



TITLE	Direct Admission from Viral Triage Clinic		
TODAY'S DATE	July 13, 2020		
SECTION	<input checked="" type="checkbox"/> Organization Wide	<input type="checkbox"/> PPE	<input type="checkbox"/> OB/GYN
	<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Surgery	
	<input checked="" type="checkbox"/> Inpatient	<input type="checkbox"/> Ambulatory	
	<input type="checkbox"/> Nursing	<input type="checkbox"/> Medical staff [physicians and advance care practitioners]	

APPLICABLE LOCATIONS	<input checked="" type="checkbox"/> All Bozeman Health locations <input type="checkbox"/> Bozeman Health Deaconess Hospital <input type="checkbox"/> Big Sky Medical Center	<input type="checkbox"/> Belgrade Clinic + UrgentCare <input type="checkbox"/> Hillcrest Senior Living <input type="checkbox"/> b2 UrgentCare <input type="checkbox"/> b2 MicroCare
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APPROVAL DATE	March 25, 2020

**PURPOSE:**

To facilitate COVID PUI care transfer to the emergency department or direct hospital admission.

**POLICY/PROTOCOL:**

**PATIENT CRITERIA:** Floor-appropriate patients from the viral triage clinic. This would be reserved for patients who are felt to be **stable from a hemodynamic and respiratory standpoint** by both the evaluating and accepting physicians. In some instances, the hospitalist team may want to evaluate the patient before accepting, so hospitalist can identify appropriate unit placement.

**EMERGENCY DEPARTMENT TRANSFERS:** Any patient who is hemodynamically unstable, who requires workup beyond the capacity of the Viral Triage Clinic, or who is deemed clinically inappropriate for the Viral Triage Clinic for other reasons should be transferred to the Emergency Department for further evaluation.

1. Call the ED Team Lead RN for a patient hand-off report prior to transfer: 589-4460

**IDEAL WORK-UP PRIOR TO ADMISSION** (In order to avoid the delays in getting an initial work-up done on the floor, and to avoid a second phlebotomist being exposed to the patient)

1. Full set of vital signs
2. IV line with LR or NS
3. O2 as needed, under mask
4. Labs/Testing
  - Respiratory pathogen panel, with SARS-COV-2
  - Portable chest x-ray
  - EKG
  - Basic metabolic panel
  - CBC with differential
  - CRP
  - Procalcitonin



**For those patient meeting SIRS/sepsis criteria, i.e. 2 or more of the following abnormal vital signs (Temp <36 or >38, pulse >90, RR >20), also obtain:**

- Lactic acid
- Peripheral blood cultures x 2 (one from an indwelling line, if patient has one)

If MAP <65 or lactate >4 the patient should get 30cc/kg bolus within 3 hours of presentation. When ordering the lactate, it should reflex to a repeat lactate.

ADMISSION WORKFLOW (Once you have identified patient and work up completed)

1. Provider evaluating the patient should **call the house supervisor (595-1494)**, rather than the hospitalist directly, and the house supervisor can get the on-call hospitalist on the phone, as well as secure a bed for the patient. The house supervisor will also be able to let us know if there is going to be a significant delay in getting that patient a bed. If there is going to be a long delay, the treating physician at the clinic can decide whether they are comfortable continuing to manage the patient, or if that patient needs to be seen in the ED.

**NOTES:**

**OTHER POLICIES/PROTOCOLS TO REFERENCE:**

**SCOPE:**

We anticipate these adjustment to be temporary and reserve the right to revise or discontinue these adjustments with or without notice depending on the current understanding and/or business needs of Bozeman Health relating to COVID-19.