ELMHURST UPDATES & FAQs

last updated: July 23, 2023

Most recent updates and reminders include:

- ***Please make every effort to ensure patients are discharged safely*.** Good practices listed under Discharge tab
- **Reminders**:
  - **Use Stroke order sets for stroke codes, not for stroke consults**
  - **All traumas**: etoh level, 2 type and screens, order/link the POC FAST
  - **Riker's patients: DO NOT** call their family or allow them to call
  - All **transfers** must have an **EMTALA transfer summary** completed (even psychiatry or specialty txfrs; this is done in the dispo tab)
  - Write in **specific indications** for **ALL imaging orders** including admission cxr**.**
  - **Order POC ultrasounds** in EPIC and **read** them in Qpath
- **Radiology transport**: order x-ray txprt on weekends and from 11p-8a nights
- **Incident reporting** system - VOICE (under workplace policies)
- COVID tests ***Currently using LIATS***
  - **Expired and ICU patients MUST be tested**.
  - **CXR not required** for all admissions - if no pulm complaint then no cxr

Hello team!

Below is a list of friendly reminders, commonly needed policies with any recent changes to help your rotation go as smoothly as possible.

Consent Forms are available at this link (only works on intranet)

Schedules, policies and protocols, consent forms, education, phone lists, treatment protocols, and much more can also be found at EHCED.org, your one-stop repository for all things Elmhurst.

If you're a **new rotator**, you can find more information on patient flow and ED protocols here.

Use the links or "Control+F" if you're looking for something specific in this document.

Please let us know if you have any questions/comments/concerns!

Cheers,

Geoff + Nick + Julie

ADMISSIONS

- Remember that the ED has admission decision-making privileges. If a consulting service is making a recommendation that does not seem appropriate, please bring it to the attention of your attending.

- Enter as many admission diagnoses as are relevant to the patient (ie: instead of just "chest pain", enter "chest pain, elevated troponin, abnormal ekg, hypoxia", etc.)

- A COVID test must be done only for symptomatic patients or those admitted to the ICUs. A CXR need only be done for patients with pulmonary complaints.

- Every patient who will be admitted or placed into observation should have a **utilization review (UR) consult** placed in the chart. You can access this order from the consult orders quicklist page, and under the admit order in the dispo page. If you're having issues with them, please let Geoff know.

- If you change the admission service, level of care, or COVID status, you need to (1) change the admission service order in EPIC and **(2) also call Admitting (Bed board 45245) and let them know**

- **Cellulitis** admissions should first go to observation. Otherwise they alternate between medicine and surgery. Call admitting to see which team is up in the "cellulitis pool". If surgery, consult them to let them know they're getting an admission. Severe abscess/cellulitis that may need repeat I&D or debridement should go to surgery (or observation after a surgery consult).

- Non-surgical patients requiring ICU or step down level care when the hospital is at surge capacity may be admitted to the STICU pending discussion between the MICU fellow or attending, the ED attending, and the STICU attending.

- All patients being admitted to the hospital with any **acute** traumatic injury should be **admitted to a surgical service** (e.g. orthopedics, surgery, NSGY, ENT, etc.), unless, in rare cases, a separate agreement is reached between the ED attending and the surgical service **attending**. Exact protocol here: Trauma Admission Protocols

- **Isolated upper extremity fractures** should be admitted to the Orthopedic service, even if it is because the patient cannot safely be discharged due to inability to ambulate or care for self. **Do not admit these patients to Medicine**. This policy was agreed upon by multiple directors of service on July 25, 2016. The policy document is available here.

- All patients being admitted to the hospital for any traumatic injury must have an **EtOH level** drawn (this includes isolated hip fractures, "social admissions," and other non-Red/Yellow/Green traumas)

- Patients who have a **chest tube** (including large bore or pigtail catheters) for non-traumatic causes can and should be admitted to a medical service (at minimum A4 at the request of pulmonary/critical care). Patients who ever had tension physiology should have an ICU consult. Pulmonary has requested their fellow-on-call be made aware of the patient as soon as the chest tube is placed as they will manage the chest tube regardless of level of care. (This communication may be made by the admitting team, but the conversation must happen in real-time, not the next morning--at their own department's request.)

- **Back pain**
    - **Neurosurgery** - fracture or mass/lesion on imaging and/or neuro deficit
    - **Neurology/Medicine** - intractable pain without neuro deficit

- **Stroke**
    - **Neurosurgery** - traumatic ICH; non-traumatic ICH requiring operative intervention; post-thrombectomy
    - **Neurology** - non-traumatic, non-operative ICH; ischemic stroke not requiring thrombectomy

BLOOD BANK

- **Call 4-2028** to notify the blood bank of the need for MTP or Emergency Blood **and send a runner** to get the blood with the filled out MTP form.
- **Massive transfusion** is now provided in a fixed ratio (4PRBC, 2FFP, 1plt).
    - Massive transfusion release form
    - If available, whole blood will be supplied for round 1.
    - Note - our platelets are pooled donor units, this means that 1 of our units=6 single donor units.
- **Emergency blood** is provided PRN (PRBC, FFP, PLT) a few units at a time.
    - Emergency blood product release form

CDU (ED Stepdown Unit)

- Set up to take overflow patients from RACC who may still need a higher level of care than can be provided on the sides. Walled off in order to accommodate critical COVID+ patients as well. This is a work in progress, we want feedback.
- Staffing: if patients are moved into this space and there is no dedicated nurse, an RN is to move from RACC (inform charge nurse). The RACC team should continue to monitor the patient. The goal is to have it staffed with dedicated nurses 24/7

