MSH Emergency Department

PIT Provider Workflow

Date Created: *10/28/2021*
Date Reviewed: *07/11/2023*
Reviewed By: *Dr. Kristen Kelly and Ilana Spitz, PA-C*

Triage to PIT

- The PIT provider evaluates ESI 3 and vertical ESI 2 in Zone B → Fast/Mid to Zone C, Acute to Acute 1 or 2 (A1, A2), Resus to Resus.
    - ESI 4 and 5 are triaged directly to Zone C from triage.
    - ESI 1 and 2 are triaged to Resus/ Acute from triage.
- Due to the dynamic nature of our department, these workflows may change and we ask that you be adaptable to those changes (eg, seeing patients 18+ in PIT during respiratory virus surges in Pediatrics, etc.).
- **Patient Exclusion Criteria:**
    - Actively intoxicated patients.
    - Concern for psychosis, suicidal ideation, homicidal ideation.
    - Patients who are fall-risks or are unable to stand / ambulate independently (unless chronically wheelchair bound).
    - Patients who are accompanying children in Peds ED. (See "Triage of parents of pediatric patients" document for protocol).
    - Patients who meet Resus criteria.
- ***If there is an emergent situation and/or dangerous situation in PIT, please escalate in real time to Provider Leadership (i.e. Admin On Call), ANM, & Zone B Captain.***

Acute Coronary Syndrome Evaluation:

- **EKG**: All patients require an EKG.
- **TROPONIN**: Most patients requiring evaluation for ACS should be ordered for 0h and 1h high-sensitivity Troponin using the "HS Troponin" order panel.
    - Patients who are likely to fall into the gray-zone pathway (>/= 65y.o. with > 3 risk factors or history of PCI/CABG, MI, TIA/CVA, PAD) can be ordered for 0h, 1h, and 3h Troponins from PIT.
        - **When in doubt, order "0hr, 1hr, 3hr"- Primary ED team can always cancel the 1hr or 3hr troponin.**
    - Refer to High-Sensitivity Troponin Accelerated Diagnostic Pathway for guidance on ruling out acute MI for further information and guidance.
- **CARDIAC MONITORING**: Patients with moderate or high-risk chest pain (or CP equivalent) as defined below prior to the result of sufficient negative troponin enzyme tests to rule out AMI.
    - History of PCI or CABG within the last year.
    - History of abnormal stress/cCTA/cath within the last year.
    - New regional ischemic EKG changes, frequent PVCs, new bundle branch block.
    - Concerning signs or symptoms.
    - Patients with or deemed at moderate or high risk for potentially unstable dysrhythmias.
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- Patients at moderate or high-risk for cardiovascular decompensation (including but not limited to syncope presentation, sepsis, possible or known pulmonary embolism).
- Patients with critical electrolyte derangements prior to definitive management, including significant hypokalemia, hyperkalemia, and hypomagnesemia.
- Patients with a drug (prescription, OTC, or recreational) or toxin ingestion or exposure that confers elevated risk of rapid decompensation or dysrhythmia.
- Other patients felt clinically to require continuous monitoring.
- **Ordering & Communication of Cardiac Monitoring**:
    - The order "Cardiac Monitoring within the ED" must be placed in EPIC by a PA/Resident/Attending.
    - The ordering provider should **verbally communicate** that the patient has been ordered for cardiac monitoring to the patient's primary nurse, or the zone or charge nurse.

- **CXR: No CXR should be ordered for patients pending HS troponin result with high clinical suspicion for ACS who are ordered for cardiac monitoring**. Defer to the primary ED team.
- Use Secure Epic chat to contact primary attending with any concerns or questions.

Opioids in PIT: *Should only be ordered if*
- Patient has a pain management plan in Epic (i.e. sickle cell patients)
- Patient would benefit from opioid pain medication given concern by PIT provider (i.e. surgical abdomen, IBD flare, suspected fracture/dislocation)

Sexual Assault:
- Patient is brought from triage and roomed expeditiously in #B206 (SAFE room). You should be notified either via verbal or secure Epic chat handoff that there is a sexual assault survivor triaged to PIT.
- Triage RN will have already activated SAFE/SAVI.
- The PIT provider should evaluate the patient briefly just like any patient triaged to PIT.
- Open "Sexual Assault" order set & order labs/urine (Do not order STI testing/ U-tox)- defer medications to the primary ED team.
- Triage to Zone C unless concerning vitals / medical complaints that warrant Resus or Acute.
- Notify the designated team via secure Epic chat or verbally that there is a sexual assault survivor here to seek care (if an ED provider is working in designated zone, encourage them to pick up the patient and evaluate patient expeditiously).
- Place PIT order for zone (likely Midfast, but also Acute vs Resus)
- Change team
- If time allows, can confirm with captain / triage RN that SAFE/SAVI have been called.

