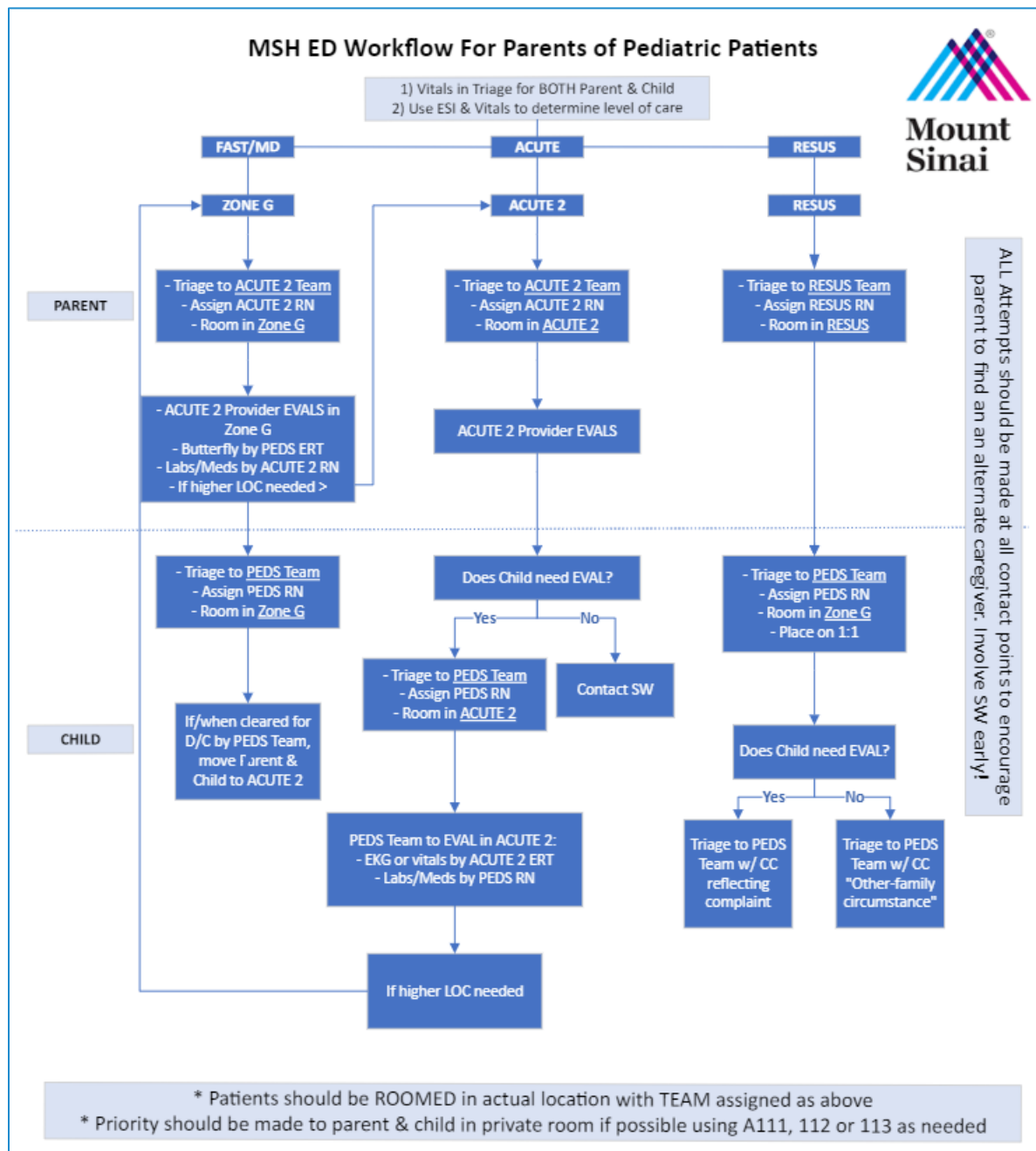


MSH Emergency Department

MSH ED Workflow for Parents of Pediatric Patients

Last Reviewed: 11/14/2023

Description of Process: To establish a standardized workflow of **parents** of pediatric patients who request registration and evaluation in the Emergency Department when the pediatric patient **does not** have a second parent or guardian who can accompany them.



Overview:

1. Vitals completed in triage for **both** the parent and child
2. Link parent and child using "Family Triage" flowsheet (see *Appendix* below)
3. Follow guidance below for specific situations using ESI level and triage vitals
4. If both the parent and child are sick, Triage RN to decide who requires closer monitoring and triage to appropriate zone(s)
5. If child arrives with two parents, both of whom are patients, follow guidance below for sickest patient (child or parent) or separate and send one parent to Adult and send other parent with child to Pediatrics if acuity allows

Situation A: If parent requires [Fast Track/Mid Fast](#) level of care AND

- presents with a child who needs to be evaluated in Pediatrics:
1. EKG completed in triage if parent meets criteria for STAT EKG
 2. Parent **DOES NOT GO THROUGH PIT**
 3. Parent triaged to [Acute 2 team](#) to be seen by Adult provider
 - Patient **CANNOT** be triaged to Mid-Fast/Zone C given present ED layout
 - Document on *trackboard comments* section that patient is in "Peds with child"
 - Assign [Acute 2 RN](#) for proximity
 4. Parent accompanies child to [Pediatric ED](#) to be seen by Pediatric Team
 - If parent or child requires isolation, **both** should be placed in isolation room in Pediatrics
 - Parent and patient should be *roomed* in **actual physical location**, but *team assignment* should stay as Acute 2 for parent
 5. Adult provider evaluates Parent in Pediatric ED
 - If provider believes patient requires closer monitoring, option to refer to **Situation B** below and move the patient to the Adult ED (e.g., requires sepsis pathway, closer monitoring)
 6. If EKG, further vitals or butterfly labs needed, [Pediatric ERT](#) to complete
 7. If parent requires labs or medications, [Acute 2 RN](#) to go to Pediatrics to treat parent
 8. Disposition:
 - If parent is cleared for discharge and provided paperwork, Acute 2 RN can unassign their name from the patient and move them to the discharge board
 - If parent requires further care and pediatric patient is cleared for discharge, Pediatric RN can unassign their name from the patient and move them to the discharge board. Parent and child should be moved to **Acute** and follow **Situation B** below