CONSULTS

- Dial 4-1111 to request a consult through the operator.
- You can text page most consultants through the AMION website with a few exceptions. Also cell phones are often listed if you're having trouble reaching someone through the paging system.
- If you cannot reach a consultant escalate to the attending to reach out director to their attending or chief of service.
- **Place an order in Epic for all of your consults.**

- For **emergency consults**: stroke code, CPORT (STEMI), red/yellow trauma notifications dial **4-1911**
- Call schedules are listed on amion. Password "ehc". If you use the link in epic you don't need to log in, if you sign in separately you have to use two-factor authentication.
- Specific services:
    - For **dislodged PEG tubes**, insert a Foley catheter into the stoma ASAP (if appropriate) and consult **GI** (not surgery) for definitive replacement .
    - Please consult **gastroenterology** for **acute hepatic failure**.
    - Please consult **pulmonology** for **atraumatic chest tubes** (pre or post placement)
    - Please consult **ophthalmology** for **orbital floor fractures** (in additional to the service covering facial trauma for other injuries)

COVID

- **Wellness/Help**: Email H3TeamElmhurst@nychhc.org with a phone number. More urgent? Call 212-659-8805 to speak to a person.
- **Patient care locations**:
    - Critical patients: **Cardiac with tents** and movable barriers; may be downgraded to CDU area in a tent.
- **Admitting**: add the comment "covid+", "covid-"
    - Guidelines for CPEP. A negative LIAT and no viral sx is sufficient. If patients are refusing testing, CPEP attending to be notified to try to convince patient.
    - **ICU level patients**: Consult MICU
    - SICU will only take COVID positive **TRAUMA** patients
- **PPE**: for extensive guidelines please go to the EHC COVID Google Drive
    - N95 masks can be found at the charge nurse station, other PPE should be there and throughout the department
    - If there is something missing let the charge RN know so they can restock
    - Mask, Eye Protection, and Gloves minimum required for PUI patients.
    - A gown must be worn when caring for COVID patients.
- **Monoclonal antibodies:** No longer giving
    - FDA withdrew EUA
- **Antiviral (Paxlovid)**
    - Eligibility: within 5 days of symptom onset AND 1) any age with severe immune compromise; 2) 65yrs or older, not fully vaccinated and have 1 risk factor for severe illness

    - Can now be prescribed to most regular pharmacies, call the pharmacy to ensure it is in stock if there is concern.
    - Alto pharmacy will deliver for free

- **COVID Testing:**
    - **Now only required for symptomatic patients or those admitted to the ICUs or sent to CPEP.** Can be performed by RN without an order.
    - **Options**:
        - LIAT covid/flu 20-40min tat;
        - Cepheid covid/flu/rsv 2-4hr tat;
        - PRL covid 24-48hr tat
    - **Swabs:** All tests use the same swabs and pink viral transport media. **The liquid should be PINK.** If it is a different color or there is sediment the sample may become contaminated and results may be inaccurate.
- **Vent/oxygen monitoring:**
    - Please **keep respiratory orders active** for vent monitoring purposes. Find these orders in the Quick list respiratory therapy tab > order O2, high flow O2, BiPAP, CPAP, AC/APRV etc. If the patient no longer requires a vent please discontinue or modify it. This also helps with bed assignment AND will help us with research in the future.
- **Vaccines**
    - Covid vaccines and boosters available for adults (12 years+) Tuesdays, Wednesdays, Fridays 8a-4pm, and Thurs 10a-6p in O annex building on Baxter Ave (entrance near 81st st and 41st Ave). No appointment needed.
    - Pediatric vaccines (11 months - 11 years) available Tuesdays and Thursdays 4p-7p and Saturday 8a-1p in the H Building, 1st floor room 126
        - Call for pediatric appointment at 844-692-4692
- **Testing for Employees**
    - Call x3030 to schedule and register for testing
    - Available at OHS A1-27 from 7:30am to 3:30pm M-F
- **Scheduling/Staffing Distribution/Flow**
    - All trauma/resus being seen in trauma and cardiac
    - **Stepdown space** is set up to accommodate any cardiac overflow, and can take COVID patients in canopies. (Located in old CDU fast track area.) Staffed by RACC attending and resident. Will need to make sure nursing staffing is adequate.
    - **Staff symptom self-screening**: No longer active

DISCHARGES and FOLLOW UP

- **Please ensure that patients have a safe discharge plan.** There are many resources for this including arrangement of transportation; arrangement of shelter placement. **Some specific considerations:**
    - If a patient is from **QACC**, the majority of them should have transportation arranged, typically via ambulette (exceptions must be discussed with attending and staff at QACC).
    - It is **good practice to call nursing homes, QACC, and other long term care facilities** to notify them that you are sending the patient back. Sometimes they are short staffed overnight and will ask you to wait until the am. **If a patient came from a long term care facility, they must be returned to it.**
    - For patients who were **sedated or intoxicated**, evidence of return to baseline or sobriety should be documented. In addition, if they leave with a friend or family member, please indicate this.
    - **Victims of abuse** (regardless of gender) should be asked whether they have a safe place to go; if not, social work can see them and/or you can give them the list of shelters. If children were present or involved, the patient MUST wait to see social work for ACS to be contacted.
    - **Elderly patients with new injuries** should have careful consideration of their ability to manage ADLs. For example: If they use a cane or walker and hurt an arm, they may not be able to safely ambulate. These patients may need SW to obtain HHA or to be admitted for physical therapy evaluation for SAR.
- Please take the time to **order appropriate follow up** appointments for patients. This is especially important for our Elmhurst population that is systemically prevented from receiving care and improving health literacy.
    - No documented PCP and they need PCP followup: refer to Diagnostic clinic
    - Documented PCP and they have seen them in the last 3 years: Refer to Medical Primary Care (MPC) clinic
    - Documented PCP but they have not seen the PCP in the last 3 years: discuss with clerk, likely referral to Diagnostic clinic
    - If they have a PCP they have to follow-up with their PCP; please document
    - Non-Par (we don't take their insurance - Faculty Practice clerk can usually let you know) and need Emergency follow-up: contact the service they are

