RDTC TRACKING SHEET

- Record patient information in top right corner
- When completed, place in RDTC binder at A-pod Faculty desk

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)***

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*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)*

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- Clinical picture of Pelvic Inflammatory Disease or suspicion of tubo-ovarian abscess
- Cervical cultures obtained and sent
- 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)*

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- Unstable vital signs, sepsis, or severe systemic illness
- Pregnant
- Documented tubo-ovarian abscess
- Peritonitis
- Diagnostic Certainty (i.e. see abd pain/appendicitis protocol)
  - Alternative high morbidity/acuity diagnosis as likely as PID (i.e. appendicitis)
  - Criteria for alternative RDTC protocol more specific or appropriate
- Multiple or severe co-morbidities likely to significantly complicate disposition decision
- Immunosuppressed (HIV+, chronic steroid treatment, s/p transplant)
- Emergency Physician, Primary Physician, or Consulting Physician chooses hospitalization

DISPOSITION

Disposition Criteria

*Home (if ALL criteria apply patient may be discharged to home)*

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- Stable and normal vital signs
- Negative or indeterminate studies for TOA (if performed) *(RDTC attending discretion)*
- Vomiting/Pain controlled by oral medications; tolerating po
- Appropriate follow-up obtained with gynecology within 48 hours
- Primary physician or consultant contacted as appropriate

*Hospital (if ANY criteria apply patient should be hospitalized)*

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- Unstable or abnormal vitals signs
- Nausea and pain not controlled by oral medications; inability to tolerate oral medications
- Worsening symptoms, physical exam, or peritonitis
- Diagnostic studies show TOA (if performed)
- Does not or will not meet discharge criteria after 23 hours of treatment
- At the discretion of the ED physician, primary physician, or consultant
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.

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

### PELVIC INFLAMMATORY DISEASE / r/o TUBOOVARIAN ABSCESS

#### RDTC Admission Orders

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

2. **Diagnosis:** Pelvic Inflammatory Disease / r/o TOA

3. **Call RDTC MD or PA if:**
   - greater than
   - Less than
   - SBP
   - 180
   - 90
   - DBP
   - 110
   - 50
   - HR
   - 110
   - 50
   - RR
   - 25
   - 10
   - T
   - 100.0º F

4. **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

5. **Allergies:** confirm allergy list and record on designated area page 2

6. **Medications:** Please review allergy list before administration

7. **IV:** Saline Lock

8. **Diet:** regular, advance as tolerated

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:**

12. **Promethazine 12.5 – 25 mg IVP 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. **Ketorolac 30mg IVP Q6 hrs PRN moderate pain or fever**

15. **Morphine Sulfate 2-5 mg IVP Q2hr PRN severe pain, hold for sedation**

16. **Hydromorphone 1mg IV Q2-3 hours PRN severe pain if morphine allergic, hold for sedation**

17. **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**

19. **Home / Other Medications**

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Orders
# 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 |

**ALLERGIES:**

- None Known
- Yes, Drug/Reaction:

<table>
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<th>ORDER #</th>
<th>PELVIC INFLAMMATORY DISEASE / r/o TUBOOVARIAN ABSCESS</th>
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**RDTC Admission Orders Continued**

### Medications (cont) Please review allergy list before administration

#### Antibiotics:

- **20.** Cefoxitin 2g IV Q6 hours (PID treatment)
  - Plus:
  - Doxycycline 100mg
  - PO
  - IV
  - Q12 hours

- **21.** Clindamycin 900 mg IV Q8 hours
  - Plus:
  - Gentamycin IV _____________ (4mg / kg Q24 hours)

- **22.** Ampicillin/sublactam 3g IV Q6 hours
  - Plus:
  - Doxycycline 100mg
  - PO
  - IV
  - Q12 hours

- **23.** Ceftriaxone 250mg IM X1
  - Plus:
  - Doxycycline 100mg PO Q12 hours

- **24.** Metronidazole 500mg BID (may use in conjunction with Ceftriaxone and Doxycycline)

#### Studies:

- **25.** CBC with differential on admission if not already obtained
- **26.** EP1 on admission if not already obtained
- **27.** EP1 q 12 hours while vomiting or receiving IV hydration
- **28.** Ensure completion of HIV testing with patient consent via EIP
  - Use off-hours packet if counselor not available during RDTC course
- **29.** VDRL
- **30.** Hep B Surface Ag, Hep B Surface Ab, Hep B Core IgM
  - (must be ordered separately)

#### Imaging Studies

- **31.** Transvaginal Ultrasound to evaluate for Tubo-ovarian Abscess

#### Miscellaneous:

- **32.**
- **33.**

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**Attending MD Signature:**

(ADMISSION ORDERS ONLY)

Developed by: Emergency Medicine  Date: 02-15-2005  Review Date: 8-22-11

*Orders*
**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

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<th>DATE</th>
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<th>Please sign, date, and time all notes</th>
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<td>NOT for admission/discharge notes (these should be STAT dictated)</td>
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<td>All PA notes should document attending name</td>
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- **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.
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 1

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ALLERGIES:  
☐ None Known  
☐ Yes, Drug/Reaction: 

PELVIC INFLAMMATORY DISEASE / r/o TUBOOVARIAN ABSCESS

RDTC DISCHARGE ORDERS

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 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. ____________________________

Please Stamp Here

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

Attending MD Signature: ____________________________  Date: __________  Time: __________

(DISCHARGE ORDERS ONLY)

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

Orders
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.