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).
## TRANSFUSION / HEMMORHAGE

### INCLUSION AND DISCHARGE CRITERIA

#### ADMISSION

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

<table>
<thead>
<tr>
<th>Y</th>
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- Patient requiring or potentially requiring transfusion
  - Subacute to chronic anemia currently symptomatic or Hg <8.
  - Acute but controlled hemorrhage currently symptomatic or Hg <8.
  - Acute but controlled hemorrhage requiring serial CBC’s.
- Sickle cell patient requiring transfusion (place on sickle cell protocol unless NOT in crisis)
- Hematologist contacted (mandatory if sickle cell patient)
- 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)**

<table>
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<tr>
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- Unstable vital signs, hypoxia, shock, impending respiratory failure, or severe systemic illness
- Pancytopenia or neutropenic (ANC<1000)
- Suspicion or knowledge of acute hemorrhage (any source) that is continued or likely to reoccur
- Suspicion of splenic sequestration
- Aplastic crisis
- Sickle cell patient currently in crisis (consider sickle cell protocol)
- Newly diagnosed blood dyscrasia
- 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)**

<table>
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<th>Y</th>
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- Stable and normal vitals signs
- Absent, stable, or improved symptoms 4 hours post transfusion
- Stable or improved hemoglobin and hematocrit (CBC2 hr post transfusion)
- Follow-up obtained
- Primary physician or consulting physician contacted as appropriate

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

<table>
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</table>

- Unstable / abnormal vital signs or worsening symptoms
- Worsened hemoglobin or hematocrit
- Occurrence or reoccurrence of active acute hemorrhage
- Significant transfusion reaction (febrile, hemolytic, or anaphylactoid)
- New diagnosis requiring hospitalization discovered.
- Does not or will not meet Home Disposition criteria after 23 hours of treatment
- Hospitalization 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.

---

**ALLERGIES:**

- None Known
- Yes, Drug/Reaction:

---

### Transfusion / Hemorrhage Protocol

#### RDTC Admission Orders

<table>
<thead>
<tr>
<th>ORDER #</th>
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<tbody>
<tr>
<td>✓</td>
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</tbody>
</table>

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: Transfusion Protocol
   - Anemia
   - Acute Hemorrhage

4. ✓

   VS: Q 1 hour x 2, then Q 2 hours and prn (with pain assessment)

   | SBP | greater than 180 | Less than 90 |
   | DBP | greater than 110 | Less than 50 |
   | HR  | greater than 120 | Less than 60 |
   | RR  | greater than 35  | Less than 10 |

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

6. ✓ Nursing:
   - Follow Transfusion Reactions orders prn and notify MD/PA *(orders page 3)*
   - Evaluate for discharge criteria every 4 hours

7. \[ \]

   Diet: Regular diet/Advance as tolerated

8. \[ \]

   Saline Lock IV

9. \[ \]

   NS 1 liter bolus IV

10. \[ \]

    D51/2 NS + 20meq KCL @ 250cc/hr

11. \[ \]

    Consult Social Services for:
**RAPID DIAGNOSIS AND TREATMENT CENTER**

**PHYSICIAN ORDER SHEET**

All applicable orders have been checked.

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**PAGES 2 OF 4**

Please Stamp Here

### ALLERGIES:

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

<table>
<thead>
<tr>
<th>ORDER #</th>
<th>TRANSMISSION / HEMORRHAGE PROTOCOL</th>
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<tbody>
<tr>
<td></td>
<td><strong>RDTC ADMISSION ORDERS</strong></td>
</tr>
<tr>
<td></td>
<td><strong>DATE/TIME</strong> <strong>(INITIAL)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>(DATE/TIME)</strong> <strong>(INITIAL)</strong></td>
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**ORDER NOTED**

<table>
<thead>
<tr>
<th></th>
<th>Medications</th>
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<tbody>
<tr>
<td>12.</td>
<td>Acetaminophen 650mg PO/PR 30 minutes prior to transfusion</td>
</tr>
<tr>
<td>13.</td>
<td>Benadryl 25 mg PO/IV 30 minutes prior to transfusion</td>
</tr>
<tr>
<td>14.</td>
<td>Transfuse______units of PRBC over 3 hours for each unit.</td>
</tr>
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</table>

**Home/Other Medications:**

<p>| | |</p>
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<tbody>
<tr>
<td>17.</td>
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<td>18.</td>
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<td>19.</td>
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<td>20.</td>
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**Laboratories:**

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<tbody>
<tr>
<td>21.</td>
<td>CBC prior to transfusion if not done in ED</td>
</tr>
<tr>
<td>22.</td>
<td>CBC 2 hours after last transfusion completed</td>
</tr>
<tr>
<td>23.</td>
<td>Serial CBC Q 4 hours. (NOT DURING TRANSFUSION) Notify MD if:</td>
</tr>
<tr>
<td></td>
<td>- Hg less than 8.0 or drops greater than 2.0</td>
</tr>
<tr>
<td></td>
<td>- Hct less than 23.0 or drops greater than 6.0</td>
</tr>
<tr>
<td>24.</td>
<td>Type and Cross ___ units of PRBC if not done in the ED.</td>
</tr>
</tbody>
</table>