to follow-up up with and let them know they are coming so they don't get turned away
    - Par insurance: they can follow up with EHC but if they have a primary, they should follow-up with that primary or specialist
    - **How can I tell if the patient follows up in MPC clinic?** First, see if a PCP is listed on the dispo tab. If yes, then look under "encounters" - if they have had a primary care visit before you will see it.

- **We can schedule the following clinics without a consultant**: diagnostic (new patient primary care), MPC (established patient primary care), geriatric (if established patient - otherwise pt should start in diagnostic clinic), gynecology/Women's health, OB, ENT, OMFS, Neurosurgery, Podiatry, Ophthalmology, Hand Surgery, Plastic Surgery, General Surgery, Proctology, Urology, Dermatology, Breast Care/Surgery, Vascular Surgery, Virology, Sexual Health

- **Scheduling Follow up Appointments**
    - Place discharge referral order under discharge orders as "amb ref [clinic]". Directions here.
        - Double check that the appointment has been scheduled before printing the AVS. You can see this on the tracking board (left side color change) and you can ask the faculty practice clerk.
    - If **a consultant gives a clinic follow up date/time** OR if the **faculty practice clerk cannot make an appointment** as quickly as necessary:
        1. Page a consulting service to request an overbook appointment (if you have not yet spoken to them);
        2. **Manually add the clinic(s) to the follow up section** of the patient's discharge papers (search for "el [clinic]" under follow up in dispo section) and include the requesting consultant's name;
        3. **Order the referral** included date, time, reason. The clinic will follow up with the patient.

- **Clinic Phone number updates** (not all numbers that populate are correct):
        - Phone numbers to add for the patient to call for Elmhurst:
            - Orthopedics/Hand 718-334-3376
            - Other surgical subspecialties 718-334-2480
            - OB/GYN 718-334-3150
            - Any other clinic 718-334-3262

- For **mild TBI/concussion** patients (e.g. fall down steps with a loss of consciousness and post-concussive symptoms), discharge instructions should include "Concussion" instructions. **Follow up:**
    - TBI patients who *arrive* to the ED on Friday through Sunday should follow up in Neurosurgery clinic (think "weeke**N**d goes to **N**eurosurgery) during their next Tuesday clinic (9:30am-5pm) and write "TBI/concussion" in the referral comment section
    - TBI patients who *arrive* to the ED on Monday through Thursday should follow up in Trauma clinic during their next Friday AM clinic and write "TBI/concussion" in the referral comment section

- For **orthopedics** follow-up, as of 3/24/21, we cannot refer to Bellevue ortho (despite what some ortho residents say).

- For **Breast Clinic**:
    - Urgent consults for I&D should contact General Surgery
    - Monday and Wednesday mornings are typical appointment days and referrals for appointments can be made during this time.
    - Breast clinic is open Tuesday and Thursday mornings for basic procedures
    - Patients who want to "walk-in" (for non-urgent situations) can typically be seen on Monday and Wednesday, and may also be in luck on Tuesday or Thursday. **No one is in the clinic on Fridays**. The clinic is located on the second floor of the Hope Pavilion

- For ENT follow-up:
    - Hearing loss and tinnitus, with a normal ear exam should go to **audiology clinic**
    - There will be 4 ED slots per week (2 each on Tues and Thurs) in clinic.
    - Please schedule patients for clinic in a time frame that is appropriate (i.e. AFTER their diagnosis will have been adequately treated.)
    - If the ENT consult resident says the pt should go to clinic the next day then you **must** put the resident name on the AVS.

- You can include labs results with discharge papers in EPIC by typing ".resultrcnt[24H]" in the discharge instructions screen.

- If a **patient leaves during evaluation** (this means that any midlevel, APP or attending has seen the patient) please indicate **"Left During Evaluation"** and

NOT "Eloped" or "LWBS..."in the Dispo section of the chart. Please enter a brief note describing your interaction or lack of interaction with the patient.

- Please **provide "Procedural Sedation" and "Stroke and TIA Prevention" discharge instructions** to patients as appropriate.

- If prescribing opioid medications at discharge, **please include "opioid medication" discharge instructions** with the discharge summary and discuss these with patients (including information such as driving/machinery instructions, proper disposal of unused pills, etc.).

- Patients from **Rikers Island** who are discharged back to Rikers should have printed copies of their:
    - H&P and consultant notes (i.e. psych notes);
    - "ED to PCP summary" (i.e. results of diagnostic studies found under "Discharge Papers" section under Dispo); and
    - AVS (i.e. clear discharge instructions with medication recommendations)
    - Place above in a sealed envelope and hand to the Corrections Officer, NOT the patient
    - Specialty follow up should be recommended in the AVS but not scheduled.
    - Medications should be listed as recommendations on the discharge instructions - you do not need to write prescriptions.

- Patients with **suspected ectopic pregnancy** should follow up in **GYN Surgery Clinic.**

- Patients with **Pregnancy of Unknown Location** who require a **48 hour beta-HCG**: If 48 hrs from visit is a weekday, they can get the beta check in clinic (H2-131). If 48 hrs from visit is a weekend or holiday, they should return to the ED. Either way, consult **OB/GYN** to let them know of this patient - they keep a "beta list" of all these patients who need 48 hr beta, and will follow up with the patient if they don't show up for their re-check.

