# MSH Emergency Department Clinical Guide

Last updated: July 2023

Mount Sinai Hospital

# Purpose of this guide

The purpose of this guide is to orient you to working in the MSH ED and to familiarize yourself with some of the nuances of working in our department.

For on shift resources, please familiarize yourself with our local Epic Documents page which has more up to date and specific information to help you on shift.

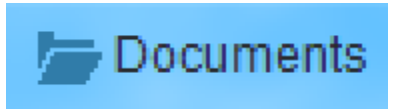
Please let us know if you have any questions or have any suggestions for additions to this guide.

Thank you,

Judah, Kristen and Guru

# Epic Documents

- Log into Epic
- Click "Documents" on top taskbar:




## Mount Sinai Hospital Emergency Department

For keyword searches, press **Expand all**, then use **Control-F**: Expand all | Collapse all

### Basics
- Epic Documents Feedback Form
- Policies
- Documentation

### Operations
- Supply & Equipment
- Patient Services
- Unified Communications (Zoom Calling)

### Printable Forms
- Printable Forms
- Downtime Procedures

### Triage
- Triage

### Clinical Pathways
- Clinical Pathways

### Critical Care
- Critical Care

### Nursing
- Workflows
- Drip sheets

### Social Work & CM
- Social Work & CM
- Substance Use
- Sexual Assault
- Health Education
- Mental Health Resources

### Disposition
- DISCHARGE
- TRANSFER
- ADMISSIONS
- Post Mortem

### Infection Prevention
- COVID, Influenza, & Monkeypox
- Antibiograms
- Measles and Mumps

### Pediatrics
- Pediatrics

### Research
- Research

### RETU
- RETU

### Express Care
- Express Care

### Ultrasound
- Ultrasound

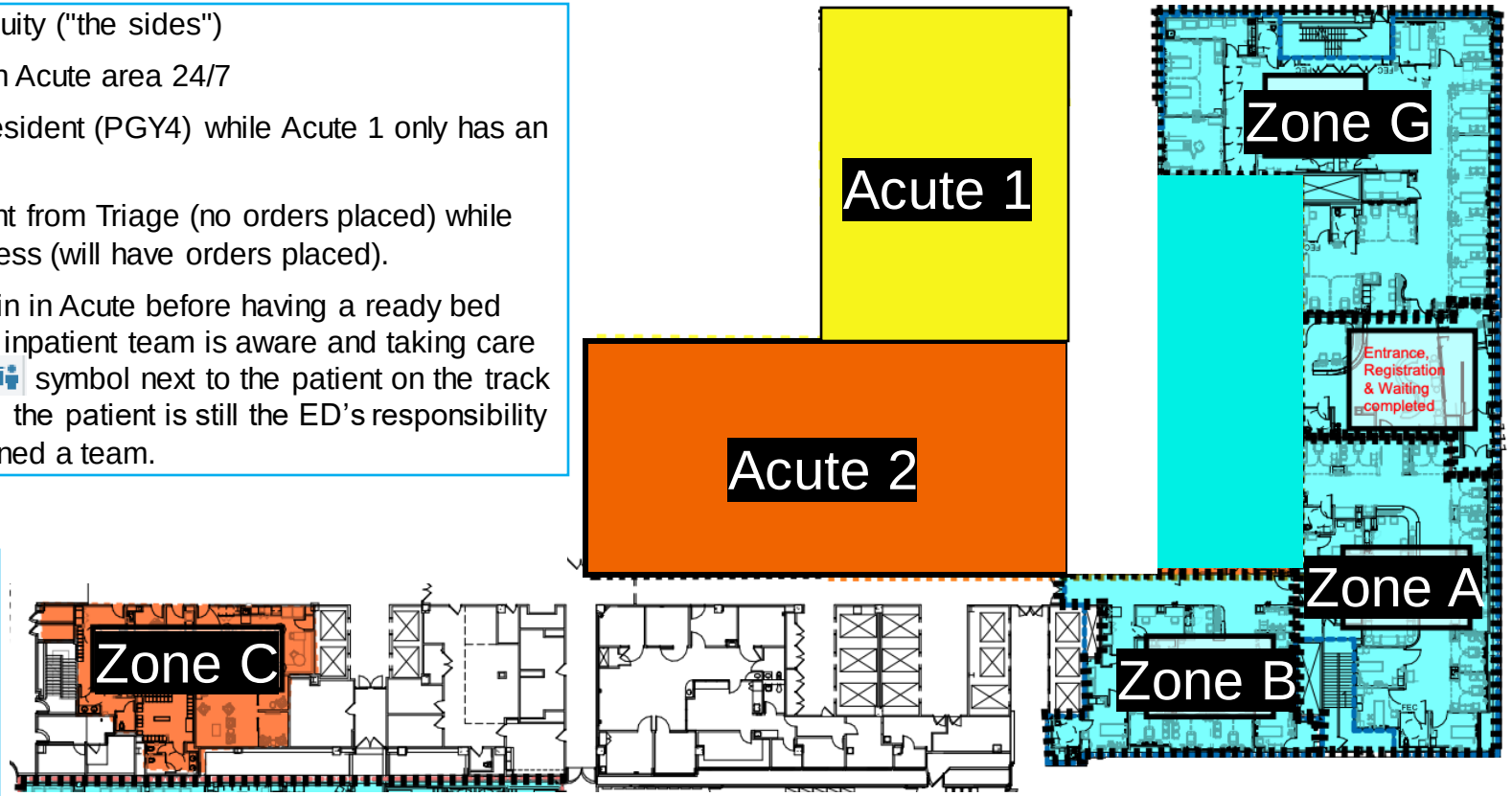
# Basics

Mount
Sinai
Hospital

# Areas of the ED

**Acute 1 and 2**: : Moderate acuity ("the sides")

- Dedicated attending in each Acute area 24/7
- Acute 2 has a Senior EM resident (PGY4) while Acute 1 only has an attending
- Patients can present straight from Triage (no orders placed) while others go through PIT process (will have orders placed).
- Boarding patients will remain in Acute before having a ready bed upstairs. You know that the inpatient team is aware and taking care of the patient if there is a symbol next to the patient on the track board. If it is still green , the patient is still the ED's responsibility and has not yet been assigned a team.




**Zone G**: Pediatric ED

- Dedicated PEM attending 24/7
- Swing shift M-F 2-10p covered by non-PEM exclusive faculty

**Zone A**: Resus (*temporarily*): Critical care area

- Dedicated attending M-F 9a-1a
- At times when there is no dedicated attending, patients are assigned to either Acute 1 or Acute 2 (weekend) or just Acute 1 (overnight)

**Zone C**: Mid Fast (*temporarily*): Low acuity area

- Dedicated attending M-F 7a-11p
- Second attending M-Th 9a-1a and Fri/Sat/Sun 11a-8p
- When there is no dedicated attending overnight, Mid Fast patients are covered by the Acute 2 attending

**Psych ED**: Located in area between Zone B and C

- Staffed by Psychiatry Department
- Patients can either be directly triaged to Psych by triage RN, may require quick clearance in triage by Acute 1 attending, or may require medical evaluation and treatment and Psych ED team will see in Adult ED.

**Zone B**: PIT (*temporarily*): Rapid triage area

- Staffed by the Provider in Triage team (PITT)
- Patients are quickly evaluated by the PIT provider, initial orders are placed and carried out by PIT RN/ERTs and the patient is labeled as "fast track", "mid track" or "acute". Fast and Mid track patients go to Zone C, while Acute patients go to Acute.

# Before Your First Shift

- You should have been set up with the following:
  - **Epic** access
  - **Hospital ID**
  - **EKG** stamp (attendings only)
  - **Zoom** phone account and number (attendings and PAs only)
- You may need to set these up on your own:
  - **iSTOP**: NY State controlled substances prescription monitoring service
    - Register for a HCS account (you likely have one from obtaining your NYS Medical license)
  - Set up **two factor authentication** to prescribe controlled substances
  - **eVitals** for to complete death certificates in the ED
    - Go to Admitting on second floor of Guggenheim pavilion for assistance
    - You can also set it up yourself by following these instructions
  - **Interpreters**: iPads are available with pre downloaded Language Line app for your use.
    - If you prefer to use your phone: Dial 800-264-1552 and use code 828099 for Mount Sinai

# Scheduling

ATTENDING

- The attending schedule is published on QGenda by Rubén Olmedo. Full time clinical faculty are expected to work approximately 3 weekends and 3 nights per 4-week block, but this may be less based on total contracted hours. The schedule is published quarterly, and requests are due 1.5 months before the block starts.
- If you work more than your contracted hours in a quarter, you will have the option to either be paid out or carry the surplus with a maximum surplus of 20 hours after each quarter.

PA

- The PA schedule is published on QGenda by Edwin Oey. PAs work 2.5 weekend and 2.5 nights per block. The schedule is typically released 4 weeks before start.

RESIDENT

- The resident schedule is published by the Sinai EM chiefs here. Requests are generally due 10 weeks before the start of the block.
- Resident moonlighting is allowed for PGY 2-4 if duty hours allow and is approved by the moonlighting chief.

# Where to eat or take a break

- The break room for All ED Staff is currently located outside the cafeteria and is open 24/7. Use your life # to enter. You may use the lockers for daily use.
- You may bring beverages in spill proof containers into the ED and place them in the hydration stations. Granola bars or other quick snacks are allowed, but no full meals should be taken in the ED.
- For on shift quick meal breaks please use the ED staff room next to the cafeteria.
- A lactation room is located in EMS triage (for access, please notify your supervisor). There is also a Mamava pumping pod on the MC level near the ED offices that you can access through the Mamava app.
- Residents should take one 20-25 minutes dedicated meal break per shift. We encourage them to do so!
- The **Plaza Cafeteria** is located two floors up from the Emergency Department in the Guggenheim Pavilion.
  - *Hours:* Monday - Friday: 6:30 am to 7:30 pm | Saturday/Sunday/Holidays: 7:00 am to 3:00 pm
- **Starbucks Coffee** is located opposite from the cafeteria on the same level in the Annenberg Building.
  - *Hours:* Monday - Friday: 6:30 am to 6:30 pm | Saturday/Sunday/Holidays: 7:00 am to 6:30 pm
- Many takeout options around that deliver as well – *Amura for sushi, Momo 97 for bibimbap, Grabstein's for bagels are just some options!*
  - Q-MarQet on the corner of 98th and Madison is open 24/7 for all your overnight foodie needs!

