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

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

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 (<u>ED Provider</u> – addendum by attending)
□ Sign, Date and Time Order Set (<i>RDTC Attending</i>)
□ 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 (<u>RDTC Provider</u> —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

<u>Κυ</u>	IC 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.
<u>Phy</u>	<u>/sician's Assistant Admission Summary Template</u>
	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
	ofis 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.
	Tollowing Chapolina Whom thet, appropriate disposition will be all anged.
- :-	sharm Harris Otat Piana sitter Command Tamplata
DIS	charge 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)
	observation time was nodis. (Detail discharge instructions and discussions with primary/consulting MDs)
	If DA distation adds I have reviewed the second the page (DDTC Attending)
	If PA dictating add: I have reviewed the case with Dr(RDTC Attending.)
<u>Adı</u>	nission 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 <u>DURATION</u> of observation—i.e. <u>when</u> condition improved sufficiently or when study results
	became available.) It is now clear based onthat 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).

ANGIOEDEMA

INCLUSION AND DISCHARGE CRITERIA

ADMISSION

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

		tona (ii , i = 2 ontona appry patient is a i o : = i i o : = i o o o o i i andidate)
<u>Y</u>		Clinical picture consistent with mild to moderate angioedema: facial/lip or soft palate edema (Otolaryngol Head Neck Surg1999;121:263-268) Need for continued monitoring due to airway issues, co-morbidities, or risk of relapse Anticipated RDTC length-of-stay greater than 8 hours and less than 23 hours 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
Exclus	ion Cr	iteria (if ANY criteria apply patient is NOT an RDTC candidate)
	<u>x</u>	Persistent signs of laryngeal edema (voice change, hoarseness, stridor) Diffuse lingual edema (not isolated to just the anterior portion of the tongue) New ECG changes or signs and symptoms of ACS in moderate to high risk patient Diagnostic Certainty • Etiology more consistent with anaphylaxis/allergic reaction (see anaphylaxis protocol) • Alternate etiology as likely as angioedema Unstable vital signs, shock, impending respiratory/airway failure, or severe systemic illness Pulse oximetry reading <92% on RA Repeat doses of epinephrine within the last 60 minutes
		Multiple or severe co-morbidities likely to significantly complicate disposition decision Emergency Physician, Primary Physician, or Consulting Physician chooses hospitalization
		DISPOSITION
Disp	ositio	n Criteria
Y 	<u>N</u>	Home (if ALL criteria apply patient may be discharged to home) Stable and normal vital signs Stable or improving symptoms: no stridor, voice change, progressive oropharyngeal edema Pulse Ox reading >92% on room air with ambulation Tolerating PO fluids and medications Follow-up obtained Primary physician or consulting ENT contacted if appropriate
Y 	N	Hospital (if ANY criteria apply patient should be hospitalized) Unstable vital sign (hypoxia) or unresolved symptoms Persistent voice change, stridor, severe or progressive oropharyngeal edema Does not or will not meet discharge criteria after 23 hours of treatment Newly discovered diagnosis requiring admission At the discretion of the ED physician, primary physician, or consultant



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 S	Stamp Hei	re
	ALLE	RGIES: None Knowr				•	
☐ Yes, Drug/Reaction: ANGIOEDEMA							
ORDER #	✓		ORDER N (DATE/TIME)	(INITIAL)			
	# RDTC ADMISSION Orders						
1.	✓	Admit to observation statu	oted by nurse)				
-		,					
	 Take off Order to begin observation by recording Date/Time ED nurse stamp protocol with addressograph 						
2.	✓	Begin protocol orders		0 1	lv available		
		Report to RDTC nurse			•		
		 Transfer to RDTC 	•				
3.	✓	Diagnosis: ANGIOEDEMA	4				
		Call RDTC MD	or PA if:	greater than	Less than		
			SBP	180	90		
4.	✓	VS: Q 2hour x 2, then	DBP	110	50		
		Q 4 hours and prn	HR	120	60		
		(with pain assessment)	RA O ₂ sat	35	92%		
-			11A O ₂ 3at		32 /0		
5.	√	Allergies: confirm allergy li	st and record	d on nage 1 & 2	•		
		7 mergies. commit allergy in	St and recon	a on page 1 & 2	<u>-</u>		
		Nursing:					
6.		CALL MD/PA for worsen	ing dyspnea	, STRIDOR, or	edema		
		Evaluate for discharge					
7.	✓	Continuous Pulse Oximetr	У				
8.		Cardiac monitoring					
9.	✓	IV Saline Lock					
10.	✓	Diet: regular diet					
11.		Consult Social Services fo					
-							
White	: Chart	I Yellow Pharmacy Pink Floor Copy				.See Page 2	<u> </u>



