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 _____________. 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 _____________. 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).
NEPHROLITHIASIS

INCLUSION AND DISCHARGE CRITERIA

ADMISSION

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

- ⊗ ⊗ Clinical exam consistent with nephrolithiasis
- ⊗ ⊗ Confirmation of urinary tract stone by imaging study
- ⊗ ⊗ 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

Exclusion Criteria *(if ANY criteria apply patient is NOT an RDTC candidate)*

- ⊗ ⊗ Unstable vital signs, sepsis, or severe systemic illness
- ⊗ ⊗ Pregnant with any UTI *(please note: neither classification by itself is an exclusion)*
- ⊗ ⊗ Pyelonephritis (i.e. severe symptoms of kidney infection as primary diagnosis)
- ⊗ ⊗ Structural complication requiring emergent procedure
  - High grade obstruction with large stone
  - Obstructing stone in setting of UTI
- ⊗ ⊗ Significant pre-existing renal disease
  - Single kidney
  - Transplant
  - New Cr >2.0 or baseline Cr >2.5
- ⊗ ⊗ Diagnostic Certainty
  - Alternative high morbidity/acuity diagnosis as likely as kidney stone (i.e. appendicitis)
  - Criteria for alternative RDTC protocol more specific or appropriate
- ⊗ ⊗ Multiple or severe co-morbidities likely to significantly complicate disposition decision
- ⊗ ⊗ Emergency Physician, Primary Physician, or Consulting Physician chooses hospitalization

DISPOSITION

Disposition Criteria

- ⊗ ⊗ Home *(if ALL criteria apply patient may be discharged to home)*
  - ⊗ ⊗ Stable and normal vital signs
  - ⊗ ⊗ Able to tolerate oral hydration and medications
  - ⊗ ⊗ Pain controlled on oral medications
  - ⊗ ⊗ Follow-up obtained
  - ⊗ ⊗ Primary physician or consultant contacted as appropriate

- ⊗ ⊗ Hospital *(if ANY criteria apply patient should be hospitalized)*
  - ⊗ ⊗ Unstable or abnormal vitals signs
  - ⊗ ⊗ Nausea or pain not controlled by oral medications; inability to tolerate oral medications
  - ⊗ ⊗ New complicating illness or structural consideration identified
  - ⊗ ⊗ Does not or will not meet discharge criteria after 23 hours of treatment
  - ⊗ ⊗ 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 Stamp Here

ALLERGIES: □ None Known
□ Yes, Drug/Reaction: ____________________________

ORDER #    ✓

NEPHROLITHIASIS PROTOCOL
RDTC Admission Orders

1. ✓ Admit to observation status
   (Please record date / time order noted by nurse)

2. ✓ 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: Nephrolithiasis

4. ✓ Call RDTC MD or PA if:
   greater than       Less than
   SBP   180           90
   DBP   110           50
   HR    110           50
   RR    25            10
   T     100.0° F

5. ✓ Allergies: confirm allergy list & record on designated area pg 1 & 2

6. Nursing:
   Call MD / PA for recurrent vomiting, uncontrolled pain or fever, prn
   Pulse Oximetry x 1 on RDTC Admission if not obtained previously
   Instruct patient to strain urine for stone

   Evaluate for discharge criteria every 4 hours

7. ✓ IV: Saline Lock

8. ✓ Diet: Advance as tolerated, regular

9. □ IVF: NS 1 liter bolus x 1

10. □ IVF: D5 NS with 20 mEq KCl / liter @ 250 cc/hr while nauseated

11. □ Consult Social Services for:

   ____________________________

   Medications: Please review allergy list before administration

12. □ Phenergan 12.5 – 25 mg IV q6 hrs PRN nausea/vomiting
   Change to 25 mg PO q6 hrs PRN when tolerating po fluids

13. □ Other: ____________ iv q__hr vomiting uncontrolled by promethazine

14. □ Toradol 30mg IV q6 hrs PRN pain or fever

15. □ Morphine Sulfate 2-5 mg IV q2hr PRN, hold for sedation

16. □ Demerol 25-50 mg IV q2hr PRN if MSO4 allergic, hold for sedation

17. □ Roxicet 1-2 po q4 hr PRN: preferred as soon as tolerating po fluids

18. □ Cipro 400mg IV q12h
   Convert to Cipro 500mg po q12 when tolerating po fluids

19. □ Acetaminophen 650mg po/pr q 4 hrs PRN pain or fever

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

See Page 2
### 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.