# Dress Code

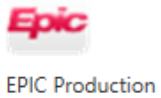
- You may wear any scrubs you have however please note that it is against Mount Sinai policy to wear **green** scrubs since this is the color that Mount Sinai has designated “surgical” scrubs and cannot be worn outside the OR without a white coat or outside the hospital.
- In general:
  - Attendings wear **grey** +/- white coat
  - Residents/PAs wear **black**
  - Nurses wear **teal**
  - ERTs wear **navy blue**
  - Support associates wear **maroon**

# Signing Into Epic

Sign into the desktop using your username and password

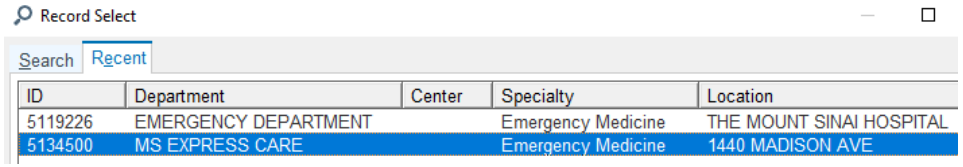
Click on the Citrix Icon 

in the MSH Desktop Application Launcher

Click on the EPIC Production Icon 

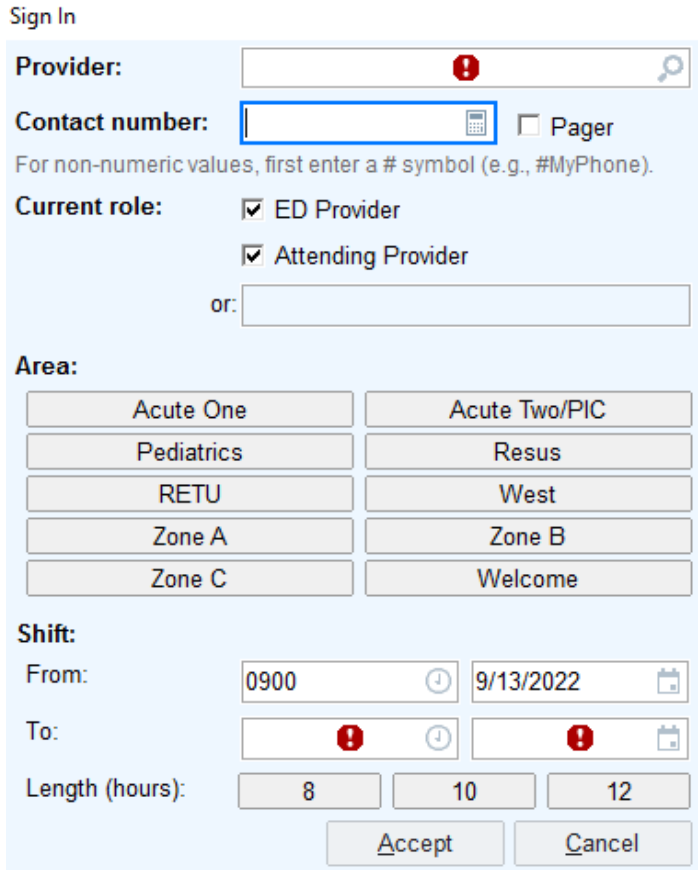
and log into Epic

Select context (e.g. MSH ED vs. Express Care vs Virtual Care)




Click the Sign In button 

on the ED Track Board Toolbar and fill out the information requested in the pop-up window including your Zoom phone number (on right)



# Signout

At the end of shift, providers are expected to handover their active patients (including those not fully taken over by an admitting team) to the oncoming team

The oncoming provider should document a brief sign out note (residents may use the .ressignout templated sign out note)

The oncoming provider should assign themselves to all active patients in their zone, and also ensure the previous team has been removed so that others are able to know who is actively caring for each patient

# Resident Workflow

Residents work a mix of 8, 10, and 12 hour shifts. Their schedule can be found here. This will show you who is an EM resident or an off-service rotator (Family Medicine, Internal Medicine, Psychiatry, and Anesthesia).

Residents attend didactic conference on Wednesday mornings.

Morning Report at MSH takes place weekdays (except for Wednesday) and is led by Senior Resident and/or Teaching Residents and lasts about 5-15 minutes. All residents (EM and off-service) and rotating medical students are expected to attend. PAs are welcome to attend but not required. Attendings are expected to cover the areas of the ED until the residents return. The Zone C attending is asked to attend as well to provide input.

If a Resident does not show up for shift, call the Sick Call phone: **(347) 770-1378**.

# PA Workflow

PAs work 8, 10, and 12 hour shifts covering Mid-Fast, Acute, Express Care, RETU and Virtual Urgent Care. Most shifts are 7-7 and 9-9. Night shifts are 7p-7a or 7p-5a.

PAs range from new grads to senior PAs with significant clinical experience.

Resident Conference: Tuesday night (10p-7a) and Wednesday (7a-5p) a select group of PAs staff RESUS. PAs also staff Acute 2 on Wednesday.

Other Roles (details in subsequent slides):

- PIT (Provider in Triage): staffed 24/7 by PAs (with occassional PGY3/4 residents for overtime)
- Callback PA/PAIC: 9a-2p every day.
- MS NOW: 8:30a-8:30p in 4 hour blocks, receiving patient telemedicine calls, triaging Community Paramedic calls to UC providers

Monthly PA Journal club and updates on the first Wednesday of the month from 8a-9a. PA and Admin meeting second Friday of every month from 8a-9a.

If a PA does not show up for shift call Robert Sellman (202-271-7106) or Erika Gutter (845-527-6472).

# Sick Call Activation

- **Attending**: If calling out sick you must contact the sick call attending to let them know they are being activated. You should also let the AOC know as well. If possible, let the attending group chat know to see if anyone can cover the shift.
  - If activated for sick call, the hours are added to your total worked for that quarter
  - If you activate sick call, you lose the hours but do not owe any extra hours
- **Resident: If calling out sick you must call (not text) the Sick Call Phone (347) 770-1378.**
  - If activated, you will be paid back a shift
  - If you activate, you will owe a shift
- **PA:** If calling out sick, you must call the person on sick call (not text). You must also text or call the Chief PA on call for that day (PAOC). This will typically be Robert Sellman or Erika Gutter.
  - When on sick call, you may be called in for the day or night shift (and during the shift itself)
  - There are 2 PAs on sick call, Sick Call #1 is activated first followed by #2 if needed

# Specific Roles

- **Callback PA/PA in Charge (PAIC):** The PAIC is staffed 9AM-2PM everyday. All other hours are covered by the more senior RETU PA. The PAIC can be reached at 929-658-9024.
  - Follows up on results, calls patients, and answers medical related phone calls to the ED from patients and pharmacies (eg., Rx errors, test results, etc.).
  - All results that require follow-up (Covid tests, cultures, etc) will be seen by PAIC and will be called if necessary. At times, ID or PEM may be consulted for assistance for difficult cases.
  - For specific requests for results callbacks, within the patient's chart go to Communications > Callback Request. Please put the specific reason and request for callback in the description.
- **PIC attending:** Covered by the Acute 2 attending and is the contact for the transfer center to accept or reject transfers to the Mount Sinai Hospital ED.
  - Psych Clearance: Patients will be evaluated by the ***Acute 1 Attending*** to determine if patient can go to CPEP
  - L&D Clearance: Patients will be evaluated by the ***Acute 2 Attending*** to determine if patient can go to L&D
- **Teaching Resident:** Available in the ED every weekday except Wednesdays. They can help junior residents with procedures, provide on shift teaching and documentation help, and assist with logistical questions.
- **Transfer Provider:** PA or Resident who helps consent and expedite level loading transfers from MSH to other sites

# Communication

Mount Sinai Hospital

# Zoom Unified Communications

All Physicians, PAs, and RNs have a Zoom Phone number *(Residents have hospital issued phones)*

The phone runs through the Zoom app and uses VOIP

You can use it to call other members of the ED team, call consults, and it will mask your number if calling patients or their family

*More information and guides can be found under Epic Documents > Operations > Unified Communications (Zoom Calling).*

# Leadership Contact Information

**PHYSICIAN ADMINISTRATOR ON CALL (AOC)**

- QGenda schedule for attendings – listed as "Admin on Call" with phone number
- Epic Chat: *MSH ED Physician AOC* – can use to add to chats requiring escalation or for troubleshooting issues
- Zoom Phone Directory: ADMIN ON CALL @ MSH ED

**ADMINISTRATIVE/OPERATIONS**

- Email *#MSHEDOps* and someone from the Ops team should respond in real time

**NURSING**

- Charge RN – 646-537-8867
- Assistant Nurse Manager (ANM): schedule can be found on door of ANM office
  - Hyperlink on Epic trackboard > phone number
  - If unable to reach by phone, can try Epic Chat or can add them to Epic Chat for escalation

**Any quality concerns (eg., adverse event, unexpected/unanticipated death) should be escalated to ANM and/or Admin on Call in real time*

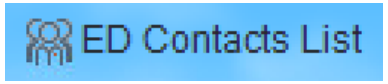
# Interdisciplinary Rounds

- Occur at 10am and 2pm every day
- Led by ANM
- Representation from by Attendings, Midlevels, RNs, ERT, ECAs, Social Work, Case Management, Health Educators, Pharmacy
- Goals:
  - Team introductions
  - Pertinent operational or clinical updates
  - Escalations - Social Work/Case Management issues or issues with throughput (Radiology, Lab, etc)

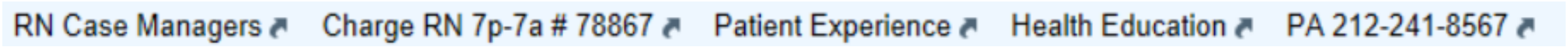
# Escalation Pathways

| Area | Escalation Steps |
|---|---|
| Supplies and Equipment | Email #MSHEDOps |
| Admission | Admin on Call |
| Transfers | Transfer Provider |
| Administrative issues (eg., patient registration, unexpected Epic downtime) | ANM and #MSHEDOps |
| Radiology (scans) | Escalate delays on Interdisciplinary Rounds to Charge RN +/- ANM<br>ANM rounds with Radiology supervisor daily at 9am, 2pm, 9pm and 2am<br>Epic Chat "MSH Radiology Leadership Throughput" |
| Radiology (reads) | Ask Radiology resident to call Radiology Attending on call<br>Contact Admin on Call if significant delays |
| Lab | Call 212-241-5227<br>Escalate issues to Charge RN or ANM<br>If lab is down, escalate to Admin on Call |
| Professionalism | Nursing - ANM or NM or #EMMSHNursingLeadership<br>Provider (attending, PA, resident) - Admin on Call |

# Other Contacts

- Epic Trackboard Link - “ED Contacts List” 

  - This document contains contact information for Radiology, Lab, and other departments
- Epic Trackboard has contact info for Case Management, Social Work, ANM, Patient Experience Liasion. You can open the full ED message log by clicking the arrow next to the group