- **Hand clinic** is Tuesday at 1pm (ortho), Wed at 1pm (plastics) and Friday at 9am (plastics).

- **Diagnostic Clinic** appointments should almost never be made for within 48 hours of the patient's ED visit. Patients may make their own follow-up when it is

optional--you can simply provide them with the number to the clinic. Most follow-up appointments should be made for 1-3 weeks of the ED visit.

- Do not schedule patients for Diagnostic Clinic follow-ups for **suture removal**. These patients should return to the ED if they do not have access to another urgent care or primary care doctor's office.

- The follow up nurse is **Irina Voloshina** (choose the one at Elmhurst). You can email her through EPIC to notify her of patients who have pending results (blood or urine cultures, STI test results, imaging) or who you would like to receive a follow up call. Please give her the patient's name, MR, the reason for the follow up, appropriate/anticipated next steps, and a **good phone number** to call.

- **Dental** follow up:
    - OMFS - they will lance abscesses, pull teeth; schedule an appointment
    - Dentist - there is a list of dental clinics and schools under ROL in EPIC

- Patients being discharged back to **Queens Adult Care Center (QACC)** should have meds prescribed to:

    Chem Rx
    790 Park Place
    Long Beach, NY 11561
    516-536-0800

INFECTIOUS DISEASE SPECIFIC FOLLOW UP

Important for all below referrals please INCLUDE REASON FOR REFERRAL when placing the order.

- **Tuberculosis:** Clinically stable Tb patients can follow up in the **Tuberculosis Surveillance and Treatment Unit** (TSTU) (policy here)
    - Call TSTU x41645, or ID Clinic x43740
    - 8am-3:30pm. *Tuesday AM slots* are reserved for ED discharges under Dr. Alonso's panel. Send patient with a mask.
    - If TB is highly suspected please call 43077 to leave a message with patient name, MR, telephone for follow up.
    - If patients are not clinically stable or you suspect that they may not follow up, they should be admitted for testing.
    - *Do not* refer latent Tb patients (+QFG only). These can be managed by primary care
- New **HIV positive** test in ED

    - Advise patient their result is *preliminarily* positive. **NO unprotected sex**.
    - Send confirmatory testing - this should be reflex from lab.
    - If consult needed – page ID Fellow
    - Daytime referral – call ID clinic, x43740
    - Off Hours - instruct patient to walk in to ID Clinic the next business day and order an ambulatory referral to virology clinic for next business day follow up
    - Ensure up-to-date contact info for patient
    - Epic message Irina Voloshina (EHC)
    - Please do NOT book into ID CONSULT CLINIC slots
- **HIV Post-exposure prophylaxis (PEP)**
    - **Not indicated more than 72 hours post exposure**
    - Appointment scheduled for the **next business day**
    - Sexual assault patients (**Sexual Health Clinic**)
    - Non-assault patients (**ID Clinic**)
    - Monday-Friday 9am-3pm; Overbook per **Dr Policar** if necessary. Give patients the follow-up Clinic number: 718-334-3701 and tell them to go in.
    - See below for instructions on starting a patient on PEP in the ER
- **HIV PrEP (Pre-exposure prophylaxis)**
    - For patients interested in beginning or continuing HIV PrEP
    - Can book directly into ID clinic Tuesday AM slot for ED discharges under Dr. Alonso's panel
    - Please *do not* book patients for PEP or STIs. – see Sexual Health Clinic above.
    - If there is a patient with an STI who is also requesting PrEP, please refer to Sexual Health Clinic (See STI section below).
- **New diagnosis of STI**
    - should be treated in the ED
    - Appointment in 7-10 days in **Sexual Health Clinic**. This allows time for lab/culture results to be available.
    - Patients with PrEP requests can also be scheduled to be seen in the Sexual Health Clinic.
    - Monday-Friday 9am-3pm (9am is ideal); Overbook per **Dr Linda Wong** if needed. Give patients the follow-up Clinic number: 718-334-3701

- **General ID clinic**
    - Use for Hepatitis, other non-HIV non-STI infectious disease
    - Book directly into an available ID Consult Clinic Monday AM slot
    - Starting 3/18/2021 – can book directly into selected Tuesday AM slots for ED discharges in Dr. Ashraf's panel when available (not every Tuesday)

    - **DO NOT BOOK**: HIV patients (see HIV section above), pts for PEP, PrEP, or STIs (see Sexual Health Clinic info above), or latent TB (see Tb section above)
    - Routine follow up for cellulitis is not required. Wound checks are not a valid reason for referral.
- **How to place ID referrals:**
    1. Order the followup "amb ref infectious disease" or "amb ref infectious disease/sexual health"
    2. Specify the reason for the appointment
    3. Update the patient's phone number in EPIC.
    4. Give the patient the ID clinic number: 718-334-3701
    5. Send an EPIC message to Irina Voloshina (EHC) to follow up with patient