<table>
<thead>
<tr>
<th>HOME / OTHER MEDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. □</td>
</tr>
<tr>
<td>21. □</td>
</tr>
<tr>
<td>22. □</td>
</tr>
<tr>
<td>23. □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDIES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. ✕ UA with micro and Urine Cx if not already performed in ED</td>
</tr>
<tr>
<td>25. ✕ Urine Pregnancy test if female and not already performed</td>
</tr>
<tr>
<td>26. ✕ EP1 on admission if not already obtained</td>
</tr>
<tr>
<td>27. ✕ Order EP1 q12 hr</td>
</tr>
<tr>
<td>28. ✕ Send kidney stone to pathology for analysis if obtained from patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMAGING STUDIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. □ IVP (if not allergic to contrast dye and normal creatinine)</td>
</tr>
<tr>
<td>30. □ Retrograde pyelography (urology consult required)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MISCELLANEOUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. □</td>
</tr>
<tr>
<td>32. □</td>
</tr>
<tr>
<td>33. □</td>
</tr>
<tr>
<td>34. □</td>
</tr>
</tbody>
</table>

### Allergies:
- None Known
- Yes, Drug/Reaction:

Attending MD Signature: ___________________________ Date: ___________ Time: ___________

(ADMISSION ORDERS ONLY)

Developed by: Emergency Medicine Date: 02-15-2005 Review Date: ___________________________
Rapid Diagnosis and Treatment Center
University Hospital, Center for Emergency Care

Nephrolithiasis

**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

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please sign, date, and time all notes</td>
</tr>
<tr>
<td></td>
<td>NOT for admission/discharge notes (these should be STAT dictated)</td>
</tr>
<tr>
<td></td>
<td>All PA notes should document attending name</td>
</tr>
</tbody>
</table>

**Attending Observation Admission Addendum**

|      |    |

|      |    |

|      |    |

|      |    |

**Attending Observation Discharge Addendum**

|      |    |

|      |    |

|      |    |

|      |    |
RAPID DIAGNOSIS AND TREATMENT CENTER
PHYSICIAN ORDER SHEET

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.

<table>
<thead>
<tr>
<th>ORDER #</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
</tbody>
</table>
|   | □ 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 Instruction 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.________________________ |

All applicable orders have been checked.
ORDERS NOT CHECKED ARE NOT TO BE FOLLOWED

**ALLERGIES:**
- None Known
- Yes, Drug/Reaction: [ ]

ORDER NOTED

(ORDER NOTED)

(DATE/TIME)  (INITIAL)

**HOSPITAL ADMISSION ORDERS**

**DISCHARGE ORDERS**

- [ ] Attend MD Signature: ___________________________ Date: _______ Time: _______

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

Orders
KIDNEY STONES

Your care in the Rapid Diagnostic and Treatment Center (RDTC) was for symptoms caused by kidney stones, a condition known as nephrolithiasis. Kidney stones cause pain when they block the flow of urine from the kidney to the bladder. It is not known what causes these stones, although a family history may make you more likely to develop them. Some foods may be associated with formation of these stones: beets, chocolate, coffee, cola, nuts, rhubarb, spinach, strawberries, tea, and wheat bran. Bladder infections, kidney problems, hormone problems, gout, taking too much vitamin D, and certain medications may increase your chance of developing stones as well. Once you have had a kidney stone, you are more likely to have them again in the future.

Most kidney stones will pass out of your body without requiring any further treatment from a physician. Occasionally, hospitalization or special procedures are required for complications from kidney stones or for large stones that will not pass on their own. Even if your stone does pass by itself, you should follow-up with your doctor or with a Urologist to find ways to prevent future stones and discover any unrecognized health problems.

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

1. Drink plenty of water and other fluids that do not contain caffeine (2 to 3 quarts of fluid every day)
2. Take all of your medications as prescribed.
3. Follow-up with your primary doctor and/or a Urologist as directed.
4. Strain your urine with the filter provided or with a coffee filter to catch your kidney stone and take the stone to your physician.
5. Other: ____________________________

Notify Your Doctor or Return to the Emergency Department if you have:
* Severe pain or vomiting
* High fevers or burning/pain with urination
* Inability to drink fluids or take medications

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.
Chest Pain (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