

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).

PELVIC INFLAMMATORY DISEASE

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 of Pelvic Inflammatory Disease or suspicion of tubo-ovarian abscess |
| <input type="checkbox"/> | <input type="checkbox"/> | Moderate/severe symptoms with persistent vomiting/pain (STD Guidelines 2002. MMWR 2002; 51: 48-52) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cervical cultures obtained and sent |
| <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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Documented tubo-ovarian abscess |
| <input type="checkbox"/> | <input type="checkbox"/> | Peritonitis |
| <input type="checkbox"/> | <input type="checkbox"/> | Diagnostic Certainty (i.e. see abd pain/appendicitis protocol) <ul style="list-style-type: none">• Alternative high morbidity/acuity diagnosis as likely as PID (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"/> | Immunosuppressed (HIV+, chronic steroid treatment, s/p transplant) |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency Physician, Primary Physician, or Consulting Physician chooses hospitalization |

DISPOSITION

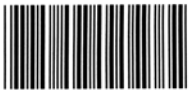
Disposition Criteria

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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Negative or indeterminate studies for TOA (if performed) (RDTC attending discretion) |
| <input type="checkbox"/> | <input type="checkbox"/> | Vomiting/Pain controlled by oral medications; tolerating po |
| <input type="checkbox"/> | <input type="checkbox"/> | Appropriate follow-up obtained with gynecology within 48 hours |
| <input type="checkbox"/> | <input type="checkbox"/> | Primary physician or consultant 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 or abnormal vitals signs |
| <input type="checkbox"/> | <input type="checkbox"/> | Nausea and pain not controlled by oral medications; inability to tolerate oral medications |
| <input type="checkbox"/> | <input type="checkbox"/> | Worsening symptoms, physical exam, or peritonitis |
| <input type="checkbox"/> | <input type="checkbox"/> | Diagnostic studies show TOA (if performed) |
| <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.

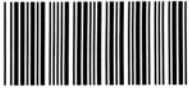
PAGE 1 OF 2

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ALLERGIES:

- None Known
- Yes, Drug/Reaction:

ORDER #	✓	PELVIC INFLAMMATORY DISEASE / r/o TUBOOVARIAN ABSCESS 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: Pelvic Inflammatory Disease/ r/o TOA			
4.	✓	VS: Q 2hour x 2, then Q 4 hours and prn (with pain assessment)	Call RDTc MD or PA if:		
			SBP	greater than 180	Less than 90
			DBP	110	50
			HR	110	50
			RR	25	10
T	100.0° F				
5.	✓	Allergies: confirm allergy list and record on designated area page 2			
6.		Nursing: Call MD / PA for recurrent vomiting, uncontrolled pain or fever, prn Pulse Oximetry on RDTc Admission if not obtained previously Evaluate for discharge criteria every 4 hours			
7.	✓	IV: Saline Lock			
8.	✓	Diet: regular, advance as tolerated			
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: <i>Please review allergy list before administration</i>			
12.	<input type="checkbox"/>	Promethazine 12.5 – 25 mg IVP 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"/>	Ketorolac 30mg IVP Q6 hrs PRN moderate pain or fever			
15.	<input type="checkbox"/>	Morphine Sulfate 2-5 mg IVP Q2hr PRN severe pain, hold for sedation			
16.	<input type="checkbox"/>	Hydromorphone 1mg IV Q2-3 hours PRN severe pain <i>if morphine allergic,</i> hold for sedation			
17.	<input type="checkbox"/>	Oxycodone/Acetaminophen 5/325mg 1-2 po Q4 hr PRN moderate pain: preferred as soon as tolerating po fluids			
18.	✓	Acetaminophen 650mg po/pr Q4 hrs PRN mild pain or fever			
		Home / Other Medications			
19.	<input type="checkbox"/>				