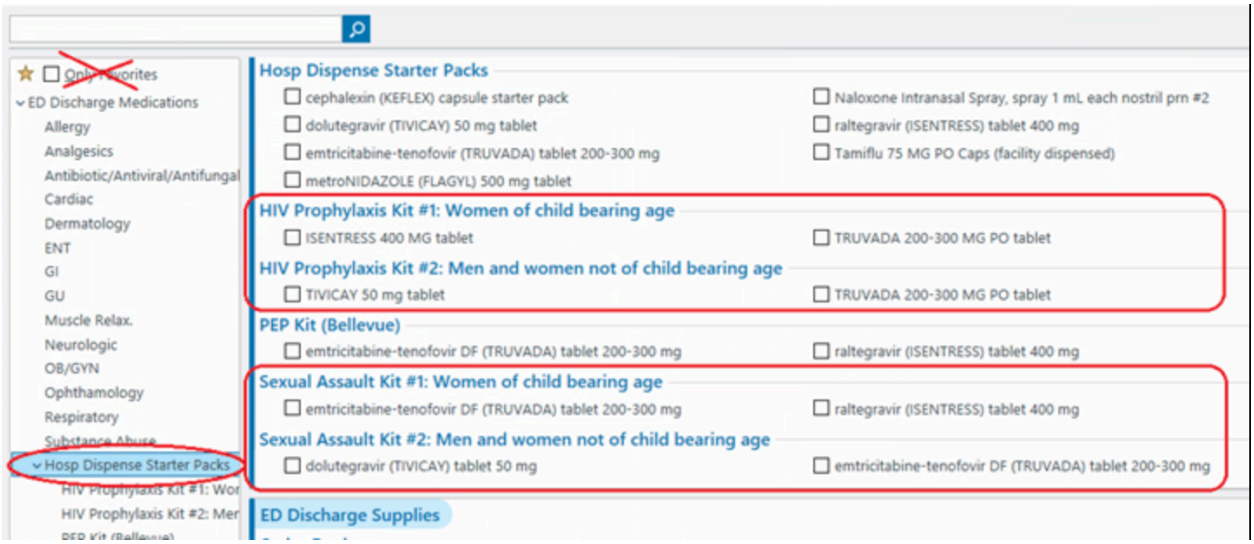
- **ID followup summarized here:**

Clinic/Service	Do	Don't
Sexual Health Clinic	-PEP – next business day -SART- next business day -STI – 3-5 days after ED visit	-HIV PrEP -HIV+ needing follow up
HIV PrEP	Alonso's Tuesday AM	-Sexual health Clinic -STI requesting PrEP
HIV+ (new dx or needing ongoing care)	-Page ID fellow or -Call ID clinic or -Walk into ID Clinic next day -And ask Irina to follow up	-Schedule to ID Consult Clinic
Non-HIV Infectious Diseases (i.e. follow up for hepatitis, or other non-HIV infectious illnesses)	ID Consult Clinic slots: -Monday mornings -Tuesdays starting 3/18/21	-HIV+ -PEP, PrEP or STI -Latent TB (+QFG only)
TB Clinic	-Alonso's Tuesday morning panel or -Call TSTU 41645 or -ID Clinic 43740	-Latent TB (+QFG only)

- HIV **post-exposure prophylaxis (PEP) kits** provided after *sexual assault* will be **30-day PEP kits.** Those provided for other reasons (i.e. needlestick prophylaxis) will still be **7-day PEP kits** and can be found in the same pyxis as the 30-day kits.
    - **IMPORTANT:** Order the kits as a discharge prescription (not an ED medication order). -Go to Dispo tab > RX (new order window) > Click "new" next to "place new orders" > unclick "only favorites" (if clicked) > open "ED Discharge Medications" > Open "Hospital Dispense Starter Packs" > Pick the HIV

Prophylaxis Kit that is appropriate (for women of child bearing age or men/ women of non-child bearing age). See pic below.

- A prescription is not written, this is for dispensing in the Emergency Department to the patient "to go"



- Please do not schedule patients with **acute varicella** (chicken pox), **herpes zoster, influenza, COVID, or other highly contagious infections** for Diagnostic Clinic appointment follow ups until the lesions have completely crusted over and/or fever has resolved. If patients are worsening they should return to the ED.

EPIC QUIRKS

- **Order Sets that are correct at EHC:** ED Sepsis, ED Trauma, ED Stroke, ED COVID

- **O2 orders need to be placed** if your patient requires high flow, CPAP, BiPAP, intubation for any reason. Go to the quick list respiratory therapy tab (on far right) and order high flow O2, BiPAP, CPAP, AC/APRV etc. If the patient's O2 requirements change, please go to orders area and discontinue or modify the order.

- **Complete verbal orders by signing them on the day of your shift.** You can find them in your inbox. Please check this tab before you leave for the day.

- For Urine Tox order **Urine Tox 5**, not 10.

- Please document guaiac results under the physical exam check boxes in EPIC.

- Please **use the "quick lists" to order medications**. These are set up to have appropriate dosing, administration and titration instructions for the ED.

- Don't forget to check your **Inbox in EPIC for any delinquent charts!** Especially on the last day of your rotation.

EQUIPMENT

- CLEANING INSTRUMENTS ***if disposable, throw out all of your instruments***
    - Gather your red bin from clean utility (wrapped in clear plastic) with your enzymatic spray with your instruments when you set up for the procedure; open the bin.
    - **Use Sterile gloves for all procedures.**
    - Keep PPE on that you had on for the procedure (additional PPE not required)
    - Place soiled instrumentation in bin with the instruments in open position
    - Replace gloves with clean gloves (deglove/ re-glove with clean gloves)
    - Draw curtain around you and patient with clean gloves
    - Enzymatic spray (non-aerosol, no chemicals, inert gel), spray for 5 seconds/ 5 spray or until all instruments fully covered with spray (wet)
    - Remove and dispose PPE (prior to replace lid)
    - Place lid on bin
    - Lock lid on bin
    - Place bin in dirty utility room. Return enzymatic spray to clean utility room. A new clean bin will replace every dirty bin.