**Other:**

<p>| | |</p>
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<tbody>
<tr>
<td>25.</td>
<td>CBC with diff, Reticulocyte count</td>
</tr>
<tr>
<td></td>
<td>Peripheral Blood Smear</td>
</tr>
<tr>
<td></td>
<td>Serum Iron, TIBC, Ferritin, % Saturation, Haptoglobin, LDH, Indirect Bilirubin</td>
</tr>
<tr>
<td></td>
<td>Renal</td>
</tr>
<tr>
<td></td>
<td>Serum B12, Serum Folate</td>
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<tr>
<td></td>
<td>Direct and indirect coombs test</td>
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</table>

**Other:**

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<tbody>
<tr>
<td>26.</td>
<td>Obtain verbal consent to transfuse or possible need to transfuse.</td>
</tr>
</tbody>
</table>

**Attending MD Signature:** __________________________ Date: ____________ Time: ____________

**(ADMISSION ORDERS ONLY)**

Developed by: Emergency Medicine Date 1/1/03

Orders
**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.

**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

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
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</table>

**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.

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### ALLERGIES:

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

### TRANSMISSION / HEMORRHAGE PROTOCOL

**RDTC DISCHARGE ORDERS**

<table>
<thead>
<tr>
<th>ORDER #</th>
<th>DISCHARGE ORDERS</th>
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<tbody>
<tr>
<td></td>
<td>(Please record date / time order noted by nurse)</td>
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<tr>
<td></td>
<td>A. Ensure completion of RDTC Tracking Sheet</td>
</tr>
<tr>
<td></td>
<td>B. Discontinue IV</td>
</tr>
<tr>
<td></td>
<td>C. Provide copy of Discharge Information Sheet</td>
</tr>
<tr>
<td></td>
<td>D. Review Discharge Instruction Sheet with patient and discharge to home</td>
</tr>
<tr>
<td></td>
<td>E. Discharge Diagnosis: 1. __________</td>
</tr>
<tr>
<td></td>
<td>2. __________</td>
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</table>

<table>
<thead>
<tr>
<th>ORDER #</th>
<th>HOSPITAL ADMISSION ORDERS</th>
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<tbody>
<tr>
<td></td>
<td>(Please record date / time order noted by nurse)</td>
</tr>
<tr>
<td></td>
<td>A. Ensure completion of RDTC Tracking Sheet</td>
</tr>
<tr>
<td></td>
<td>B. Convert patient to transitional status unless transferred back to ED for unstable medical condition</td>
</tr>
<tr>
<td></td>
<td>C. Admit to hospital</td>
</tr>
<tr>
<td></td>
<td>D. Bed Type __________</td>
</tr>
<tr>
<td></td>
<td>E. Admitting Service __________</td>
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<tr>
<td></td>
<td>F. Admitting Attending / Resident: __________</td>
</tr>
<tr>
<td></td>
<td>G. Hospital Admission Diagnosis: 1. __________</td>
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<td></td>
<td>2. __________</td>
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**Attending MD Signature:** ____________________________  **Date:** ____  **Time:** ____

(Discharge Orders Only)

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

Orders
You have been treated in the Rapid Diagnosis and Treatment Center for low levels of red blood cells (anemia). Red blood cells carry oxygen to the tissues of your body. Low levels of red blood cells can make you feel ill and cause damage to the organs of the body such as the heart and brain. Anemia is usually caused by the body not making enough red blood cells or destroying them too fast.

Your blood count may have been low enough to require a transfusion. The body makes new cells at a slow rate but sometimes the body needs help catching up if the level of red blood cells drops fast or is severely low.

If your problem was caused by bleeding (hemorrhage) it is important to monitor the level of bleeding. While the bleeding had stopped or slowed enough to be sent home it may increase in the near future. If your anemia was caused by some other problem the possibility exists that the level of your red blood cells may become low again.

Symptoms of anemia include lightheadedness, passing out, weakness, shortness of breath, heart palpitations, and chest pain. Many symptoms and signs of low red blood cells can only be noticed by your doctor or through blood tests. Also, it is important to find the cause of your anemia. For these reasons, it is important to follow up with your regular doctor or hematologist.

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

Notify Your Doctor or Return to the Emergency Department if you have:
   a. chest pain, palpitations, or shortness of breath
   b. passing out or a feeling lightheaded
   c. weakness (particularly with activity)
   d. increase in the amount of bleeding
   e. bleeding going on longer than expected
   f. 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.
Transfusion / Hemorrhage (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