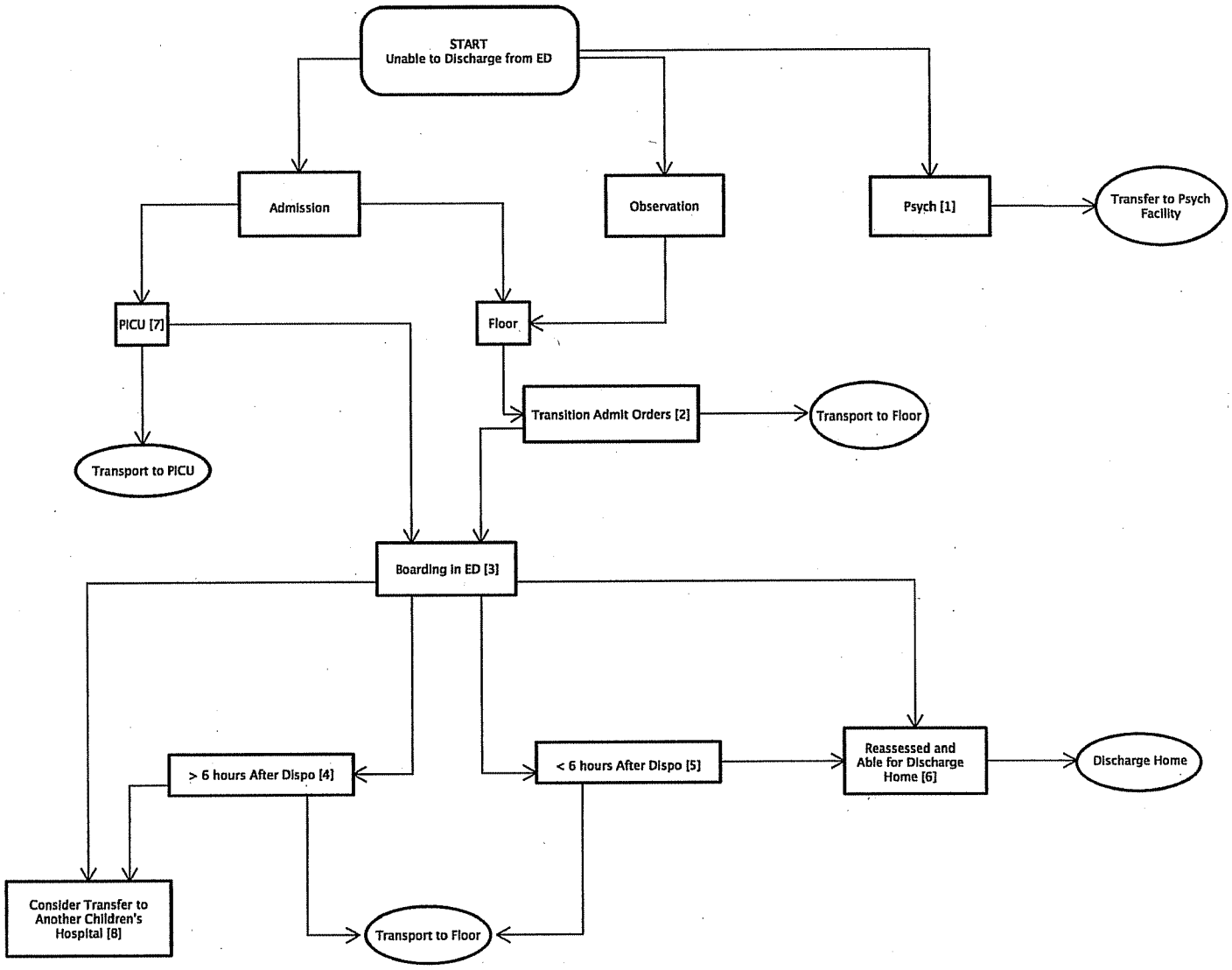
# T.C. Thompson Children's Hospital ED Boarding Protocol

(V4. 3/29/13)




v2. 1/29/13

[1] Any psychiatric patient that has been medically cleared and is awaiting placement/transfer to an inpatient psych facility will continue to be managed by an ED attending. Appropriate sign out at ED shift change should occur until patient leaves ED. If a psychiatric patient has been not been medically cleared, is admitted to our hospital, and is boarding in the ED, the patient should be managed as any other admitted patient boarding in ED (see below).