- Epic Chat Groups: "MSH ED Social Work & Case Management"
  - For Close follow up or complex social work and case management issues during business hours

# Triage

Mount
Sinai
Hospital

# Pre-Arrivals

- **EMS notifications**: Critical Patients, STEMI, Stroke
  - Notification called to Red phone in Resus
  - Resus RN/Provider answers
  - Resus Lead overheads and lets EMS and Charge RN know
- **Transfers**
  - PIC attending receives call and if accepted, an email with patient demographic information
  - PIC attending should notify Resus attending if critical patient in person (or via Epic Chat with confirmed receipt) and/or other attendings in department if unclear to which area patient will be triaged (via Epic Chat with patient MRN if available)
  - Charge RN notified from transfer center and they notify the triage RN
- **Expected Patients/VIP Arrivals**
  - You may be contacted by department leadership regarding expected patients or VIP arrivals while on shift
  - ANM and/or Leadership can help facilitate care

# EMTALA Policy

- MSHS EMTALA - Emergency Treatment, Stabilization, Transfer of Patients v.2 (policytech.com)
- Transfers must go through the transfer center to help coordinate
  - If you receive call from facility directly as the PIC attending, direct them to MSH Transfer Center
  - Contact **800-867-4624** or use Epic Chat Group "MSH Transfer Center"
  - Patients can be transferred from an inpatient setting at an outside hospital to the Mount Sinai ED as it is considered a higher level of care
- Triage ED patients to Express Care without MSE
  - Triage RN can send low acuity patients to Express Care where they will be fully evaluated
  - Patients are escorted by a concierge

# Direct To Express Care

- The Triage RN can send up to 3 patients per hour who are ESI 4&5 to Express Care
- Peds Surge – Patients 13 and older can be triaged to Express Care
- The number of patients sent to Express Care varies based on volume in the ED and Express Care
- The BAs need the triage nurse to discharge the patient from the ED (Dispo: Sent to Clinic) to start a chart in Express Care

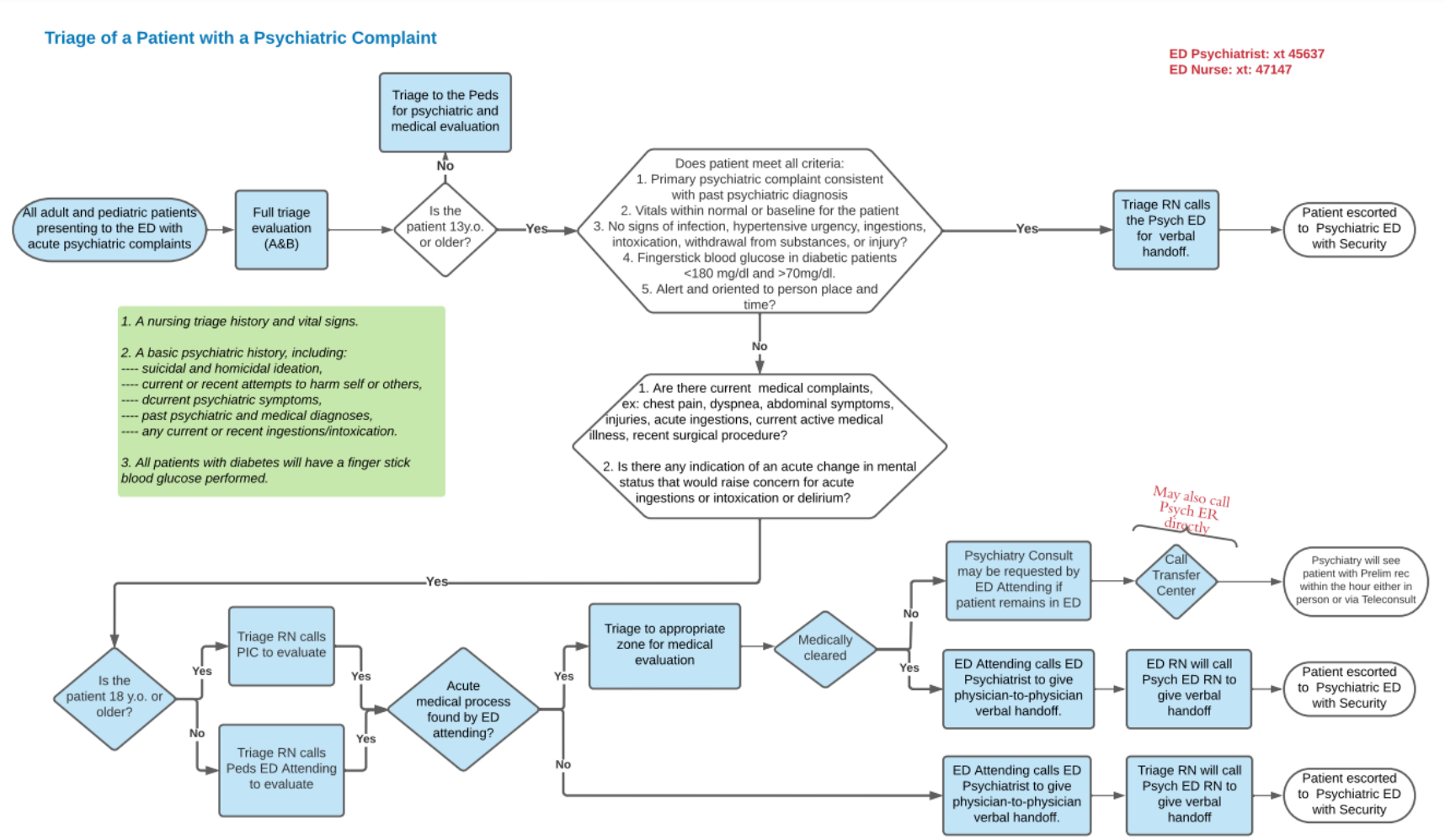
# PITT: Provider in Triage Team

- Patient's are evaluate by the Provider in Triage Team (PITT) if they meet pre-specified criteria
  - **Standard workflow**
    - All 4/5/ambulatory 3 to PITT
  - **Current workflow** *(during this construction phase)*
    - ESI 2 + 3: Vertical/Ambulatory patients to PIT for evaluation
    - ESI 4 + 5: bypass PIT to Mid-Fast area
- The PITT includes a Resident or PA Provider in Triage along with a Nursing, ERT, and BA who work together to complete an initial triage evaluation including MSE, basic labs, and initial registration
- The PIT exclusion criteria, ordering guidelines, and workflow are posted on Epic Docs
  - Exclusion Criteria: http://intranet1.mountsinai.org/epic/ed/docs/PIT%20Exclusion%20Criteria.pdf
  - Ordering Guidelines: http://intranet1.mountsinai.org/epic/ed/docs/PIT%20Ordering%20Guidelines%206-15-23.pdf
  - Workflow: http://intranet1.mountsinai.org/epic/ed/docs/PIT%20Provider%20Workflow-%20New%2006.15.2023.pdf

# Critical Care Activations

- Resus Triage Criteria
- Trauma Activations
- STEMI Activation
  - Provider (not RN) must activate STEMI
  - Activate STEMI by calling Pager or Cath Lab
  - Discuss case with On Call Fellow/Attending (record name/time)
  - Provide STEMI Care using STEMI Order Set
- Stroke Code: x33333 to activate
  - Stroke resident/PA is responsible for attending all stroke codes and is responsible for the patient (regardless of which area) until they are signed out to Resus midlevel or go straight to IR suite.
  - Stroke patients are staffed with the RESUS attending. If no dedicated RESUS attending, patient will be staffed with either the Acute 1 or 2 attending, which is determined by triage assignment
  - The attending **must** be notified and assess the patient prior to administration of TPA and/or disposition to the IR suite

# Psych Clearance




http://intranet1.mountsinai.org/epic/ed/docs/Triage%20of%20a%20Patient%20with%20a%20Psychiatric%20Complaint%20(1).pdf

# Labor & Delivery Clearance

- Patient >20 weeks are generally triaged to L&D if cleared by ED attending for transport
- General Principles:
  - Ensure no concern for active labor
  - Ensure vitals stable and does not need emergent IV Blood Pressure lowering medications
  - Ensure no significant concern for contagious disease
  - Does not have a cervical dilator
- If chief complaint would be better managed in ED (e.g. unstable patient, trauma patient), patient should remain in Adult ED.

https://mshs.policytech.com/dotNet/documents/?docid=37990

# Pediatric Triage

- Patients 21 and under are triaged to the Pediatric ED (Zone G) after registering at the welcome desk.
- The full triage process takes place in Zone G.
- There are a few exceptions to this:
  - Patients 13 and over with primary psychiatric complaints will be triaged to West (the psychiatric ED) using the same process as adults
  - Patients 18 and over that appear violent, are under arrest, severely intoxicated, or otherwise are inappropriate to be with children should be triaged to an adult zone.
- Pediatric Patients who present with a parent also seeking care should be triaged according to these guidelines
- The age range for Pediatrics can be modified based on concerns regarding volume in the Adult or Pediatric ED by the AOC
- Pediatric patients with minor complaints can be triaged to Express Care

# Mass Casualty Incident

- FDNY will notify via EMS Red Phone in RESUS regarding MCI notification
- Charge RN and ANM should be notified immediately
- Utilize the Checklist found in Epic Documents > Triage > ED Mass Casualty Checklist for initial first steps
- *PIC attending* becomes the Unit Leader until relieved by ED leadership
- Mass Hemorrhage Kits (including tourniquets, Halo seals, Quickclot) can be found in Resus

# Clinical Care

Mount
Sinai
Hospital

# Pertinent Hospital and System Wide Policies and Guidelines

- MSH and MSQ Trauma Management Policy & Procedure
- MSH Bariatric Surgery Policy: Patients with a history of gastric bypass surgery and/or suspected ischemic bowel
- MSH Hyperemesis of Pregnancy Consult Guideline
- MSHS Management of Pregnancy – Associated Acute Onset Severe Hypertension
- MSH/MSQ
- MSHS Suicide Prevention – Non Behavioral Health Settings
- MSH ED Guideline on the Use of Continuous Cardiac Monitoring and Pulse Oximetry in the ED
- MSHS Elopement and Patient Departures Prior to Disposition

The above can be found under *Epic Documents > Basics > Policies* or in PolicyTech

# Clinical Pathways

- **Sepsis**
- **Chest pain:** High-Sensitivity Troponin Accelerated Diagnostic Pathway for Suspected ACS
- **Sickle Cell**
  - Utilize pain plan which can be found in Letters
  - After 3 rounds of opioid pain medications, patient should go to RETU observation or be admitted and be started on PCA pump
  - Consult Chronic Pain for initiation of PCA pump