- Clean the Ultrasound and C-MAC machines before and after every patient use.

- **Vaginal ultrasound probe** cleaning (Trophon)/use monitoring: Place the ***name-sticker*** of the patient in the black folder when you use the pelvic ultrasound probe. **This must be done every time by either the ED provider, chaperoning PCA, or the GYN consultant.**
    - The need for the sticker is a department of health requirement for contact tracing, so PLEASE do not forget.

EXPIRATIONS

- All expirations should have a COVID swab sent.
- Call the Medical Examiner (ME) on all appropriate deaths. 212-447-2030.
- Call NYPD for all Unknown Patients so they can attempt to identify and find next of kin

- Call Admitting to notify them of the death (X45245). They can help you navigate the process if it is an ME case, or help you fill out the death certificate if it is not.
- On discharge narrating page, fill out "**Medical Examiner" (even if not accepted by ME) and "Death Summary" sections.
- **ME Reportable Death Criteria**

INFECTIOUS DISEASE

- New **Antibiogram 2018**

- Mycobacteriology labs are now send-outs to the Northwell lab. When ordering AFB cultures for TB rule-out, please order **AFB Culture (send out)**. If you don't order the explicitly "send out" lab it won't happen. Positive results are called back to ordering providers. Ensure you give proper follow-up and have a reliable contact number for the patient. Call the pathology lab with question (43488).

- If rapid HIV testing is not available, please order "After Hours HIV test" from the quicklist menu. Patients must wait for their result.

- If a **Rapid Flu** (Influenza A/B PCR) is ordered, the patient must be placed on **droplet precautions**. However, if the rapid test result is NEGATIVE, those precautions may be discontinued. We no longer have to wait for a confirmatory test.

- If ID approval is required, they only need to write a progress note on the patient's chart.

LABS

- Body fluid collections (there are order panels under Orders → Quicklist → Labs → Fluid Analysis
    - Paracentesis, Pleuracentesis, Pericardiocentesis, Arthrocentesis, etc: 3 red top tubs (no additive), 1 purple top (for cell count)
    - LP: 4 tubs as in the kit. Tube 1&4 - cell counts; Tube 2&3 - chemistry, GS&Cx
- Pathology
    - Specimen cups can be found in gyn rooms.
    - Order "Surgical Pathology Exam" and fill out as appropriate. As a general rule, a consultant or clear follow up should be involved in pathology specimen
- HIV - please always order "HIV after hours" from the Quicklist. (We cannot do rapid tests)

OBSERVATION UNIT

- OBS Diagnoses are: chest pain, hyperglycemia w/o DKA, Hypoglycemia, Asthma, Pyelonephritis, Cellulitis (not hand or face except as below), Gastroenteritis, Colitis. Other diagnoses will be considered on a case by case basis after discussion with the Obs attending (9a-11p).

- Clarification on Obs Admissions:
    - No official CXR read is necessary. The ED attending read will suffice.
    - A repeat troponin may be requested in case of 1) Acute MI, CABG, PCI in the last 6 months; 2) Active Chest Pain during presentation
    - Random findings that aren't relevant may be documented as such by the attending and should not hold up the transfer

- Observation admission orders must be placed by the ED attending.

- The observation unit will accept patients with **face and hand cellulitis** after they have been seen by the covering consult service in the Adult ED. They will also accept cellulitis cases that cross joints where there is a concern about septic arthritis, as long as orthopedics sees the patients in the ED and documents their impressions.

- Please refer any issues with the Observation Unit to Julie De La Cruz (julissa.delacruz2@mountsinai.org) with details of the incident including MR, date, staff names, and any other details you think are important.

PEDS

- There is now a direct phone line to and from the Peds ED. A **second red phone** (next to the EMS notification red phone) has been added in the **critical care area** (RACC). Lifting up the phone will ring directly in the Peds ED and can be used to notify them of a pediatric trauma in the adult ED or any other need for pediatric assistance. The Peds ED should use the phone to notify us directly of any red or yellow trauma that inadvertently ends up in the Peds ED.

PHARMACY

- Outpatient Pharmacy Hours:
    - Monday – Thursday: 8am – 8pm

    - Friday: 8am – 5pm
    - Saturday: 8am – 4pm

- We have a reversal agent for rocuronium available called Sugammadex. It is expensive and only available to the ED and anesthesia for emergency use.

PREGNANT PATIENTS

- All pregnant women **<16 weeks** will be seen and evaluated in ED by ED staff and a GYN consult called if needed
- **Hyperemesis gravidarum**: These patients should have an initial work up (labs, UA) and be treated with one round of antiemetic and 2 liters of fluid. If they are still not able to tolerate PO or are severely dehydrated, **consult OB/GYN** to inform them of the need to transfer the patient to L&D for further management. (You don't have to wait for the consultant to come down.) Place a "transfer to L&D" order. **This policy is in the ROL**
- See discharge section for **42 hour beta** instructions
- Pregnant patients should be referred to WHC for all primary care follow up, NOT to diagnostic clinic. Women can be referred up to 6 weeks postpartum.

PROCEDURES

- **Time outs** must be done (one person talks at a time) and documented on all procedures that are not "one-person procedures" (these include lac repair, I&D).
- A separate consent is required for sedation and the procedure (**2 consents**).
- **Procedural sedation is a Procedure** and should be documented separately as such.
    - Document properly and completely
    - Document a Time-Out
    - **Consent is required and is separate from consent for the procedure**
    - Translator used for consent when appropriate (translator # if language line or name of qualified translator)
    - **Procedural Sedation AFTER CARE instructions on all discharged patients**

RADIOLOGY and TRANSPORT

- **New as of December 2020:** We have dedicated **ED transporters** between 8am-11:30pm Monday through Friday. During these hours, do NOT order transport orders and do NOT bring patients yourself (unless critical/unstable and imaging is emergent of course). They should be transported automatically once the imaging order is placed. Call 43717 with any issues.