[2] The Transition Admit Order process should be followed for every admitted patient. In particular, the ED attending/MLP/resident will continue to alert the admit resident (5700) when the patient is ready to be admitted. The Transition Orders should be completed. Please refer to the Transition Admit Order Process flowchart has been attached as an addendum for reference. The goal is still to get the patient transported out of

the ED within 2 hours of the disposition to admit. The 5700 resident should make note of the time of initial ED call on their admissions roster.

[3] The patient is considered boarding starting from the time a disposition to admit is made.

[4] For patients boarding greater than 6 hours in the ED, the 5700 resident is expected to go to the ED to assess the patient and write formal floor orders on the patient. These orders may be written on hospital order sheets or approved pediatric admit ordersets (e.g. Bronchiolitis orderset). The orders should include the following:

- Orders should include "Call resident Dr. X at pager #### with questions about this patient or to report significant changes in clinical status"

- Orders should include "ED nursing to document reassessment of this patient every ____ hours and call ____ with update"

The 5700 resident will discuss the orders/plan with the ED attending and the patient's nurse, so all pertinent care providers are on the same page. ED staff (nurses, ERT, RT) will carry out the admit orders. After admit orders are submitted, the transition orders will no longer apply.

[5] Residents are welcome to go to ED to begin their assessments and make decisions re: ongoing care as soon as they are able. This is particularly helpful for the boarding patient waiting on a bed that, based on staffing/flow issues, we know will not be transported to the floor anytime soon. The ED attending is responsible for all care of the patient until the 5700 resident completes the assessment and admit orders. After their assessment is made and orders given to ED staff, the inpatient 5700 resident is responsible for care and reassessment of these patients. Any questions or concerns regarding the patient's care should be directed to the 5700 resident. The ED attending will still be available to reassess any boarded patient if an immediate need arises per that patient's ED nurse or if an inpatient resident is unavailable within a reasonable amount of time.

[6] There will be some cases where the boarded ED patient improves enough to be discharged home from the ED. (e.g. croup looking great after 2$^{nd}$ racemic epi, asthmatic that breaks, dehydrated kid that looks better after several hours of fluids, etc.). If the patient had transition orders done, but not formal admit orders, then that patient and the reassessment is the ED attending's responsibility. In that case, the 5700 resident and PCP should be called as a courtesy. The ED attending can discharge the patient. In the case where the ED boarding patient is under the 5700 resident's care (as defined above), any decision to discharge home must involve the 5700 resident and that patient's admitting attending. One or both must come to the ED and assess the patient prior to discharge. Discharge orders and prescriptions will be written. The ED attending should be made aware of this decision. The ED charge nurse can change the patient's disposition to home and discharge the patient.

[7] PICU patients boarding in the ED will be the ED attending's and staff's responsibility. The PICU attendings are available to help with management decisions, but will not assume primary responsibility of the patient. If the ED attending feels a patient's status improves enough to be admitted to the floor, the ED attending should page the 5700 resident to assess patient.

[8] The ED attending, on a case by case basis, in the best interest of the patient, may determine the patient boarding in the ED requires transfer to another hospital. In the case of the PICU boarder, the ED attending, ED charge nurse, PICU attending, and PICU charge nurse will discuss the patient prior to any transfer. Ultimately the decision to transfer a boarded ED patient to another facility is a clinical one, and therefore rests with the ED attending caring for that patient.