# Order Sets

- Sepsis
- Stroke (Initial Stroke Evaluation, Hemorrhagic, Ischemic)
- TIA
- Critical Care
- STEMI
- Trauma
- Intubation
- DKA
- Blood Transfusions
- Hyperkalemia
- Sickle Cell
- Needlestick
- STI
- Sexual Assault

# Laboratory

| | |
|---|---|
| Critical results | Lab notifies clinical team via Epic Chat or phone call<br>Results MUST be given verbally (cannot confirm receipt over Epic Chat even if you already know of result) |
| Cancellation of lab tests | Communicated by lab via Epic Chat to clinical team<br>Must acknowledge receipt |
| Add on testing | Labs may be added on if same tube by selecting "add on" and "lab collect" in Epic order<br>Provider may add on D-dimer to blue top if initially ordered as "Hold Blue Top" |
| Point of Care testing | Urine pregnancy, urine dipstick, GEM, and COVID LIAT are POC tests |
| Blood transfusion | Obtain consent and scan into Media<br>Utilize "Blood transfusion" order set |
| Massive transfusion | Call the Blood Bank at x46101 to activate Massive transfusion protocol<br>They will send a paper form that has to be signed by provider and RN<br>If you open the "Blood transfusion" orderset and scroll to MTP, the process is listed |
| Products of Conception | Follows a separate process detailed in Epic Documents > Clinical Pathways > Products of Conception Workflow |

# Radiology

| | |
|---|---|
| Delay/Priority Escalations | 1. Call Tech/Radiologist covering modality using ED Contacts Radiology Tab listed numbers to discuss case<br>2. Contact ANM or Charge RN to contact Radiology Supervisor (not 24/7) to coordinate study<br>3. Epic Chat Radiology Throughput Group<br>4. Contact AOC |
| Protocols | G Tube Studies – Radiology will not read KUB studies for G Tube confirmations. These studies must be done with Fluoro by the Radiology Resident. Contact AOC if any delays.<br>Rectal Contrast – Rectal contrast should be administered by the radiology resident<br>PO Contrast is only required for bariatric patients or those with concern for bowel leak |
| Readiness | General readiness includes ensuring patient agrees to study and is stable to be moved to imaging with appropriate exposure for imaging study to occur<br>CT/MRI with Contrast require Contrast forms filled out by RN unless patient is incapacitated and may need to be signed by physician<br>MRI Safety Form completed by patient and RN<br>Forms should be uploaded into Media section of patient chart or can be faxed to Radiology |
| IV Contrast | Patient's with elevated Cr (1.6) will need a Contrast note by a provider stating the benefit of proceeding with the scan outweigh the risks |
| Pregnancy Testing | Urine Pregnancy Tests must be sent with a specific gravity in order to be valid<br>X-rays not involving the abdomino/pelvic region can typically be performed without pregnancy testing<br>CT/MRI require pregnancy testing |
| CT Pre-Medication for Contrast Allergy | Use CT Pre-Medication Order Sets<br>For severe allergies consider non-contrast studies or using a 12-hour protocol instead of the 8-hour protocol |

# How To Call A Consult

- AMAC: AMAC is a calling service we use to place consults by calling x43611 (MSH ED AMAC in Zoom Contacts) and providing who you want to consult and for which patient as well as your call back number
- Place an Epic order using *"Consult to.."* and AMAC should page the service
- Amion.com (Login: mssm)
- Direct page: Dial x41300 and enter the page number followed by # and then your callback number followed by #
- **For every consult order regardless of how they are contacted please place an Epic order**

# Charting

- Residents and PAs will document the **ED Provider Note**.
- Per new CMMS guidelines, you must not only attest the midlevel note but document a full MDM for each patient.
- More information can be found under Epic Docs > Basic > Documentation

- **Procedure notes** should be documented on any procedure with the supervising attending listed.
- Ensure consent and timeout forms are uploaded to Media for any procedure.

# Point of Care Ultrasound

- All scans for medical decision-making need to be directly supervised by a credentialed attending
  - Examples include: looking for ascites, looking for pericardial effusion, looking for gallstones, etc.
- All scans need to be saved and documented in QpathE
  - What is QpathE? Here's a link to a cheat sheet and 2-minute video:
  - This link is also available by using the QR code on every ultrasound machine
- When you are finished using the machine:
  - End the exam (logs you out)
  - Wipe it down (with any non-bleach wipe)
  - Bring it back- each machine is labeled with its location (ie Resus, Peds) and a map. A map!
  - Plug it in so the next user has power

# Management of Boarding Patients

- Admitted patients for whom the admission team has taken over (folder icon  on trackboard) should be managed entirely by the admitting team
- If a patient decompensates, the primary RN will activate the Rapid Response Team as they would a floor patient
- If you notice a patient in distress, regardless if they are admitted or an active ED patient, please help out if able and escalate to primary RN or team as necessary

# Operations

Mount Sinai Hospital

# Supplies/Equipment

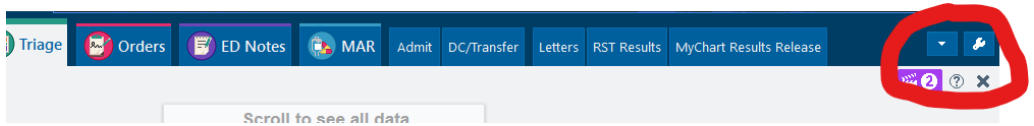
- **Can't find an item on shift?**
  - Ask ECA in your area
  - If unable to locate, email #MSHEDOps
  - Critical equipment issues (eg., glidescope malfunction) should be escalated to #MSHEDOps and the Admin on Call

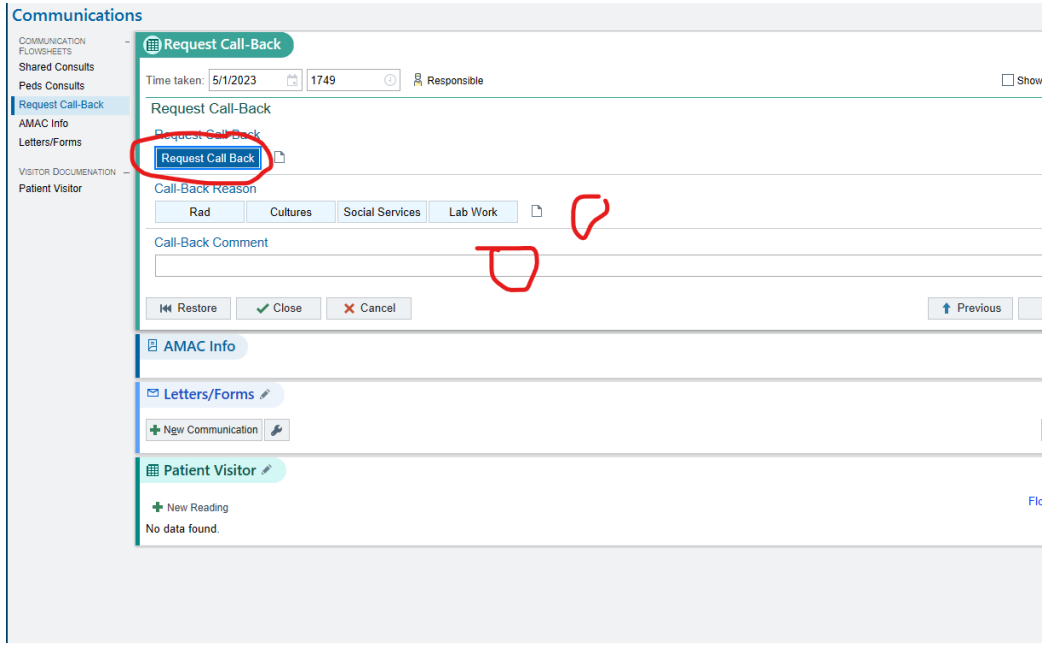
- **Think we should stock something that you can't find?**
  - Email your request to #MSHEDOps
  - Items reviewed on monthly basis with Operations and clinical team

# Call Backs

**If you have a patient who you would like to be called (eg., LBTC and ended up having an abnormal lab result), below are the steps to assure a call back happens:**

- Click the down arrow on patient task bar
- Click "Communications"
- Click "Request Call Back" on left hand side
- Once in this view:
  - Click on Request Call Back box
  - Choose "Call back reason"
  - Comment on reason for request and any helpful information for the PA
  - Click "Next"



# Epic Downtime Procedures

- Expected Downtimes are planned for to upgrade various components of the DTP infrastructure
  - You will receive an email from leadership if there is an expected downtime on your clinical shift
- Unexpected Downtimes can occur for a variety of reasons.
  - If it occurs on your shift, notify the ANM immediately who will escalate as appropriate.
- Downtime charts and processes can be found under Epic Documents

# Resus

Mount Sinai Hospital

# RESUS

- Resus is a dedicated area of the ED reserved for our sickest patients
- Resus Triage Criteria
- Staffed by dedicated Resus Resident (PGY 2-4) 24/7 and dedicated Resus attending 9a-1a M-F
  - PAs cover Resus on Tuesday nights and Wednesday mornings to accommodate resident conference
- Key processes can be found under Epic Documents > Critical Care
- Important numbers are listed on the Team Station TV screen in Resus
- Critical equipment and supplies should be checked at the beginning of each shift by midlevel
  - Any issues should be escalated in real time to #MSHEDOps