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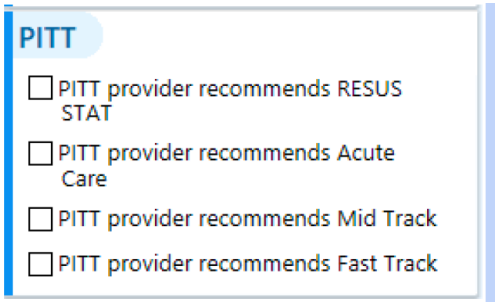
Provider Workflow

- Start of Shift
  - In Epic, sign-in as the "Provider in Triage" under the "Current role" section.
- Get Oriented
  - You may use either the "PIT" board or the "Zone B" board to track PIT patients.
- Overnight PIT provider (11p–7a)
  - Start Epic chat with "Lead C Provider" & any Senior PA's staffing Zone C.
  - "Lead C Provider" will be an EM3/EM4 unless none are staffed in Zone C; then the Senior PA takes the role. See Zone C Provider Instructions for further details.
- Patient Encounter
  - Identify the next patient to be seen (in order of LOS) and assign yourself to the patient's care team to start the patient encounter (you will see your name show up in the "Ext" column).
    - **TIP**: make sure the patient is roomed, otherwise when you assign a team the patient will fall off of the Epic track board.
  - **Perform a brief (< 90 seconds) history.**
  - Place appropriate orders
    - See ("PIT Ordering Guidelines") in Epic.
    - If you have time, briefly ask the patient if interested in HIV/Hep C testing (will show up in the PITT column if they are past due/no test on file).
      - Do not answer lengthy questions; if pt has questions, place "IP consult to health educator", also listed under PITT order section.
    - Patients DO NOT REQUIRE asymptomatic COVID testing at this time (even those to be admitted or going for a stat procedure). Order COVID tests on symptomatic patients or those with high exposure in the past 10 days.
    - Please order "Saline Lock IV" (located under Orders > QuickList> "Bedside Test & Nursing" drop-down)



  - Place "track" order (located under Orders > QuickList) based on expected LOS/ acuity of condition.
    - Fast Track 0-2hr stay
    - Mid Track 2-4hr stay
    - Acute Care 4+ hr stay
  - Assign a team
    - Fast or Mid Track
      - Click on "Quick Doc" > "Team" > Assign Midfast (i.e. Zone C).
    - Acute (A1 or A2)
      - Click on "Quick Doc" > "Team" > Assign either A1 or A2 (ALTERNATE between A1 and A2)
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- When there is PIT provider overlap (btw 3p-5p), communicate via in-person or via secure Epic chat to assure team assignments are evenly distributed.

- Document progress note → open a blank progress note, type ".papit" & complete. *Keep it brief! Avoid including any differentials or details that may "pigeonhole" providers before obtaining a more comprehensive history / physical exam.*
- Unassign yourself from the patient encounter.

Provider of Record

- In certain cases, PIT provider may keep cases and be the primary APP of record for these cases i.e. patients sent in by specialists for admission.
  - For patients sent in for admission/ cath lab: make sure to **message the ED attending** so they are aware and can prioritize seeing the patient before inpatient / specialist service takes over care. *ED attending **MUST** see patient prior to team moving patient upstairs even if this means not placing admission orders while ED attending can see patient.*
  - To assign yourself as a provider when logged in as the PIT, highlight the patient's name on the trackboard, right click on the patient's name and choose "Treatment Team". Then, type your name, ensuring that your role is listed as the provider and click "accept".

Additional Information

- **RESUS triage:** Make sure that when you triage a patient to RESUS, you verbally notify the assigned RN, the Zone Captain, & provide verbal (either phone x78839 or in-person) handoff to RESUS resident/PA.
  - Please refer to updated RESUS guidelines if you have any questions regarding triaging; however, never hesitate to ask the RESUS attending/resident/PA for guidance. Resus Triage Criteria

- **TRAUMA triage:** pts who suffered a traumatic injury/fall are often triaged to PIT. Please evaluate these patients carefully and refer to the hospital's trauma policy if there is any question regarding triaging appropriately. You can also ask any attending for guidance. Trauma protocol
  - **CT SCAN: you may order CT-Head, CT-C Spine, CT-Facial for obvious trauma.**

- **Breaks:** Ask one of your colleagues in the unit to cover you while you take a break. Do not eat at your desk in the clinical space! Take a well-deserved break and have someone cover you, especially if it's busy. If you do not want to leave the department but need a snack, feel free to eat outside of the ANM office in the kitchen alcove.

- **Backup PIT:** There is no dedicated person, but if you are falling behind - ask for help from one of your colleagues in the unit.

- **Disposition of patients who elope/leave the ED from PIT:**

- If a patient is triaged to PIT and leaves the ED prior to the PIT provider evaluation, the disposition should be “LWBS”.
- If the patient is triaged to PIT and leaves the ED after the PIT provider evaluation but before the primary ED team evaluation, the disposition should be “LBTC”. See Elopement and Patient Departures Prior to Disposition policy for details.