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:	<input type="checkbox"/> None Known <input type="checkbox"/> Yes, Drug/Reaction: _____
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ORDER #	✓	PELVIC INFLAMMATORY DISEASE / r/o TUBOOVARIAN ABSCESS RDTc Admission Orders Continued	ORDER NOTED	
			(DATE/TIME)	(INITIAL)
		Medications (cont) <i>Please review allergy list before administration</i>		
		Antibiotics:		
20.	<input type="checkbox"/>	Cefoxitin 2g IV Q6 hours (PID treatment) Plus Doxycycline 100mg <input type="checkbox"/> PO <input type="checkbox"/> IV Q12 hours		
21.	<input type="checkbox"/>	Clindamycin 900 mg IV Q8 hours Plus Gentamycin IV _____ (4mg / kg Q24 hours)		
22.	<input type="checkbox"/>	Ampicillin/sulbactam 3g IV Q6 hours Plus Doxycycline 100mg <input type="checkbox"/> PO <input type="checkbox"/> IV Q12 hours		
23.	<input type="checkbox"/>	Ceftriaxone 250mg IM X1 Plus Doxycycline 100mg PO Q12 hours		
24.	<input type="checkbox"/>	Metronidazole 500mg BID (may use in conjunction with Ceftriaxone and Doxycycline)		
		Studies:		
		<u>Laboratory:</u>		
25.	<input checked="" type="checkbox"/>	CBC with differential on admission if not already obtained		
26.	<input checked="" type="checkbox"/>	EP1 on admission if not already obtained		
27.	<input checked="" type="checkbox"/>	EP1 q 12 hours while vomiting or receiving IV hydration		
28.	<input checked="" type="checkbox"/>	Ensure completion of HIV testing with patient consent via EIP Use off-hours packet if counselor not available during RDTc course		
29.	<input checked="" type="checkbox"/>	VDRL		
30.	<input checked="" type="checkbox"/>	Hep B Surface Ag, Hep B Surface Ab, Hep B Core IgM (must be ordered separately)		
		<u>Imaging Studies</u>		
31.	<input type="checkbox"/>	Transvaginal Ultrasound to evaluate for Tubo-ovarian Abscess		
		Miscellaneous:		
32.	<input type="checkbox"/>			
33.	<input type="checkbox"/>			

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

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

PELVIC INFLAMMATORY DISEASE

Your care in the Rapid Diagnosis and Treatment Center (RDTC) has shown that you have an infection within your uterus and fallopian tubes or ovaries. This is most commonly caused by Gonorrhea or Chlamydia and is usually sexually transmitted. Bacterial cultures from your cervix and blood tests were sent, but have not returned at this time.

You need to take all of the antibiotics prescribed for you until they are completely gone in order to make this infection go away. Continue to take the antibiotics even if you begin to feel better. You cannot resume sexual activity until the antibiotics are gone and your sexual partners have completed their treatment, or you will probably get sick again.

One of the best ways to prevent this type of infection is to use condoms every time you have sexual intercourse. Although there is no way to make sexual intercourse completely safe, condoms are very effective in limiting the spread of sexually transmitted diseases, such as HIV. You also need to have a yearly pap smear exam by a gynecologist or medicine doctor to check for cervical cancer.

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

1. Continue taking your antibiotics as prescribed until they are completely gone.
2. Do not resume sexual intercourse until your sexual partner(s) have been examined and treated for any sexually transmitted diseases.
3. See a primary-care physician or gynecologist to have a yearly pap smear exam
4. Other: _____

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

- * worsening or severe abdominal pain
 - * continued vomiting or high fevers
 - * any other concerns
-

Follow Up

A visit to the emergency department cannot substitute for having a family doctor.

You should plan to see your family physician or gynecologist in 48 hours for repeat exam and results of your tests.

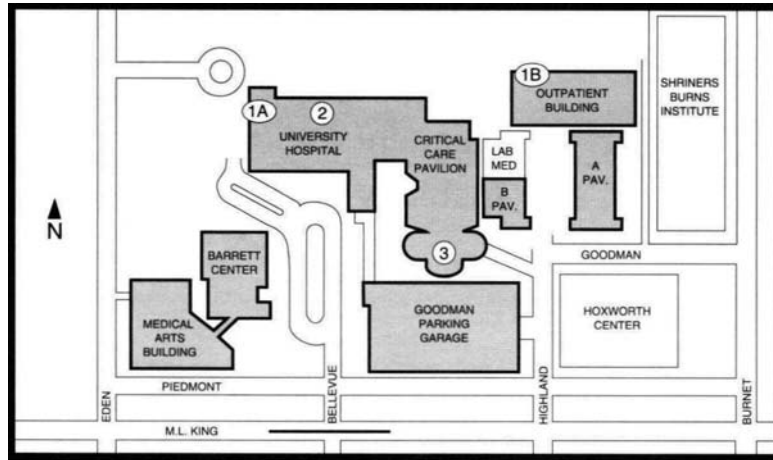
Please review your Discharge Instructions Sheet for specific instructions regarding your follow-up and medications.

The University Hospital

Health Alliance 

Emergency Department

Pelvic Inflammatory Disease (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