREC

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PAGE 1 OF 1

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ALLERGIES: None Known
Yes, Drug/Reaction:

Table with 4 columns: ORDER #, checkboxes, GENERAL OBSERVATION RDTC DISCHARGE ORDERS (with sub-sections like DISCHARGE ORDERS and HOSPITAL ADMISSION ORDERS), and ORDER NOTED (DATE/TIME, INITIAL).

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

Attending MD Signature: Date: Time:

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

Orders

GENERAL OBSERVATION

Your condition was of sufficient severity to warrant observation in the Rapid Diagnosis and Treatment Center (RDTC). There are many situations where it is desirable to watch a patient for an extended period of time either to assist with making a diagnosis or to provide further treatment. Even if your doctor was unable to tell you what exactly caused your current symptoms, your stay in the RDTC has helped to make sure that you may now go home safely.

Please refer to your other discharge sheets for specific information and instructions.

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

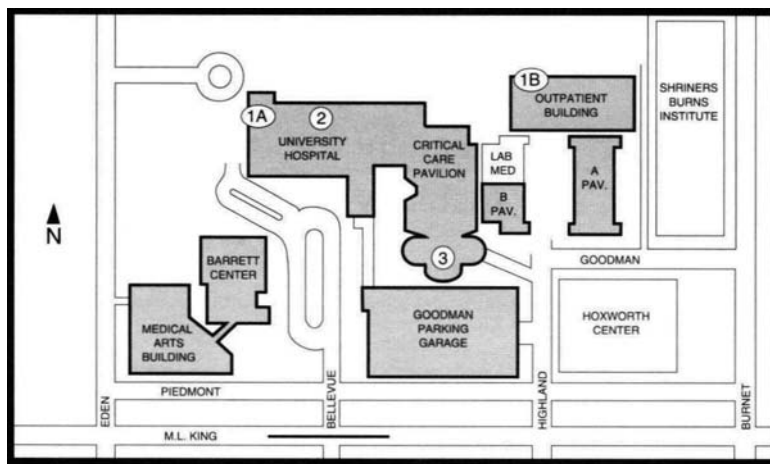
Health Alliance 

Emergency Department

GENERAL INFORMATION

for our patients

General Observation (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