

SUBJECT: ASSESSMENT OF THE EMERGENCY DEPARTMENT PATIENT	REFERENCE #ASEMERPT
	PAGE: 1 OF: 1
DEPARTMENT: EMERGENCY DEPARTMENT	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

Establish assessment criteria for all Emergency Department patients.

POLICY:

- All patients presenting to the Emergency Department will be triaged and categorized as either Emergent, Urgent or Non-Urgent.
 - All patients admitted to the Emergency Department will have the following documentation:
 - Chief complaint:
 - ◆ Subjective data
 - ◆ Objective data
 - Assessment of psychological status
 - Initial vital signs:
 - ◆ Additional vital signs shall be obtained depending on patient’s condition
 - ◆ Critical patients every 5-15 minutes, as needed
 - ◆ Intermediate every 1 hour
 - ◆ All other patients every 2 hours or prior to discharge
 - Allergies and medications
 - Medical history, including last flu immunization
 - Many of the initial symptoms of a bioterrorism agent resemble the flu and frequently the immunization may cause some of these symptoms
 - Response to medication
 - Condition prior to discharge
 - Tetanus status

SUBJECT: MANAGING EMERGENCY DEPARTMENT EXCESS VOLUME	REFERENCE #6006
	PAGE: OF:
DEPARTMENT: HOSPITALWIDE	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

It is the policy of this hospital to address excess Emergency Department volume (overcrowding) as an organization-wide issue. Strategies will be employed to improve the Emergency Department patient’s access to care, maximize the quality of that care and help maintain patient dignity during times of excess volume in the Emergency Department.

PROCEDURE:

- Through optimizing internal processes, reducing avoidable admissions and appropriately shortening emergency department lengths of stay, the volume of patients in the Emergency Department will be adequately managed.
 - Orders for tests and services for ED patients will receive priority.
 - To reduce the number of in-use beds in the ED, patients that have been discharged by the ED physician will be directed to the discharge waiting area to wait until family/friends can safely escort them home.
 - The ED discharge waiting area is adjacent to the ED, is equipped with a telephone, television, furniture and an emergency call light, and provides a safe and comfortable environment for discharged patients to wait for escort from the Emergency Department.
 - The inpatient bed census threshold will be set at ____ occupied beds, which is one bed below the full occupied bed limit. By setting the full capacity of the inpatient beds at ____, one bed remains available to allow for inpatient admission of a ED patient.
 - Census assessment of both the inpatient occupied beds and occupied beds in the ED will be conducted at the beginning of each shift and at noon and midnight daily. Census reports will be obtained by the admissions office and reported to the Nursing Services Department.
 - In the event of ED volume excess, the post anesthesia recovery and/or ICU/CCU units may be utilized to monitor patients.
 - Each inpatient unit will identify one or more beds that can be utilized as “flex” beds, which can be utilized for a variety of reasons, one of which may be for monitoring of an ED patient whose condition would be appropriately managed on that unit.

SUBJECT: EMTALA GUIDELINES FOR EMERGENCY DEPARTMENT SERVICES	REFERENCE #2067
	PAGE: 1 OF: 1
DEPARTMENT: EMERGENCY	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- All patients presenting to _____ Hospital’s Emergency, Labor and Delivery or Psychiatric Departments and seeking care, or presenting elsewhere on the hospital’s main campus and requesting emergency care, must be accepted and evaluated regardless of the patient’s ability to pay.
 - In the absence of an actual request for services, if a “prudent layperson” observer would believe, based on the individual’s appearance or behavior, that the individual needs an examination or treatment for a medical condition, EMTALA still applies and the person must be accepted and evaluated for treatment.
- All patients shall receive a medical screening exam that includes providing all necessary testing and oncall services within the capability of the hospital to reach a diagnosis. Federal law requires that all necessary definitive treatment will be given to the patient and only maintenance care can be referred to a physician office or clinic.
- The triage of a patient for managed care contracts without a medical screening exam is not acceptable under EMTALA. Prior authorization may be obtained after medical screening and stabilization services are completed. This does not preclude qualified medical personnel from consulting with the patient’s private physician as long as the consultation does not inappropriately delay required medical services.
- _____ Hospital will provide an oncall physician specialty list which includes all specialties privileged at this facility. The oncall list will be openly posted in the Emergency Department and a record of all oncall lists shall be maintained for five (5) years. *(EMTALA requires that the hospital adopt written standards to follow when a specific specialist is not available. In addition, under certain circumstances protocols may allow referral to a specialist’s office rather than the specialist coming to the Emergency Department. Consultation with your hospital’s liability carrier and legal counsel is recommended.)*
- _____ Hospital may not transfer or discharge a patient who may be reasonably at risk to deteriorate from, during or after said transfer or discharge. If the patient is at reasonable risk to deteriorate due to the natural process of their medical condition, they are legally unstable as per EMTALA. This standard also states that a pregnant woman is not legally stable until the baby and placenta have been delivered.

SUBJECT: WAIVED TESTING	REFERENCE #2054
DEPARTMENT: FACILITYWIDE	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

It is the policy of this organization to instruct and train appropriately licensed personnel to perform specified types of clinical laboratory specimen testing at the point of care rendered (or at the patient’s bedside). This type of testing will be referred to as waived testing and is understood to be performed by those individuals who have the clinical expertise and licensure to perform, interpret and take appropriate action on waived tests.

REQUIREMENTS:

- Any test requested for inclusion in the Waived Testing Index (list of those tests that may be performed at the point where care is rendered), must be approved by the medical staff and Clinical Laboratory and must meet FDA and CLIA requirements for waived testing.
- Any individual performing approved tests listed on the Waived Testing Index must meet the following requirements:
 - Level of licensure required by the State Board of Nursing
 - Level of licensure required by the State Department of Health Services
 - Successful completion of instruction and training course on the specific test, for which the individual will perform waived testing on an annual basis
 - Successful completion of orientation specific to this organization and the unit upon which the waived test is performed
 - Successful completion of competency evaluation on specific test, for which the individual will perform waived testing
 - Competency evaluation will consist of at least two (2) of the following:
 - ◆ Written evaluation of theory
 - ◆ Direct observation of test performance by a qualified proctor
 - ◆ Direct observation of quality control methodology (QC = equipment calibration, outdating, troubleshooting, etc.)

SUBJECT: STANDARD OF CARE - ABDOMINAL PAIN	REFERENCE #1301
DEPARTMENT: EMERGENCY DEPARTMENT	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- The patient arriving at the Emergency Department with abdominal pain will receive the following care:
 - Assure patient airway.
 - Obtain vital signs.
 - IV - establish normal saline or physician preference.
 - Obtain venous bloods for lab.
 - Obtain urine sample.
 - If available, do HCG with urine sample.
 - Keep patient NPO.
 - Obtain stool sample, as applicable.
- Documentation shall include, but not be limited to:
 - Mechanism of injury, if trauma
 - Assessment of pain:
 - Location
 - Quality
 - Radiation
 - Onset
 - Severity
 - Bowel sounds
 - Any nausea, vomiting, diarrhea or constipation