Situation B: If parent requires **Acute** level of care AND

- presents with a child who needs to be evaluated in Pediatrics OR
 - presents with a child with no medical complaint OR
 - presents with a child who was seen in the Pediatric ED and cleared for discharge OR
 - adult provider feels needs to be moved out of Pediatric ED for closer monitoring:
1. EKG completed in triage if parent meets criteria for STAT EKG
 2. Parent **DOES NOT GO THROUGH PIT**
 3. Parent moved to **Acute 2 with** Acute 2 attending, midlevel and RN assigned
 - a. Priority is made to place parent in private room for child to accompany
 - b. Acute 2 team cares for parent as usual
 - i. **Acute 2 provider** should communicate to parent at the beginning of the visit that every attempt should be made by parent to arrange alternative childcare options for the child
 - ii. **Social Work** should be contacted early if parent reports having no available supports to provide childcare
 - c. If parent requires imaging, child should be placed on 1:1 observation during duration of study
 4. If child needs to be assessed for *MEDICAL* reasons:
 - a. Child should be registered as usual
 - b. *Room* patient to their **actual location** but assign Pediatric *team*
 - c. Place 1:1 if parent is too acutely ill to care for patient or if parent goes to imaging
 - d. **Pediatric team** to see and evaluate patient in Adult ED
 - e. If pediatric patient requires vitals or EKG, **Acute 2 ERT** to complete
 - f. If pediatric patient requires labs or medications, **Pediatric RN** to go to Acute to treat
 - g. If pediatric patient requires higher level of care as determined by **Pediatric team**, pediatric patient should be moved to Zone G and placed on 1:1
 5. If child has *no MEDICAL* reason for ED visit or has been discharged by pediatric team, patient will stay with parent until alternate caregiver can be identified:
 - a. Attempts should be made to contact another adult who can care for patient
 - b. Update **Social Work** of situation
 - c. Place 1:1 if parent is too acutely ill to care for pediatric patient or if parent goes to imaging

Situation C: If parent requires **RESUS** level of care AND

- presents with a child who needs to be evaluated in Pediatrics OR
 - presents with a child with no medical complaint:
1. Parent **DOES NOT GO THROUGH PIT**
 2. Parent is triaged to **RESUS**

- **Triage RN** notifies **RESUS provider** team that child is with parent
 - **RESUS provider** team speaks with parent regarding options for alternative child care
 - Child is triaged to **Pediatrics** and placed on 1:1 and **Social Work** notified if parent reports having no available supports to provide childcare
 - *Triage chief complaint: "Other" and free text "Family circumstance"*
 - **RESUS team** cares for parent
2. If child needs to be assessed for *MEDICAL* reasons:
 - Follow normal protocol with *chief complaint* reflecting medical reason for evaluation
 - **Pediatric team** to obtain consent for treatment from parent if able, otherwise implied if emergent need
 - Continue 1:1
 3. If child has *no MEDICAL* reason for admission, patient will stay in Pediatric ED until alternate caregiver can be identified:
 - **Social Work** to assist
 - ACS may be notified for assistance if another adult who can assume custody cannot be reached

Situation D: If parent requires transfer to **West** AND

- presents with a child who needs to be evaluated in Pediatrics OR
 - presents with a child with no medical complaint:
3. Parent **DOES NOT GO THROUGH PIT**
 4. Parent is triaged to **West**
 - **Triage RN** notifies **West provider** team that child is with parent
 - **West provider** team speaks with parent regarding options for alternative child care
 - Child is triaged to **Pediatrics** and placed on 1:1 and **Social Work** notified if parent reports having no available supports to provide childcare
 - *Triage chief complaint: "Other" and free text "Family circumstance"*
 - **West team** cares for parent
 4. If child needs to be assessed for *MEDICAL* reasons:
 - **Pediatric team** to obtain consent for treatment from parent if able, otherwise implied if emergent need
 - Follow normal protocol with *chief complaint* reflecting medical reason for evaluation
 - Continue 1:1
 5. If child has *no MEDICAL* reason for admission, patient will stay in Pediatric ED until alternate caregiver can be identified:
 - **Social Work** to assist
 - ACS may be notified for assistance if another adult who can assume custody cannot be reached

“Family Triage” Documentation:

FLOWSHEET: The Flowsheet is located in Triage A and Triage B Navigator

Triage

Triage A

Triage B

ADMITAL INFO

Admit Report

Private Enc Flag

Best Practice

Call-in/Referral R...

ED COVID Admissions

Peds Common Orders

Triage

TRADE INFO

Chief Complaint

Language

Mental Status

ED Surveillance

Stroke

Triage/Intake Note

Orders

Order Sets

Family Triage

Time taken

12/19/2022

1020

Responsible

Create Note

Family Triage

Family Triage

Parent and Child

Other

This row is used to denote that the patient has a family member who has also been triaged and is located in a different area/room.

Create Note

Reset

Close

Cancel

ESI and Assignment

TRACKBOARD: An icon will populate in the **Notification column**. If you hover the flowsheet information will populate

[illegible]