# Midlevel Roles

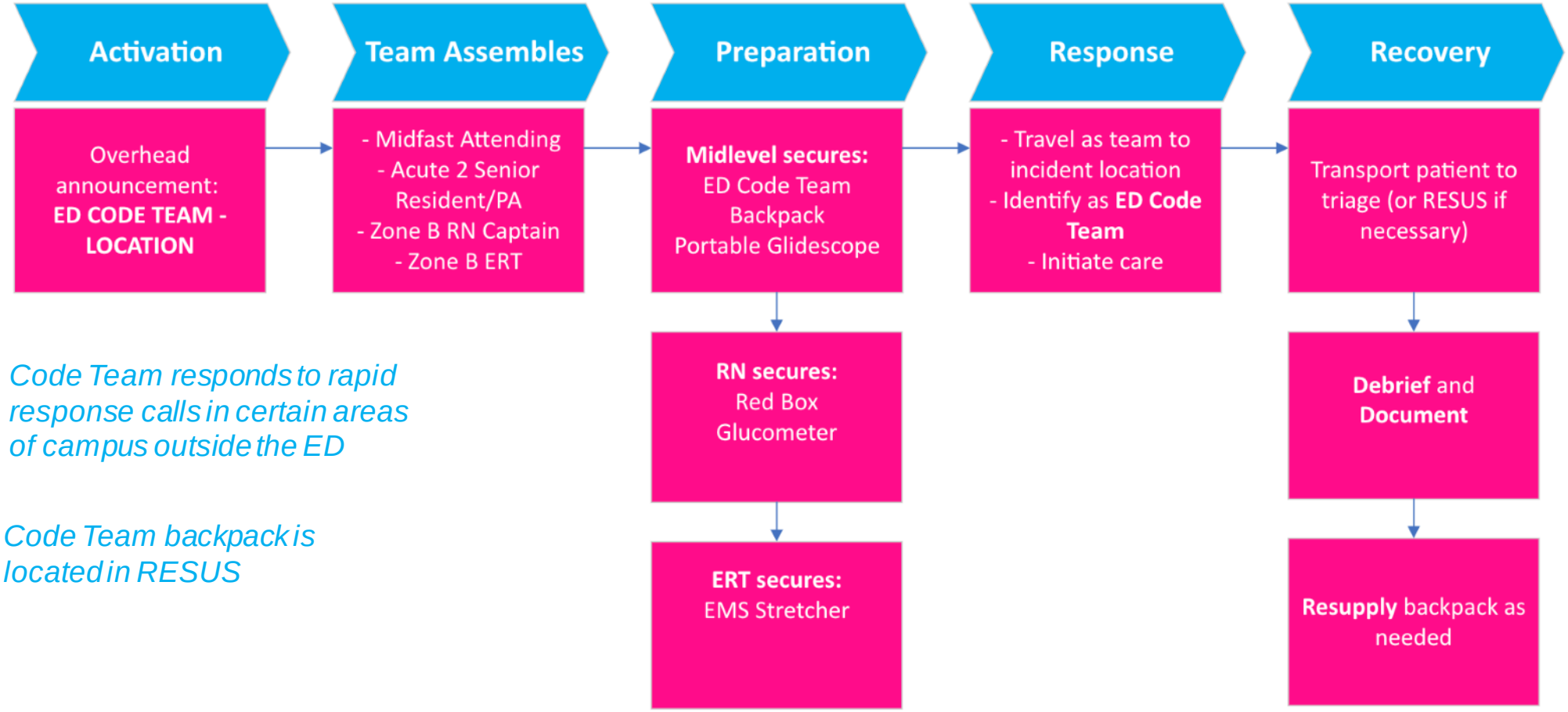
- Resus back-up - Resident or PA – scheduled 24/7
  - Can be called for backup in codes or any other procedures
  - All patients going to the ICU require a mid-level escort, backup can be used for this (or any other senior resident)
- Resus senior - PGY4 resident scheduled M-Th 2pm-10pm
  - Goal is to provide additional support to enhance clinical care and teaching
  - Resus resident should dictate what they need resus senior to do (all procedures should be given to the resus resident with senior backup)
  - Signout – resus senior should see new patients during 3pm signout to protect the R1-R2 signout

– Sick Stroke Patient (intubated/pressors) aka in Resus should be Resus back up not Stroke provider

# Key Things to Know

- **Procedures**: all procedures must have consent form signed and timeout done prior to the procedure. An attending must supervise the key portions of the procedure
- **Respiratory**: available 24/7 in Resus but may be covering other areas of the hospital as well, they can be reached via their number on the screen
- Trauma patients may need a **Trauma Alert** or **Trauma Code** depending on mechanism. They may need to be transferred to Mount Sinai Morningside, which is a trauma center.
- **Massive Transfusion**: call blood bank x46101 to activate, they will send a form that needs provider and RN signature
- **ECMO**: Call Greg Serrao, Mount Sinai Interventional Cardiologist to discuss the case: 917-756-6852
- **DART** (Difficult Airway Response Team): call x47000 for any anticipated difficult airway
- **LVAD** patients: Triage RN will notify LVAD nurse to bring battery for patient, CHF attending covers LVAD patients and should be contacted if admission is required
- **PERT** team: Available for management and disposition of massive PE
- Admission criteria for **Stepdown vs ICU** can be found in Epic Documents > Disposition > Admission

# ED Code Team




*Code Team responds to rapid response calls in certain areas of campus outside the ED*

*Code Team backpack is located in RESUS*

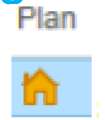
**More details can be found in Epic Documents > Clinical Pathways > ED Code Team and MSHS Policy*

# Disposition

Mount
Sinai
Hospital

# Discharge

- **As of early 2023, ED RN hands discharge paperwork to patients rather than provider – currently live in some zones, soon will be live in all zones**
- Brief process: *full process can be found under Epic Docs > Disposition > Discharge > ED Discharge Process*
  1. Once patient slated for discharge, attending should change **Plan** column to **"Discharge Anticipated"**
     1. *This will change plan column to orange house signaling intended disposition to rest of team*



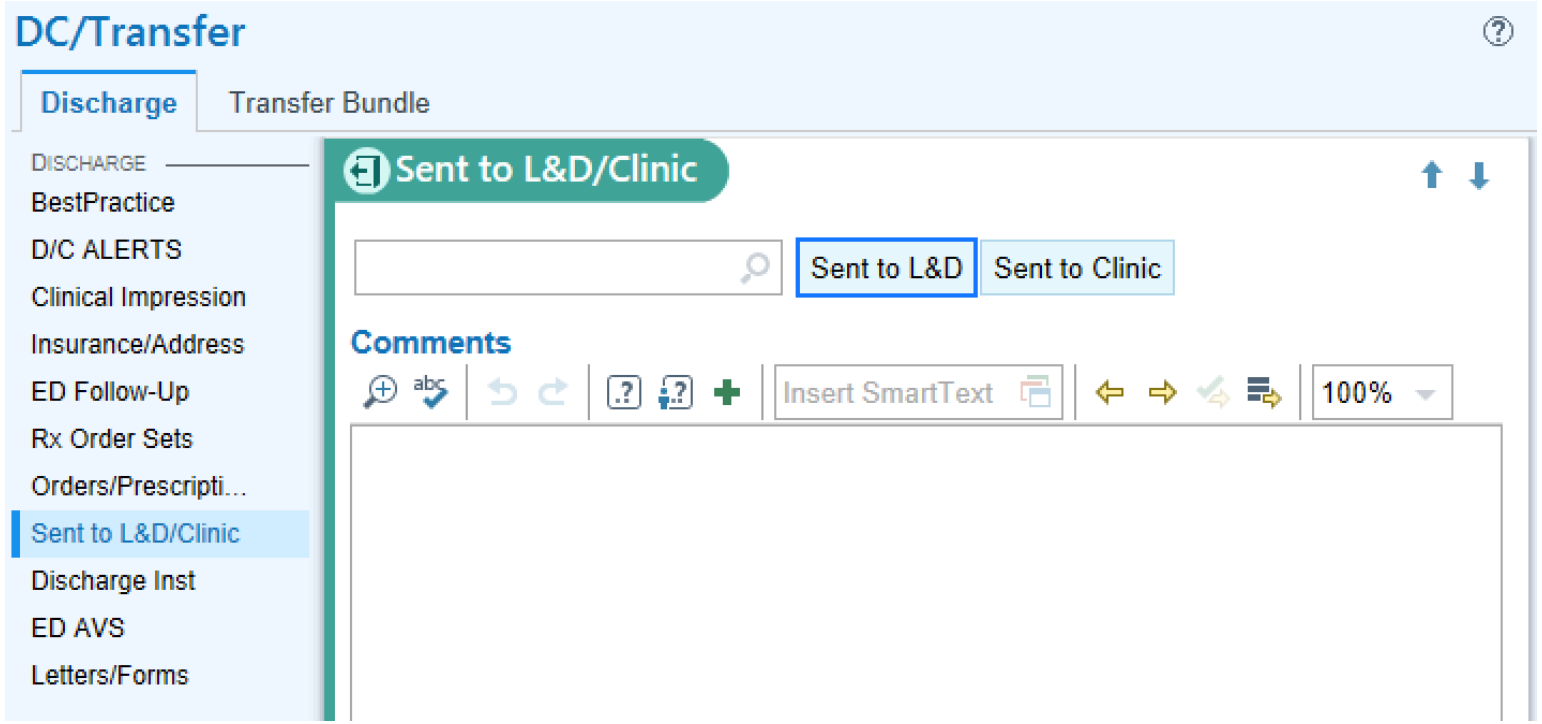

  2. Discuss anticipated discharge with the patient and **review results** and **plan** for follow up care.
  3. If you identify any psychosocial barriers to discharge (eg., need for transportation), **contact Social Work** and include RN in chat
  4. Complete **discharge documentation** and **After Visit Summary**
     1. *Refer patients for close follow up by ordering **"MSH Amb Ref to [clinic]"** in Discharge Orders > Prescriptions/Referrals*
     2. *Print **work note** if applicable (RNs cannot currently print work notes for patients)*
  5. Place **order** for discharge using **"Departure Orders"** order set – for standard discharge, AMA, Elopement, and LWBS

# Admission

- Brief process: *For more details, see Epic Documents > Disposition > Admissions*
  1. Select Admit tab from storyboard and input a **"Clinical Impression"**
  2. Under Orders, select **"ED Admit to IP – Medicine"** or **"ED Admit to IP – Non-Medicine"**
  3. Fill out required fields and sign order
  4. Open Progress Note and Complete **"Admission Handoff Documentation"**
- Please follow the below workflows for patients that fall under these categories (*further information in Epic Documents > Disposition > Admission*):
  - Specialty specific – Cardiology, GI/Liver, Oncology
  - Stepdown vs ICU criteria
  - Palliative Care Unit
  - Oncology Care Unit
  - Hallway criteria
  - 11W admissions
  - Dubin Breast Center for breast ultrasound

# OR / L&D / Endoscopy / IR Procedures

- Patients may go directly to OR, IR, L&D or to Cath Lab
- For these patients, go to the Discharge tab and use the "Sent to L&D/Clinic" option and the search tool to find the appropriate disposition



# Transfers

- **All patients being admitted to the hospital should be considered for transfer to expedite bed assignment and decrease boarding time in the Emergency Department**
- Dedicated **ED Transfer Provider** 8:30 AM – 8:30 PM, 7 days/week, can assist with organizing the transfer
  - Provider can be found on Qgenda under the PA schedule
  - Can also be found on the ED Trackboard
- **Medicine Transfer PA** is available to assist with transfers from 7 PM – 7 AM Monday-Friday
  - Provider can be found on AMION under "Hospitalist / ADS Medicine NP – MSH", "Night Transfer PA"