- These ED transporters do not transport intubated, CPORT, critically ill, or stroke patients. CPORT and stroke codes should automatically trigger a central transporter, as before. Call central transportation at 42355 to arrange or if there are any issues.
- **Please select an indication AND include a brief comment on the reason for exam**. There have been several near misses and delayed reads because the radiologist has not had context.
- If you are having any **radiology issues** (techs, reads, etc) please email Julie De La Cruz (julissa.delacruz2@mountsinai.org) with details of the incident including MR, date, staff names, and any other details you think are important.

SEPSIS

- **Please help us meet sepsis treatment criteria**. We are missing sepsis marker primarily because of these four things:
    1) Blood cultures not marked as collected prior to antibiotic being marked as given - REMIND YOUR RN;
    2) Time to fluid and antibiotic administration - We have 3 hours from arrival;
    3) Failure to repeat elevated lactate by 6 hours - order it AS SOON as the first lactate is noted to be elevated;
    4) failure to write a sepsis reassessment note - it can be written at ANY time.

- Please order **blood cultures** on all patients receiving IV antibiotics for any reason.
- A **sepsis note** and **re-evaluation progress note** (as applicable) must be written for all patients who trigger a sepsis alert.
- Use the **"ED Sepsis - Full Order Set"** or the **"ED Sepsis Screen Positive"** order set when placing orders for patients. This will have all of the correct fluid orders, antibiotic orders, and monitoring orders appropriate for the ED. DO NOT use the in patient sepsis order set.
- A **repeat lactate** (VBG) should be sent on all patients with an elevated lactate who are sepsis screen positive.

SEXUAL ASSAULT

- Three forms (available in the SART room), must be used by the MD/PA caring for the patient in the ED (NOT THE SAFE examiner) and scanned into the chart:
    (1) **Sexual Assault Survivor Bill of Rights** *must be given to the patient and reviewed with the patient*,
    (2) **Sexual Assault Checklist** must be completed and scanned

(3) **Forensic Rape Examination Reimbursement** form must be signed by the patient and scanned into the chart for reimbursement from the state, rather than the patient. If the SAFE examiner has completed these forms, that is fine, but they must be completed for every sexual assault.

- Please have the nurse pull the **28 day PEP pack** from the pyxis to send home with the patient who is starting PEP after a sexual assault.
- All sexual assault patients should get follow up in Sexual Health/PEP Clinic the next business day regardless of whether PEP was initiated or not.

STROKE

- We are now **thrombectomy capable** and receiving patients by EMS for **LVO**s.
- There will be 2 types of stroke codes - both with **24 hour** window:
    - Stroke codes (same as to prior)
    - LVO stroke codes (SLAMS score ≥ 4)
- There is a **stroke-specific CT scanner** that has limited staffing. Please call CT scan asap when there is a stroke code to mobilize their staffing, and ask which scanner to bring the patient to.
- EMS will provide a "SLAMS (LAMS+Speech) score" and last known well on all notifications for strokes. Please record these on all EMS notification forms. Scores ≥4 are suggestive of LVOs.

NYC S-LAMS Scale

NYC S-LAMS		
Element	**Finding**	**Score**
Facial Droop	Absent	0
	Present	1
Arm Drift	Absent	0
	Drifts Down	1
	Falls Rapidly	2
Speech Deficit	Absent	0
	Present	1
Grip Strength	Normal	0
	Weak Grip	1
	No Grip	2
Total Score		0 → 6

- A Code Stroke Should be called on all patients with symptom onset in the 24 hours prior to patient presentation including concern for spontaneous subarachnoid hemorrhage (SAH) and including TIA that has resolved (however patients with TIA with resolved symptoms do not require cardiac room even if a stroke code is called).
- **Stroke order sets** are now developed for:
    - ED Pre-imaging stroke orderset
    - Ischemic stroke non-tPA
    - Ischemic stroke + tPA
    - Hemorrhagic stroke

- Please order **Neuro checks** with specific **cardinal sign** that you will be able to choose from. These can be found in the ordersets mentioned above.
- **Stroke admissions:** Thrombectomy patients will be admitted to SICU (ok to board in PACU if SICU full). Non-thrombectomy patients including patients who receive tPA can go to A4 (unless there is other indication for higher level of care).
- Please **provide "Stroke and TIA Prevention" discharge instructions** to patients as appropriate.

SUBSTANCE ABUSE

- The **ED Leads Team** (social work and case management for substance abuse/addiction) helps direct ED patients with substance use disorder (SUD) to treatment. Any form of SUD qualifies, including alcohol use disorder.
- Please **do not discharge patients followed by the LEADS team** before checking with the ED LEADS SW that their evaluation is finished.
- **Call or page -** check out the bulletin board in the B Cave for the updated flier with LEADS Team contact info
    - **Social Workers** (first call)
        - Gail-Ann Roberts 718-396-4735, **Mon-Fri 8A-4P**
        - Latoya Ifill 718-396-6964, **Mon-Fri 8A-4P**
        - Rebecca Gruia 718-396-6783 **Mon-Fri 4p-12a**
    - **Peer Counselor** (second call)
        - Lisa Smith pager # 40143, **Mon-Fri, 2p-10p**
        - Emerita Ramirez, **Mon-Fri 8a-4p**
    - **Coordinator (If unable to directly reach SW or Peer):**
        - Sam Warner x42142, warners1@nychhc.org, **Mon-Fri 9A-9P**
- **When there is no LEADS SW or Peer on duty**

    - You can order a consult to "Addiction Services/CATCH Team" and they will call the patient in the morning
    - When you are admitting a patient who needs addiction services.
- **Naloxone kits** are available for distribution to at risk patients. They must be dispensed by an attending who has completed the training. They must be ordered under Hospital Dispense Starter Packs as "Naloxone intranasal spray…"
- List of **detox and rehab centers** is available on the ROL link in EPIC.