RAPID DIAGNOSIS AND TREATMENT CENTER

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			Stamp Hei	re						
	ALLER	GIES: □ None Known □ Yes, Drug/Reaction:		_						
ORD ER	√	ANGIOEDEMA	ORDER NOTED							
#		RDTC Admission Orders Continued	(DATE/TIME)	(INITIAL)						
		Medications: Please review allergy list before administration								
11.		O ₂ via nasal cannula at1-2_ liters / min for symptom relief only								
12.	✓	Notify MD for any RA O₂ sat less than 92%								
13.		Prednisone 60 mg po q12hrs (preferred) OR Solumedrol 60 mg IV Q6 hrs if unable to take po								
14.		Prednisone 60 mg prior to discharge if discharge less than 12 hours								
15.	✓	Acetaminophen 650mg po q 4 hours prn for fever or pain								
		Diphenhydramine								
16.		□ 25 to 50mg po q6 hrs (preferred) OR								
		□ 25 mg IV q6 hrs								
		Home / Other Medications								
17.										
18.										
19.										
		Studies:								
		Laboratory:								
20.		ECG								
21.		Complement levels (C1 esterase inhibitor, C2, C4 levels)								
		<u>Imaging:</u>								
22.		Chest x-ray PA/Lat								
		Miscellaneous:								
23.										
24.										
		Yellow Pharmacy Pink Floor Copy ID Signature: Date: Tir	ne:							
		RDERS ONLY)								
		pergency Medicine Date 02/15/2005 Review Date								

Orders



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

Please Stamp Here

ANGIOEDEMA

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	Places sign data and time all notes
DATE	IIIVIE	Please sign, date, and time all notes
		NOT for admission/discharge notes (these should be STAT dictated) All PA notes should document attending name
		All I A notes should document attending name
		Attending Observation Admission Addendum
		Progress Note(s)
		Attending Observation Discharge Addendum

Attending Observation Admission Addendum
Progress Note(s)
Attending Observation Discharge Addendum



RAPID DIAGNOSIS AND TREATMENT CENTER

PHYSICIAN ORDER SHEET

All **applicable** orders have been checked.
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	ALLE	RGIES: None Known		
ORDER	√	☐ Yes, Drug/Reaction: ANGIOEDEMA	ORDER N	IOTED
#		RDTC DISCHARGE Orders	(DATE/TIME)	(INITIAL
1.		DISCHARGE ORDERS (Please record date / time order noted by nurse)		
		A. Ensure completion of RDTC Tracking Sheet		
		B. Discontinue IV		
		C. Provide copy of Discharge Information Sheet		
		D. Review Discharge <u>Instruction</u> Sheet with patient and discharge to home		
		E. Discharge Diagnosis: 1		
		2		
2.		HOSPITAL ADMISSION ORDERS (Please record date / time order noted by nurse)		
		A. Ensure completion of RDTC Tracking Sheet		
		B. Convert patient to transitional status unless transferred back to ED for unstable medical condition		
		C. Admit to hospital		
		D. Bed Type		
		E. Admitting Service		
		F. Admitting Attending / Resident:		
		G. Hospital Admission Diagnosis: 1		
		2		

Date

02/15/2005

Review Date __

Orders

(DISCHARGE ORDERS ONLY)

Developed by: <u>Emergency Medicine</u>

ANGIOEDEMA

You have been treated in the Rapid Diagnosis and Treatment Center (RDTC) for angioedema. This is the term for swelling of the face, mouth and tongue. The cause of angioedema is often unknown. In some cases, it may be due to medication, like ACE inhibitors such as Lisinopril or Captopril. In other cases it may be hereditary. If you experience these symptoms again or have any facial swelling, difficulty breathing, or difficulty swallowing you should seek medical care immediately.

Although you received medications during here in the RDTC, you should know that these are not very effective, and it is very important to avoid the cause of this reaction if known. If your physician told you that a medication was the probable cause of your symptoms, then you should always list this medication when asked about your allergies.

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:

- * facial swelling
- * tongue swelling
- * difficulty swallowing
- * difficulty breathing
- * 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.

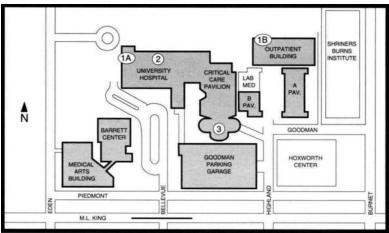
The University Hospital

Health Alliance

Emergency Department

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Angioedema



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 584-4571Outpatient Information 584-4001Outpatient Business Office 584-5061