**More details can be found in Epic Documents > Disposition > Transfer*

# **Transfers:** *How to transfer a patient*

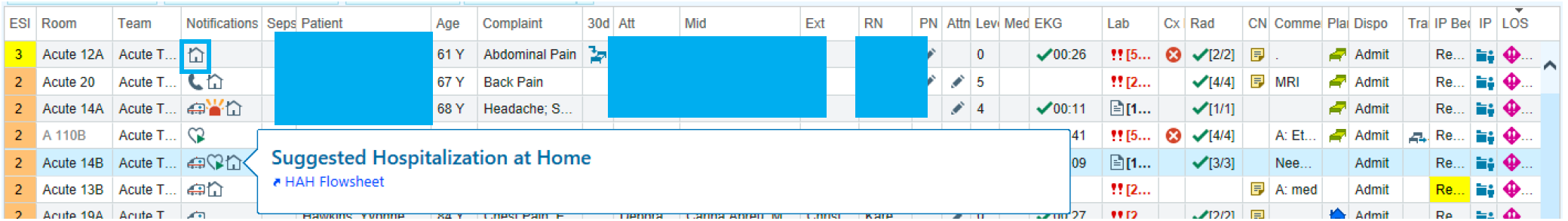
- Place **ED Transfer to Another Facility** order in EPIC
  - Receiving site: Expedited Inpatient Bed
  - Transfer Level: Two
- Start **EPIC secure chat** with "MSH Transfer Center"
  - "I have listed this patient for transfer. The number for sign out is "XXX"." Include any telemetry/isolation requirements.
  - If telemetry is required, this MUST be indicated in an order
  - Transfer Center will connect the receiving hospitalist with the MSH team for signout
  - Use this chat to follow up and escalate any delays -- any issues, add Atara Nissel and AOC in the chat to help troubleshoot
- **Consent** the Patient
  - Consent form can be found in EPIC: Discharge > Letters/Forms > New communications > Interhospital transfer
- Fill out the **Transfer Bundle**
  - Under the Discharge tab – includes which hospital patient is going to and name of accepting physician
- **Huddle** when EMS arrives

# Hospital at Home

- Hospital at Home is a program that allows for **inpatient-level care to be given in patient's homes**
- Good candidates are med-surg level patients who do not need procedures or urgent imaging
  - Ex. Cellulitis, pneumonia, CHF, complex UTI, etc
- **To refer a patient:**

(1) Hover your mouse over the little house icon

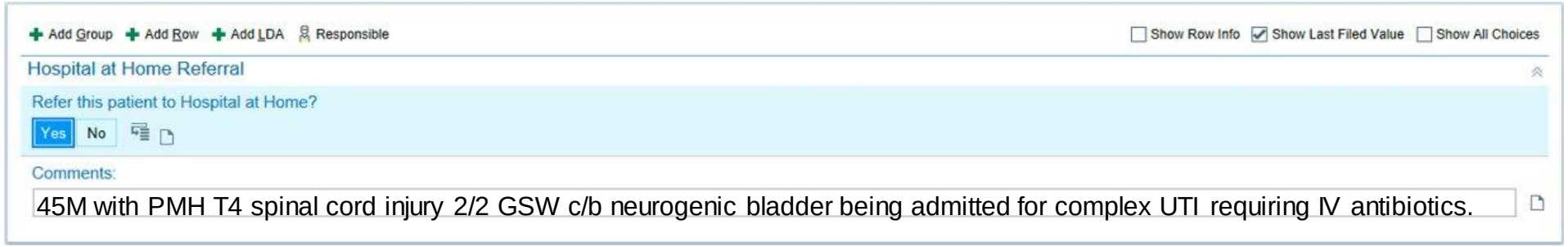
(2) Click "HAH Flowsheet"




(3) Click "yes" if you think you have a candidate you think may be a good fit. If you're unsure, it's ok to refer anyway!

(4) Provide a one-liner (see ex.)

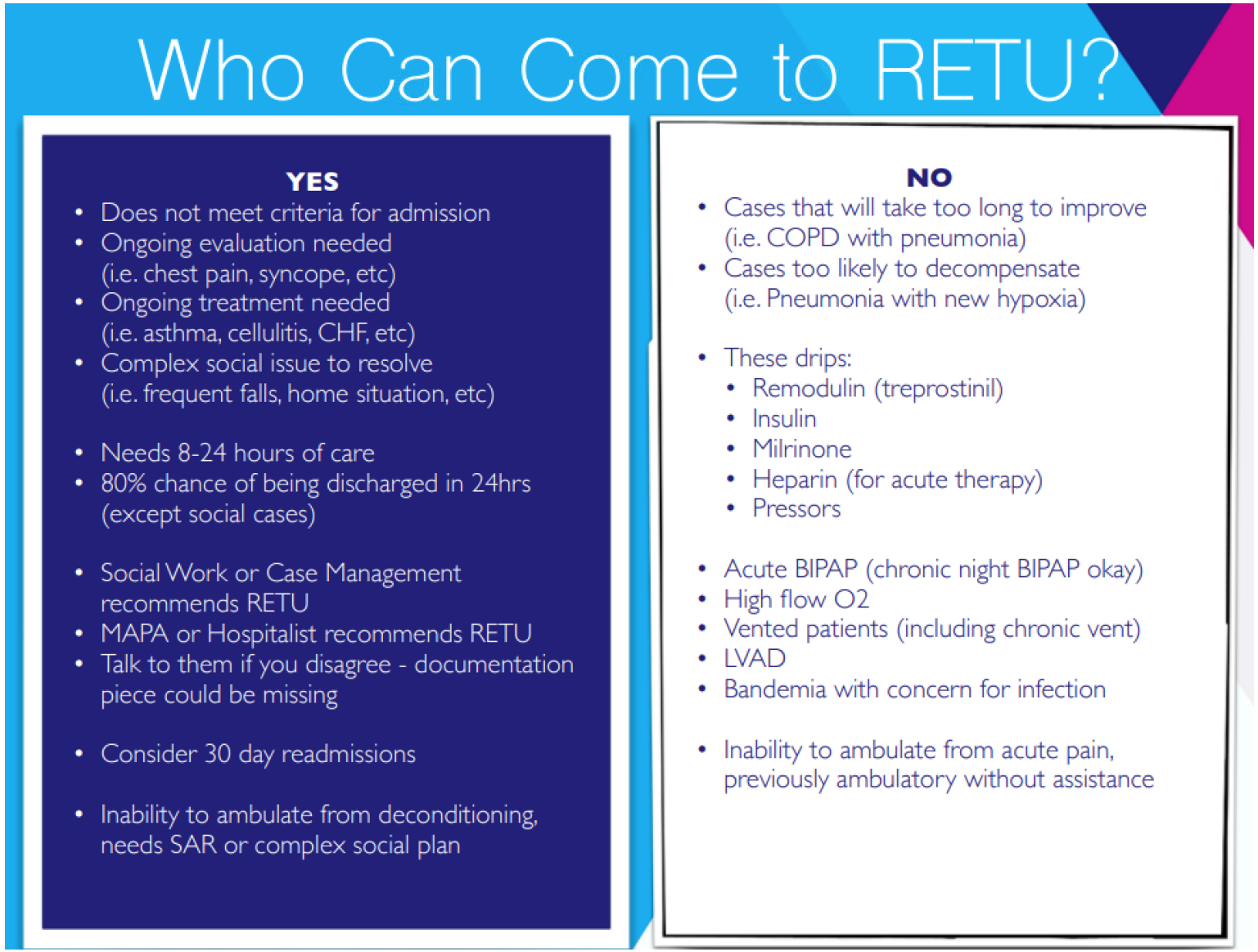
(5) Make sure to ADMIT the patient normally, too, so there are no gaps in care while the HaH team evaluates.



# RETU Observation

Brief Process:

- Present case to RETU PA who will accept patient or pend patient if further evaluation needed
- Once accepted, place order for RETU admission via Admit tab using **"ED Admit to Observation/ RETU"**
- More details including Exclusion Criteria can be found under *Epic Documents > RETU*



# RETU Clinical Pathways

- Abdominal Pain
- Allergic Reaction
- Asthma Care
- Atrial Fibrillation
- Back Pain
- Cellulitis
- Chest Pain
- CHF
- COPD
- Dialysis
- Drug/Alcohol
- DVT
- Geriatrics
- GI Bleed
- Headache
- Hyperglycemia
- Hypoglycemia
- Large Volume Paracentesis
- Pneumonia
- Pulmonary Embolism
- Pyelonephritis
- Renal Colic
- Seizure
- Syncope
- TBI / Head Injury
- TIA
- Transfusion
- Vertigo
- Endoscopy
- Sickle Cell

# Post Mortem

Mount
Sinai
Hospital

# Expirations

Detailed guidance can be found in *Epic Documents > Disposition > Post Mortem*

Notify

- **Next of Kin*** - ask if autopsy requested
- **Social Work** should be contacted in real time
- **Medical Examiner** if appropriate case
- **Live On NY** for organ donation (completed by RN)

Document

- **"Discharge Deceased ED Patient"** order
- Complete *Post Mortem Navigator* in Epic
- Complete Death Certificate on **eVitals**

**Unfortunately there is no Family Room in our current phase of construction. Social Work can help facilitate a quiet place to deliver news.*

# Social Work and Case Management

Mount Sinai Hospital

# Availability

Adult ED Social Workers

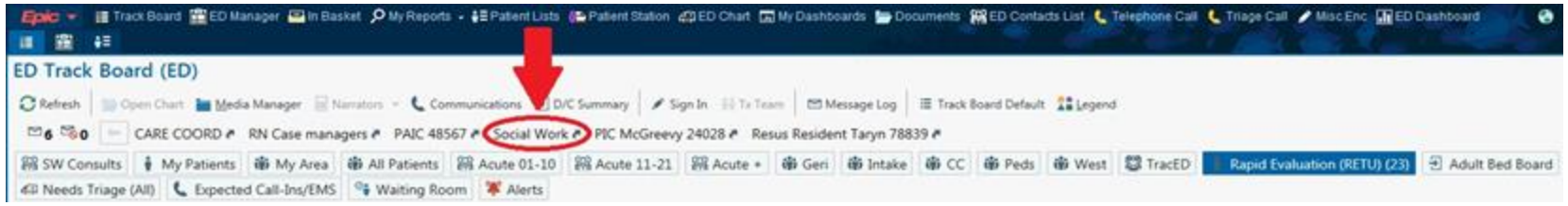
- Available 7 days/week for 24 hours/day, shift changes at 7AM-7PM
- During the week, a social worker is assigned to each clinical area of the ED
- Note: Pediatrics is covered by a separate SW team and work 9-5 PM

Care Coordination

- Available 5 days/week, 7AM-7PM
- For urgent appointments (medically necessary within 2 weeks) outside of these hours fill out our appointment request form under “ED Discharge Tab”
  - Message us with any questions or if you are unable to find the form @ MSH ED CORE group
- Always include your reason for urgency & time frame in your note
- The CC team will message you on the outcome/ status of your request.