TRANSFERS

- Ensure the Epic disposition is "transfer" rather than "discharge."
- **All patients being transferred must have transfer paperwork completed by the ED physician prior to the patient leaving the department regardless of who requested the transfer.** These forms can be filled out in EPIC under the Dispo tab after you have selected the transfer disposition.
- Rikers Island MALES → **Bellevue** (including psych). Discharges/Transfers of Rikers patients must be accompanied with: results, ED doctors' and nurses' notes, consultant notes, recommendations for follow-up and medication.
- VASCULAR (e.g. dissection) → **Mount Sinai**
- BURNS (e.g. high BSA involvement) → **Jacobi**
- PEDIATRICS (e.g. critical trauma) → **LIJ PICU;** Consider transfer of any pediatric patient who may require frequent blood draws, frequent reassessment, telemetry monitoring
- ECMO → **Montefiore or Mount Sinai (new 2021 - call Sinai transfer center and ask to speak with the ECMO team)**
- All other patients who require services not available at Elmhurst → **Bellevue**

TRAUMA

- New MCI Notification Process on Red Phone in Cardiac Room
    - MCI notifications to the ED Red Phone will be delivered via a computer-aided voice message that contains general information about the nearby mass casualty incident including: the type of event (i.e. fire, motor vehicle accident, etc.), MCI level, and an event ID number (FDNY CAD number).
    - If the MCI level changes or ends, an update notification will be delivered to the ED red phone.
    - All notification calls made to the ED require acknowledgement by pressing the #1 button.
- Any patient with a **traumatic injury MUST** be admitted to a **surgical service**. If they need telemetry or have complex medical diagnoses, trauma surgery should be consulted for SICU or stepdown admission.

- Patients to be admitted for **isolated hip fracture** must be seen by trauma surgery for admission decision. These patients can go to SICU OR stepdown.
- **All trauma patients going to the SICU should be admitted under the trauma surgery service** and will require a consult to trauma surgery. This is true even for isolated injuries (ie: hip fracture, ICH), in which case the subspecialty service should also be consulted.
- Patients going to stepdown can be admitted to subspecialty surgical services.
- All **FAST (and E-FAST) exams done during trauma MUST be saved to Q-path**, interpreted by a resident and signed by an attending. Please review ultrasound guidelines and instructions here: http://ehced.org/ultrasound/using-the-mindray/
- All **pediatric traumas** should be evaluated FIRST in the adult trauma room. If they are determined to be a Red or Yellow trauma, they must stay in the adult trauma room for their evaluation/treatment. If there is some reason this cannot happen, then a senior ED provider (preferably an attending) should accompany the patient to the Pediatric ED.

- The following policies/procedures/guidelines have been uploaded on the ROL and are available here at this link: http://hhcinsider.nychhc.org/hospitals/Elmhurst/Pages/Emergency/Emergency-Policies.aspx/Index.aspx
    - Admissions criteria for Trauma patients to the surgery service
    - Trauma guidelines for geriatric patients
    - Pediatric trauma transfer guidelines

WORKPLACE POLICIES

- ED specific **library** resources can be found at: tinyurl.com/elmhursteducation Password: broadway
- **Needle sticks.** If you get a needle stick at Elmhurst, please ask the charge nurse for the event reporting paperwork when it occurs. This will keep you from getting a bill and getting reported to collection agencies, etc. Detailed instructions at ehced.org under Resources here.
- A **Workplace violence** workflow has been developed by Dr. Iavicoli with hospital police. Please refer to this document here. In addition to steps to take if exposed to violence in the workplace, the document also contains tips for de-escalating potentially dangerous situations.
- We now have **scrubs** available to us in E1-24J (past the old family room); accessible with your EHC ID. If your ID doesn't work, let Nelly know. You may

wear any color scrubs **except green scrubs** as these are exclusively for the ORs. Elmhurst has been known to enforce this policy very strictly with pictures of residents in green scrubs being submitted to the hospital CEO with unclear consequences. If you are at Elmhurst for a surgical rotation, you must wear a white coat over your green scrubs when not in the OR.

- There is a **new elopement prevention policy**
    - B-team call to internal triage – B-attending and non-trauma mid-level provider responds
    - PCA is assigned to patient
    - Patient disrobed with clothing secured
    - Yellow gown
    - Patient triaged and escorted to the B-area
    - Close observation on the B-side until patient is medically/psychiatrically cleared
    - Hospital police stationed at the entryway to the B-area
    - Wrist monitoring device to be placed on the dominant wrist of the patient (not yet operational)
    - Patients with Suicidal Ideation must be placed on a 1:1 observation

- NYPD should **NOT** be allowed to take photos of patients in the ED who are **NOT** under arrest. They have recently attempted to do so citing a new policy, which legal has NOT been able to confirm.
- **Workplace reporting** (patient or staff): Click on the VOICE icon on the desktop and start a "New Report". Please also document any incident involving a patient in their chart with a summary of any pertinent findings, actions taken, and outcomes of the event. This can be for **violence, concerns, patient errors, good feedback, etc.**