Transfer Protocols: LT-UC to Liberty ED

Critically Ill/Unstable Patients

Critically Ill/Unstable Patient

Requiring care in the

Big Room

Patient example:

Sepsis, severe difficulty breathing requiring immediate intervention, hypotension, status asthmaticus, unstable airway, SVT, seizure

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ACTION:

Call a hospital code

*Team Coordinator , provider, or RN can call

6-8888

*Designated ED staff (Medic, PCA) will come to LT-UC with stretcher and transport pt to Big Room

*If a **visitor** or **family member** becomes ill and requires intervention, call 636-8888 to notify the hospital code team.*

Stable Patients Requiring ED Care

Stable Patient Requiring ED Care

Pt needs to go directly to a room

Patient example: pt with infusing IVF at end-of-shift for LT-UC, angulated fracture presenting directly to UC

ACTION:

-Team Coordinator calls Statline to put in referral

-Charge RN paged; Charge RN holds room in ED for pt & gets report from LT-UC RN

-Charge notifies ED doc in area

-LT-UC TC notified when bed ready; TC notifies LT-UC staff to take pt to ED room

-ED RN & MD receive face-to-face handoff from LT-UC provider and RN

Pt can wait in ED lobby

Patient example: psych eval, abscess

ACTION:

-Team Coordinator calls Statline; Statline puts referral in Epic

-Pt goes to ED (+/- PCA escort depending on complaint)

-RN performs phone report

-Provider documents referral in Epic

-Pt will be *triage priority* but may still go to lobby