RDTC TRACKING SHEET

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

Name: _____________________________
MR# ______________________________

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 _____________. 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).
SICKLE CELL CRISIS

INCLUSION AND DISCHARGE CRITERIA

ADMISSION

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

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

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DISPOSITION

Disposition Criteria

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

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Hospital (if ANY criteria apply patient should be hospitalized)

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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 4

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:

ORDER #    Sickle Cell Crisis
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: Sickle cell crisis

4. ✓ Call RDTC MD or PA if: greater than Less than
   VS: Q 2hour x 2, then
   Q 4 hours and prn
   (with pain assessment)
   SBP 180 90
   DBP 110 50
   HR 110 50
   RR 25 10
   T 100.0º F

Continuous pulse oximetry, alarm set at 90%

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

Nursing:

6. ✓ • Call MD/PA for uncontrolled pain or change in 02 Sat, or prn
   • Hold pain medications for sedation or respiratory depression
   • Follow transfusion reaction orders prn (orders page 3)
   • Evaluate for discharge criteria every 4 hours

7. ✓ Diet: regular/Advance as tolerated

8. ☐ Consult Services for:_____________________________

IV Fluids:

9. ☐ Bolus 1 L NS x1

10. ☐ D5 ½ NS with 20meq KCL @ 125 cc/hr. until taking po fluids.

Maintenance Pain Medications:

11. ☐ Oramorph ______mg PO Q _____hours

12. ☐ Oxycontin_______mg PO Q _____hours

13. ☐ Dilaudid_______mg PO Q_____hours

14. ✓ Motrin 600mg PO Q6hrs. Hold if allergic or hx of renal disease.

Breakthrough Pain Medications: Hold for sedation or respiratory depression. Notify MD if >3 doses in 3 hours.

15. ☐ Roxicet (5mg oxycodone/325mg tylenol). 1-2 PO Q4-6 hrs prn.

16. ☐ MSO4 5-10mg IVP Q1hrs prn. pain.

17. ☐ Demerol 25-50mg IVP Q1hr prn. pain.

18. ☐ Dilaudid 1-2 mg IVP Q1 hr prn. pain.
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**ALLERGIES:**
- None Known
- Yes, Drug/Reaction: [Please Stamp Here]

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<tr>
<th>ORDER #</th>
<th>Sickle Cell Crisis</th>
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<td>RDTC Admission Orders Continued</td>
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**ORDERS NOT CHECKED ARE NOT TO BE FOLLOWED**

**Orders**

**Other Medications / Home Medications:**
- 20. [✓] Phenergan 12.5-25mg IV Q6 hours prn nausea
- 21. [✓] Zofran 4mg Q3 hours prn nausea uncontrolled by phenergan
- 22. [✓] Cipro 400mg IV Q12 hours
- 23. [✓] Rocephin 1g IV Q 24 hours
- 24. [✓] Zithromax 500mg IV Q 24hours

**Transfusion Medications:**
- 25. [✓] Acetaminophen 650 mg PO/PR 30 minutes prior to transfusion if not received tylenol or roxicet already.
- 26. [✓] Benadryl 25 mg PO/IV 30 minutes prior to transfusion
- 27. [✓] Transfuse ____units of PRBC over 3 hours for each unit.

**Laboratory:**
- 28. [✓] CBC with differential, Retic Count, & EP1 on admission if not already obtained.
- 29. [✓] EP1 Q 12 hours while vomiting or receiving IV hydration.
- 30. [✓] UA if not already obtained
- 31. [✓] UHCG for female if not already obtained

**Transfusion**
- 32. [✓] Type and Cross ____ units of PRBC if not done in ED.
- 33. [✓] Transfuse ____ units of PRBC over 3 hours each unit
- 34. [✓] CBC 2 hours after last transfusion

**Other:**
- 35. [✓] CXR PA and Lateral if not already obtained
- 36. [✓] EKG if not already obtained
- 37. [✓] Obtain consent to transfuse or possible need to transfuse
- 38. [✓]
- 39. [✓]

**Attending MD Signature:** ___________________________ Date: ________ Time: ________

(ADMISSION ORDERS ONLY)

Developed by: Emergency Medicine Date 02-15-2005

Orders
**ALLERGIES:**
- None Known
- Yes, Drug/Reaction:

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**Orders**

**Sickle Cell Crisis**

**Transfusion Reaction Orders**

**Reaction #1.**
- Fever, chills
- SOB
- Abdominal pain, back pain
- Pain at infusion site.

1. ✓ Stop transfusion immediately.
2. ✓ Obtain vital signs
3. ✓ Notify MD/PA and blood bank.
4. ✓ Send remaining blood, a new red top, and a new purple top to the blood bank.
5. ✓ UA
6. ✓ Replace IV tubing and start NS @ 100cc/hr
7. ✓ Order CXR if SOB or hypoxia.

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**Reaction #2.**
- Rash
- Hives/Urticaria

1. ✓ Obtain vital signs and assess breathing.
2. ✓ Notify MD/PA
3. ✓ Benadryl 25mg IV x1.
4. ✓ Obtain vitals and assess breathing Q15 minutes x4.
5. ✓ If abnormal vital signs, wheezing, SOB follow orders as per reaction protocol #1.
6. ✓ If rash worsens despite benadryl then follow orders as per reaction protocol #1.
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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*Please sign, date, and time all notes*

- NOT for admission/discharge notes (these should be STAT dictated)
- All PA notes should document attending name

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.

| ORDER # | ✓ | SICKLE CELL CRISIS  
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.__________________________ |
|         |   | **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.__________________________ |

**Attending MD Signature:** ____________________________  
**Date:** _____  
**Time:** _____  

(DISCHARGE ORDERS ONLY)  

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

Orders
SICKLE CELL DISEASE

You have been treated in the Rapid Diagnosis and Treatment Center (RDTC) for a sickle cell pain crisis. Sickle cell disease is an inherited disorder that causes red blood cells to change shape or “sickle”. Pain occurs when sickled red blood cells get stuck in blood vessels. The painful episodes from sickling may occur multiple times a year in some patients. Besides causing pain, these episodes can damage many organs of your body. Of particular concern is damage to the brain (strokes), eyes, lungs, and kidneys. Some situations start a crisis such as dehydration, infection, fever, low oxygen, cold weather, alcohol, or pregnancy. Often no cause is found.

To help avoid crisis you should avoid alcohol, drink plenty of fluids, and seek medical attention when you develop a fever or start to feel ill. It is very important to see your doctor regularly and take medications as prescribed.

One other aspect of sickle cell disease is anemia (low number of red blood cells) caused when the body destroys “sickled” cells. Severe anemia may cause weakness, heart palpitations, chest pain, shortness of breath, lightheadedness, and passing out. Your body makes new red blood cells but sometimes it is necessary to give you blood in the hospital to help your body catch up. If you were given a blood transfusion it is important to follow up with your doctor.

Following discharge from the Rapid Diagnostic and Treatment Center you should:
1. Take medications as noted on your discharge sheet.
2. Drink plenty of fluids.
3. See your primary-care physician and hematologist regularly.
4. Other: __________________ _____________________

Notify Your Doctor or Return to the Emergency Department if you have:
   a. severe uncontrolled pain
   b. chest pain, shortness of breath, or fever
   c. numbness, weakness, dizziness, passing out, visual changes
   d. continued loss of fluid leading to dehydration (vomit, diarrhea)
   e. 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.
Sickle Cell 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