# Referral Process

- Social Workers receive referrals from **ANY** interdisciplinary team member (RN, PA, MD, etc.) through EPIC consultations or directly from the provider. It is NEVER too early to contact us by:
- Phone (zone assignments and contact info via EPIC SW tab on track board)




- EPIC secure chat:
  - Message the SW assigned to your area
  - Message MSH ED CORE Social Work group if you don't know who is covering

# What can Social Work help with?

- Patients who are having a hard time coping in the community due to:
  - Change in baseline functioning
  - Frequent falls
  - Limited social supports
- Patients who have difficulty engaging in primary care due to:
  - Difficulties with transportation
  - Insurance issues
- Patients experiencing mental illness & substance abuse
- Patients experiencing abuse, neglect, or trauma
- Cardiac arrests & traumatic loss

# OUD Programming

**Relay** DOH Program: 24/7 in-person wellness advocate support for patient presenting **post-opioid overdose**

- You call SW when you have an opioid overdose & then WE call Relay!
- Naloxone kit teaching at bedside
- 3-month follow up in the community & support in accessing resources post-discharge
- Wellness advocate collaboration with SW for immediate referrals

Collaboration with the Health Educators around naloxone kit & fentanyl test strip test teaching at bedside

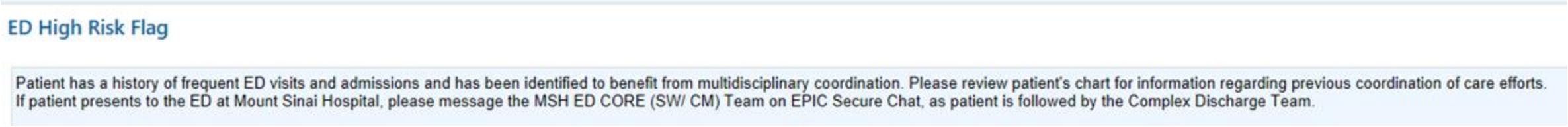
**24/7 Access to Naloxone Kits:** Medication Room in Acute 1.

Prescribing of buprenorphine 7-day starter pack distribution 24/7

# Cases of Abuse or Neglect

- The medical team is **required** to notify Social Work of **all protocol cases**
- Protocol cases include:
- Expirations in the ED
- Intimate Partner Violence/Domestic Violence
- Sexual Assault
- Physical Assault
- Suspected elder abuse or neglect
- In these cases, we:
- Provide trauma-focused crisis counseling & support
- Contact police (if indicated)
- Assist patients with make the safest plan possible

# ED High Risk Flags




- Patient is flagged with an “ED High Risk Flag” in EPIC. When a patient “arrives” in the ED:
  - Alerts you with a Best Practice Alert: When a provider opens the patient's chart it prompts them to look at the flag
  - The flag will notify with CORE team that the patient is in the ED
- Team follows the care plan & will work with you around best next steps
- For patients who are coming in frequently we chair “NICE Meetings” to:
  - Identify driver for recurrent ED visits or admissions
  - Including all care team members (both outpatient & inpatient) in conversation
  - Makes a care plan going forward: what is each care team member responsible for?
  - ED reinforces messages outpatient & each collaborator uses relationships with create pathways/ in roads for patient

# Special Programs & Circumstances

Mount Sinai Hospital

# Screening Programs (HIV/HCV)

- The Health Education Program provides screening, testing, and linkage to HIV and HCV care
- All patients 13-64 are required to be offered HIV screening during their ED stay per NY State Law
- Patients who require testing during their ED stay will have a BPA requesting orders to be placed for HIV or HCV testing
- These labs can be ordered as add ons to previously sent labs or can be drawn from the patient during their stay

# Sexual Assault Violence Intervention program

- The Mount Sinai Sexual Assault Violence Intervention (SAVI) program provides all sexual assault patients with a trained Sexual Assault Forensic Examiner (SAFE) provider and SAVI advocate 24/7.
  - For patients under 13, SAFE and SAVI should still be called (along with Social Work) but the SAFE exam will often have to be performed by the ED provider until more SAFE examiners are trained in the Pediatric SAFE exam.
- The triage nurse should call AMAC with a "Code 11" at triage, indicating a sexual assault patient is in the ED. This will notify the on-call SAFE provider and SAVI advocate.
- Gather a brief history: if the assault was in the past 96 hours *and* the patient consents to a forensic examination, let the SAFE provider know (AMAC will connect them to you after you call a "Code 11")
- If the patient needs treatment for a medical illness or traumatic injury, proceed with appropriate work up and treatment.
- Call the on call social worker 24/7 as they can help determine if patient wants to notify police and help determine a safe disposition. Do NOT undress the patient or give them anything to eat/drink. Once the SAFE provider arrives, they will speak to the patient and discuss labs and medications with you.
  - If a SAFE provider is not available, a member of the provider team for the patient **must perform** the SAFE exam.
  - **Non-SAFE trained guide to Sexual Assault Forensic Exams** is available on Epic Documents > Social Work & CM > Sexual Assault
- To become a SAFE provider, contact the SAFE Medical Director:
  - Kaitlyn Montgomery: kaitlyn.montgomery@mountsinai.org

# Correctional Health Services

- Paper notes for patients transported from CHS are transported with patients – *check EPIC media*
- **Urgicare**: 347-774-7228 -- *Available 24/7*
  - Questions about emergency response, past medical history, medical collateral
  - Medication reconciliation
  - Handoff patients returning to the jails from ED
- **CHS Operations**: 347-774-7000
  - Specific jail staff (eg., infirmary), Mental Health Coordination

# Blood and Body Fluid Exposure

You will get both employees and non-employees coming in for needlesticks and other exposures to blood and bodily fluids.

## Employees

All employees that come during business hours should be referred to employee health (confirm they are open and ok to see the patient before you send them there). For all other patients, there is a **BBFE form within the "Needlestick" Epic Order set** that you need to fill out. Make three copies of this form - one for the patient to have, BA to scan into EPIC, and one goes into the **red "Needlestick" folder behind the BA desk in Acute One.** The employee should also have an "Accident Form" given to them by their manager that you will need to fill out. If patient is going to start prophylaxis, use **"Needlestick" order set** to order labs and medications which will provide these meds for patients to take home x 7d usually. If you ever have any questions about whether or not a patient should start prophylaxis, you can page ID consult and discuss it with them. If exposure patient cannot consent to HIV testing, it will be done under an anonymous chart in EPIC. You should be given an ID number to reference for all anonymous HIV tests. Chart will be under the name "Stick, Needle" and anonymous results are under "Labs" section of chart with appropriate ID numbers. When patient is discharged from the ED, they should be instructed to follow-up with employee health the next business day as they will need follow up and more medications if indicated (usually minimum of 4 weeks of medications).

## Non-employees

Once you determine patient needs prophylactic treatment, use "Needlestick" order set to order appropriate labs and medications which will provide these medications x 7d for the patients to take home. Patient should follow-up with their employee health or primary care physician right away because they will need a prescription for further HIV medications (usually need to be on meds a minimum of 30 days).

The Blood and Bodily Fluids Exposure Form (BBFE) can be found in Epic > Documents > Left hand column, under "Needlestick / BBFE", please print this form out.

# Employee Injury

If you are caring for an injured employee:

- Direct to EHS during business hours, but will need to care for patients during off hours and/or travelers
- Work note (no more than 48 hours from ED) – refer to Employee Health for more time
- Patient should obtain on-shift injury forms from Nursing Admin

If you are injured:

- Notify ANM and Security
- Work with Security/ANM to escort patient out if MSE complete and/or transition care to another ED attending if you are not comfortable continuing care of patient
- Complete Incident Form (from Security)
- If you require medical evaluation, proceed to EHS if during business hours or register as patient in ED
- Activate sick call as necessary

If you want to press charges:

- Notify ANM and Security who will call NYPD

# High Risk Escalations

- Patient Allegation of Abuse by MSH Employee
- Patient Allegation of Abuse by non-MSH Employee (patient/visitor)
- Concern for Impaired MSH Employee

For any of above:

- Call ED AOC immediately for guidance when provider is Physician or PA
- Call ED ANM or Nursing Admin for guidance when RN, ERT, patient/visitor, or other staff

# Pediatric ED

Mount Sinai Hospital

# Pediatric Triage

- Patients 21 and under are triaged to the Pediatric ED (Zone G) after registering at the welcome desk.
- The full triage process takes place in Zone G.
- There are a few exceptions to this:
  - Patients 13 and over with primary psychiatric complaints will be triaged to West (the psychiatric ED) using the same process as adults
  - Patients 18 and over that appear violent, are under arrest, severely intoxicated, or otherwise are inappropriate to be with children should be triaged to an adult zone.
- Pediatric Patients who present with a parent also seeking care should be triaged according to these guidelines
- The age range for Pediatrics can be modified based on concerns regarding volume in the Adult or Pediatric ED by the AOC
- Pediatric patients with minor complaints may be triaged to Express Care

# Staffing

- Patients ages 0-21 of any acuity are seen in the Peds ED with some exceptions (see triage)
- Pediatrics has its own Resus area with up to 3 beds and others used as overflow if needed
- Staffed with Pediatric EM trained attendings 24/7
- Non-PEM providers can pick up “swing shifts” as a second attending, but will never be the sole Pediatric provider in the department
- PEM Fellows act as zone "seniors" taking presentations directly from residents and helping with the sickest patients and procedures
- Residents are from MSH EM, MSW EM, Family Medicine and Pediatrics. The resident schedule can be found here: https://docs.google.com/spreadsheets/d/1T31Kq0XPyhF37NJl1ONaVmJXOAMCFaLcqYvUk_rG8ok/edit?usp=sharing

# Pediatric Admissions

## GENERAL INFORMATION

- The only Pediatric inpatient units within MSHS are located at MSH *(The Kravis Children's Hospital).*
- Patients 0-21 years of age can be admitted to Kravis Children's Hospital.
  - Patients 18-21 years of age can also be readily admitted to the adult hospital. Decisions on where to admit are multi-factorial and made on a case-by case basis.
- The inpatient pediatric units are: PICU, PCICU, P5 *(for general pediatric admissions),* P4 *(telemetry/apnea monitoring),* P02 *(hematology/oncology),* NICU *(receives admissions in rare circumstances).*
- **The order to admit to pediatrics is different than the admission order to the adult hospital.**
  - *"ED ADMIT TO PEDIATRICS"*

## ISOLATION ORDERS

- Admitted patients under 6 years of age with viral-illness type symptoms *(regardless of reason for admission)* **must remain on contact and droplet isolation regardless of viral study results.** Those aged 6 years and up can have isolation orders customized based on results/pathogen.

