**MSH Emergency Department**

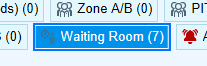
**Pediatrics Zone Captain**

**Last Reviewed: 6/2/22**

**Description of Process:**

The goal of the Pediatrics Zone Captain is to oversee patient flow and throughput in the department as well as act as a resource to clinical staff in the area.

1. **Instructions**:
   1. Greet Patient, verify name/DOB
   2. Click on patient’s name in waiting room



* 1. Update patient’s location in EPIC.
     1. Orient patient to location, bathroom, RN and MD team, next steps.
  2. Assign Primary RN (round robin)
     1. Right click on patient
     2. Click on treatment team
     3. Enter name of RN in Treatment team section
  3. If patient is in unstable condition, verbally notify Attending and Overhead “Pediatric Resuscitation, already in Peds”
     1. Dial 697 and wait for double tone, then state message
     2. Or Use desktop intercom
  4. Confirm vitals/weights with ERT or obtain if ERT is unavailable.
     1. Enter into vitals flowsheet if necessary
  5. Provide verbal handoff to primary RN using SBAR format

1. **Initiate Escalation Protocols as needed:**

**SAFE/“Code 11”- Chief complaint of sexual assault (See Sexual Assault and Intimate Partner Violence policy in Epic Documents)**

* 1. Once identified, immediately place patient in private room (Zone G room 705 preferred).
  2. If not completed already, ensure patient’s name is hidden from track board
  3. In Triage A, under Private Encounter Flag, click to hide patient’s name from track board

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* 1. Obtain chief complaint and limit intake of medical history unless medically necessary. This is to reduce patient having to repeat story.
  2. Notify Charge RN
  3. Notify Attending in Area
  4. Do not have the patient change, eat or drink anything.

1. **Additional Role Responsibilities:**
   1. Throughput:
      1. Coordination with Radiology, expediting admissions, escalating delays to leadership team.
      2. Provide report to inpatient teams
      3. Receive report from transfer, consults, etc.
      4. Assign incoming patients to RN (including stroke, Resus)
   2. Unit Readiness:
      1. Check Crash Cart
      2. Complete QC-Glucometer
      3. Pyxis discrepancies: Resolve/Escalate
   3. Assist during downtime
   4. Coordinate with ED Charge RN to:
      1. Assign breaks for ERT and RN in Peds
      2. Escalate radiology or throughput issues
      3. Coordinate staffing needs
2. **What to do when the unit is busy:**
   1. Assist primary nurse with dispensing low risk/oral medication such as Tylenol, Zofran, etc.
      1. **Do Not** give High Risk medications or those requiring special monitoring
      2. If needed, assist with hanging antibiotics after communication with primary nurse
   2. Assist primary nurse in completing Primary Assessment
   3. Assist primary nurse in IV removal for patients to be Discharged
   4. Assist ERTs with obtaining vital signs
   5. Assist ERT with turn beds over/identify beds for turn over
   6. Huddle with team to coordinate tasks as needed
3. **Escalations**
   1. Escalate delays in inpatient handoff to Charge RN or ANM
   2. If volume and acuity exceeds current staffing capacity, huddle with team and ANM to consider temporary discontinuation of zone captain responsibilities and plan for resuming responsibilities later