

# Inpatient

## Admission

- Complete required screens: COVID, Communicable Disease, Travel screen; Flu screen during flu season; Pneumovax screen for adults. Other screens only when patient presentation warrants.
- Assess Care Categories: Pain, Neuro, Cardiac, Respiratory, GI, Renal/UR, Safety; for adults, Vascular. Based on patient presentation, may need to assess other Care Categories. Documentation by exception: Problems, OEL

## Beginning of Shift

- Assess required Care Categories (Pain, Neuro, Cardiac, Respiratory, GI, Renal/UR, Safety; for adults, Vascular) and others as warranted by patient presentation. Document by exception (problems, OEL).
- Document Interventions performed by end of shift; document assessment and care of LDAs by exception (abnormals and care deviations)

## Focused Re-assessment

- Reassess per unit standards.
- Document reassessment for required categories (Pain, Neuro, Cardiac, Respiratory, GI, Renal/UR, Safety; for adults, Vascular) either “unchanged” or “unchanged except” & document only those findings that have changed since initial assessment. For other Care Categories, document only for Problems and OEL.
  - ICU – at least once more during the shift
  - Acute Care – as appropriate to patient

## Post-Procedure or Transfer

- Focused reassessment with documentation by exception (only new Problems, OEL)

## End of shift

- Summative documentation of ordered interventions completed
- Enter I&O totals if ordered/unit standard of care.
- Summarize response to care and recommendations focused on Problems that are the focus of the current admission. Include in not summary of pain reassessments after pain interventions.
- Ensure blood transfusion and med admin. documentation is up-to-date

## Discharge

- Summarize response to care, focus on significant unresolved problems and action plan post discharge.
- Document follow-up care and discharge teaching provided

# Clinic

## Intake

- At entry to building, complete COVID screen. Follow directions from screen for disposition.
- If COVID symptoms for patient already in clinic & not screened, place mask on patient, immediately place in private room, and notify Infection Prevention Team.

## Rooming Patient

- Flu screen during flu season; Pneumovax screen for adults; COVID, Communicable Disease/Travel Screen if not already completed. Other screens only when patient presentation warrants.
- Ht., Wt., VS per clinic standard. Focused assessment/history based on reason for visit and patient presentation

## Diagnostic Testing

- For patients with + Communicable Disease/Travel screen: await direction from Infection Prevention before moving patient from room to another area or allowing diagnostic testing personnel in patient room.
- If patient does need to leave room, mask patient, minimize contact with others. Wipe down room with disinfectant wipes (purple top)

## Provider Visit

- Contact and droplet isolation procedures. Extra PPEs for some procedures that will aerosolize respiratory secretions.
- Guidance from Infection prevention. Follow criteria for admission or self-care from home with self quarantine.

## Other Treatment

- Document meds and treatments provided.
- If patient discharged home on self-care and self quarantine, ensure Pt. Education Handout provided & Pt. /caregiver can do teachback.

## Checkout

- Patients with + COVID screen should bypass checkout at desk. Follow up appointments should be scheduled from home via phone to minimize face-to-face contact. Assist pts. to exit clinic via route that minimizes contact with others.
- No need to close the room x 2 hrs. if NOT AGP.

## ED

### Front Desk Intake

- At entry to building, complete COVID screen
- If + COVID screen place mask on patient, immediately place in private room, and notify Infection Prevention Team .[ Pt. may be referred to evaluation unit instead of bedded in ED. ]

### Triage/ Rooming Patient

- Mass Casualty Triage. Flu screen during flu season; Pneumovax screen for adults. COVID, Communicable Disease & Travel Screen. Other screens only if warranted by chief complaint and patient presentation.
- Ht., Wt., VS per ED standard. Focused assessment/history based on chief complaint and patient presentation

### Diagnostic Testing

- For patients with + COVID screen/awaiting COVID test results: await direction from Infection Prevention before moving patient from room to another area or allowing diagnostic testing personnel in patient room.
- If patient does need to leave room, mask patient, minimize contact with others. Wipe down room with disinfectant wipes (purple top)

### Provider Visit

- For + COVID Screen: Contact and droplet isolation procedures. Extra PPEs for some procedures that will aerosolize respiratory secretions. Guidance from Infection prevention. Follow criteria for admission or self-care from home with self quarantine. If admission required, consider transport route to minimize contacts.

### Other Treatment

- Document meds and treatments provided.
- If patient discharged home on self-care and self quarantine, ensure Pt. Education Handout provided & Pt. /caregiver can do teachback.

### Checkout

- Patients with + COVID screen should bypass checkout at desk. Consider virtual visit for financial clearance. Provide written instruction to help patient make follow-up appointments from home.
- IF patient had AGP in non-negative pressure room, close room for 2 hrs. and deep clean. (Post sign on door till cleaned to prevent accidental occupancy.)