# Pediatric Admissions (continued)

**FLOOR ADMISSIONS**

- Most patients admitted to the pediatric wards will be followed by the hospitalist service. If patient is followed by a subspecialty service or a voluntary pediatrician, they should be asked if they are going to accept the admission onto their service prior to placing the admission order.
- The Inpatient team will assume care of admitted floor patients (P02, P4, P5) **within 4 hours of receiving hand-off** *(not when the admit order is placed)***.** Until that time the ED continues to manage the patient.
- After receiving hand-off, the Pediatric Admitting Resident will start and EPIC Chat with their service attending and the ED attending – to alert service attending of the admission and allow them to opportunity to ask questions or communicate with the ED attending as needed.

# Pediatric Admissions (continued)

**PICU/PCICU ADMISSIONS**

- Initial communication regarding all PICU/PCICU admissions must be PED Attending/Fellow to PICU Attending/Fellow. This conversation/hand off needs to be documented in the patient's EPIC chart.
- The PICU will come and evaluate the patient in the ED within 30 minutes
- If the patient is accepted for admission to the PICU, the ED remains the primary team for the patient until they physically move upstairs to the ICU.
- ED Resident/PA to Pediatric Resident hand-off must occur on all PICU admits regardless of the initial hand-off between attendings/fellows.
- Any updates in patient's condition or care plan should be relayed to PICU Attending/Fellow in real time.
- All patients being admitted to the PICU should have some sort of venous access (PIV, IO, PICC, Central Line, etc). If the patient does not have access, a huddle should occur with the PICU attending regarding plan of action PRIOR to patient going upstairs to the ICU.
- All patients being admitted to an ICU setting require a physician to accompany the patient during transport to the ICU from the ED.
- All monitoring, respiratory support, etc. should not be discontinued or changed solely for ease of transport.

# Pediatric Admissions (continued)

**OBSERVATION PATIENTS**

- There is currently no Pediatric Observation Unit at MSH but there is one at MSBI (the MSBI Pediatric Short Stay Unit).
- If patients meet SSU criteria (there is a guide in EPIC Documents) and parents are willing to be transferred, SSU availability and arrangements for transfer should be made via the Mount Sinai Transfer Center.

# Management of Pediatric Boarding Patients

- Admitted patients for whom the admission team has taken over (folder icon  on the track board) should be managed entirely by the admitting team
  - *Inpatient pediatric team (non-ICU) will assume care within 4 hours of verbal hand-off.*
- If a boarding patient decompensates, the primary RN will activate the Rapid Response Team (RRT for adult boarders and KRRT for pediatric boarders) as they would a floor patient.
- If you notice a patient in distress, regardless if they are admitted or an active ED patient, please help out if able and escalate to primary RN or team as necessary
- The ED should be the first responders to all decompensating boarding patients until the RRT/KRRT team arrives.
- The ED team should also be the first responders to all Pediatric Sepsis Alerts on all pediatric boarding patients (the inpatient team should still be alerted and evaluate the patient).

# Nuances

**MEDICATION ADMINISTRATION**

- Residents often prepare initial albuterol nebs for patients instead of nurses and the residents should document administration in the MAR in a timely and accurate manner.

**UNACCOMPANIED MINORS**

- A medical screening examination (MSE) and any medical care necessary and likely to prevent imminent and significant harm to the patient with an emergent medical condition should not be withheld or delayed due to problems obtaining consent.
- If an emergent medical condition is not identified at the MSE, EMTALA regulations have been fulfilled and proper consent should be sought before further (non-emergent) care is provided.
- Minors should not be treated in the ED without consent from a parent or guardian except in a life or limb threatening situation.
- Practically speaking, this means that teenagers who walk into the ED by themselves need to provide you with a working number to contact their parent or guardian to obtain permission to treat over the phone.
- **Exceptions include:** teenagers seeking evaluation for **pregnancy, sexual assault/domestic violence, contraception, or illegal drugs**.

# Pediatric Clinical Pathways

- Pediatric Acute Scrotal Pain Pathway
- Pediatric Appendicitis Antibiotic Pathway
- Pediatric Asthma Pathway
- Pediatric Community Acquired Pneumonia Pathway
- Pediatric Emergent Escalation Pathway
- Pediatric IV Escalation Pathway
- Pediatric Massive Transfusion Protocol
- Pediatric Nephrolithiasis Pathway
- Pediatric Radiology with Anesthesia Guideline
- Pediatric Skin and Soft Tissue Infection Pathway
- Pediatric Urinary Tract Infection Pathway
- Pediatric Fever And Neutropenia Pathway
- Peds DKA Guideline
- Peds Sepsis - for Providers (one-pager)
- Peds Sepsis - Provider Training
- Peds Stroke Protocol
- MSH PED MIS-C Guideline
- SSU (Short Stay Unit) Admission Guidelines
- When Child Abuse is Suspected in the ED
- HIV Exposure Protocol in Pediatrics
- Asthma
- NYC School Instructions Form
- Child Mental Health Resources

# Map of MSH Pediatric ED (Zone G)


| ROOM | |
|---|---|
| 701-702 | Resuscitation Rooms<br>Can be used for sedation/procedures |
| 703 | Low-stimulation room<br>Psychiatric; Neuro-divergent patients<br>Isolation Room<br>Has own bathroom (GI isolation) |
| 704 | Isolation Room; Procedure Room |
| 705 | GYN Room; Isolation Room; Procedure Room |
| 706-710 | Standard monitored bays with stretchers |
| 711-712 | Stretchers/Exam chairs |

# Express Care

Mount Sinai Hospital

# Overview

Express Care is located at 1440 Madison Avenue. It is an Urgent Care branch of our Emergency Department.

Express Care falls under the same Article 28 as the MSH Emergency Department therefore patients that present to the ED may be redirected and escorted to Express Care without a medical screening exam if they are deemed to be an appropriate Express Care candidate by the triage RN. **If the volume in Express Care is too great, Express Care providers can call the Charge RN or ANM and hold direct transfers from the ED to Express Care for a certain time period.**

Express Care is typically staffed weekdays with one Attending and one to two Mid-levels (PA or resident), and weekends with one Attending and one Mid-level. Express Care differs from the ED where PAs can "primary" patients but should do so at their own discretion. If a patient is complicated, the Mid-level should discuss the case with the Attending and decide if they are appropriate for the Urgent Care setting or should be sent to the ED for further management. All patients complaining of chest pain or neuro symptoms should be assessed with the Attending prior to sending to the ED. Attendings should also see patients as primary in Express Care to keep the patient flow.

# General Information

| Hours of Operation | Construction |
| --- | --- |
| Monday-Friday: 8:30 AM to 8:30 PM (last patient registered at 8:00 PM)<br><br>Saturday/Sunday: 9:00 AM to 5 PM (last patient registered at 4:30 PM)<br><br>Closed major holidays – New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Juneteenth, July Fourth, Labor Day, Thanksgiving, Christmas Day | Express Care will eventually be moving to a permanent home in Annenberg.<br>More details and changes to come! |

## Attending and PA/Resident Workflow

PAs can see patients independently but can and should request attending oversight if needed

- Any patient seen by a PA with an attending should have a brief attending note and attestation

All patients seen by residents must also be seen by the attending

Attendings should also see patients as primaries to keep up with the flow

## Nursing

Licensed Practical Nurses (LPNs) are staffed in Express Care

Certain limitations exist to their practice, but they should be able to do most of what is expected in Express Care (e.g., placing IVs, drawing labs, giving PO medications)

They cannot administer medications IV push/bolus (except for a Normal Saline or heparin flush) or via a central line

# General Procedures in Express Care

**EPIC In Express Care:**

- Change your context to “MS EXPRESS CARE”
- In the beginning of your shift, you should “Sign In” to EPIC and ensure your “Contact number” corresponds to your phone so that colleagues, consults, and radiology can call you if need be.

**Vitals:**

- Asymptomatic COVID patients only require a temperature
- Symptomatic COVID patients and any patient with other urgent care complaints should receive a full set of vitals
- Monkeypox vaccine patients only require a temperature

**Labs:**

- Labs are placed in a box and taken to the lab every hour
- If a lab is critical or temperature dependent, assure walked down to ED and tubed directly to lab (monkeypox swab should be walked down and sent to lab STAT)

**Imaging:**

- Express Care patients will generally receive imaging in timely fashion despite delays in main ED
- If Express Care is closing soon (eg, 30 minutes prior to close) and patient will likely need imaging, consider sending patient to ED
- If you just need imaging and not read, consider calling down to radiology to see wait time

**Consults:**

- Placing a consult is same process as in ED
- Consultant dependent – may request ED transfer prior to evaluation

# COVID Workflow

For **Asymptomatic COVID patients** we offer 3 types of testing – anterior nares (default), nasopharyngeal swab, saliva. They only require a temperature.

To order swab: click “Orders” tab > “COVID Testing Panel” > select the appropriate swab

Documenting note:

Click “UC Provider Note” tab > click the drop down arrow to the right of “Create Note” and select “Blank Note”. Inside the note use the dot phrase “.eccovidtest”

Complete an Attestation Note if you are an Attending or seeing a patient as PA primary

For **Symptomatic COVID patients** it should be performed with an anterior nares (default) or nasopharyngeal swab. A full set of vitals is required.

Orders, Note, and Attestation are similar to above.

Documenting note:

If mild symptoms, can use the dot phrase “.eccviral”

Assure discharge diagnosis reports symptoms and not just covid swab to assure proper billing

COVID+ patients requesting **monoclonal antibody treatment** should be sent to the main ED

# Codes

- **Stroke Code Activation in Express Care**

- **STEMI Activation in Express Care**

- **Code Activation in Express Care**
  - **Covered by ED Code Team**
  - **Activate by calling 47000 and requesting "Adult ED Code Team to Annenberg 1st Floor Express Care"**

# Sending Patients to the ED

*Patient has not been seen but appears unstable or has unstable vital signs:*

- Initial screening as appropriate (eg., EKG for chest pain)
- ERT brings patient to welcome desk in ED
- No documentation as patient not registered in Express Care

*Patient has already been seen and evaluated by provider:*

- Place discharge order: “Discharge to ED”
- ERT brings patient to welcome desk and they are re-registered
- Patient will only be charged for ED visit
- Complete provider note – you can also Epic Chat the PIT provider to let them know they are coming

Mount
Sinai
Hospital