

Policy and Procedure: No Order Transfers from the Emergency Department

Purpose:

The purpose of this policy is to address capacity management issues of overcrowding in the Emergency Department through placement of appropriate patients into the hospital, who do not yet have orders other than admission/placement. It is the recommended practice of the Emergency Department to secure admission orders from the attending practitioner immediately upon accepting responsibility for a hospital admission or placement. If this cannot be initiated, it remains the responsibility of the admitting physician to provide these orders as soon as possible.

Scope:

This policy would include all patients in the Emergency Department (ED) who have been determined to require inpatient admission or observation placement, whose clinical course appears to be stable over the next 6 hours and does not require more than routine vital sign monitoring or routine medication over that timeframe. This does not include ICU or psychiatric unit admissions.

Policy:

Patients who have been accepted for admission or observation status by an attending physician and who do not yet have admission orders may be transferred to the floor following a review of the patient by the ED physician including current vital signs, consideration for any immediate medication, and sign out by the ED nurses with the receiving floor's nursing staff.

Procedure:

1. An Emergency Department physician determines that a patient requires admission to the inpatient service or placement in observation and speaks to the admitting attending physician, who also agrees.
2. It is recommended that following that physician to physician discussion, the attending provide orders for admission/placement.
3. If the attending physician is unable to provide orders at that time or the patient is to be placed on a resident service, the patient may qualify for transfer to a floor without orders.
4. The Emergency physician should consider if the patient: will remain stable for the next 6 hours; will only require routine vital signs; and will not need any medication. A current set of vital signs should be provided to the physician as part of that deliberation.
5. If the transfer is elected, the nursing staff will then call the floor and speak to the receiving nursing staff and provide a full sign-out. A complete copy of the ED MedHost record is provided as part of the transfer.
6. Any order for Telemetry admission or placement will automatically include the implementation of a telemetry order set and the maintaining of any intravascular access initiated in the Emergency Department.
7. Upon receiving the patient, the responsible floor nurse will contact the attending physician and seek to secure admission orders. If orders are not received within 2 hours after several documented attempts to reach the attending physician, the appropriate department chair or his/her designee should be contacted.
8. If the patient is on a resident coverage service, the resident should be notified that the patient is being transferred without orders and be provided the name and room number. If the resident does not provide orders within 2 hours, the attending should be notified. If orders are not forthcoming by 3 hours the Program Director or his/her designee should be contacted.
9. If any clinical deterioration of the patient is identified on the floor, the nurse should call a Rapid Response Team.
10. All nursing standard call parameters will apply for No Order Transfer patients.