

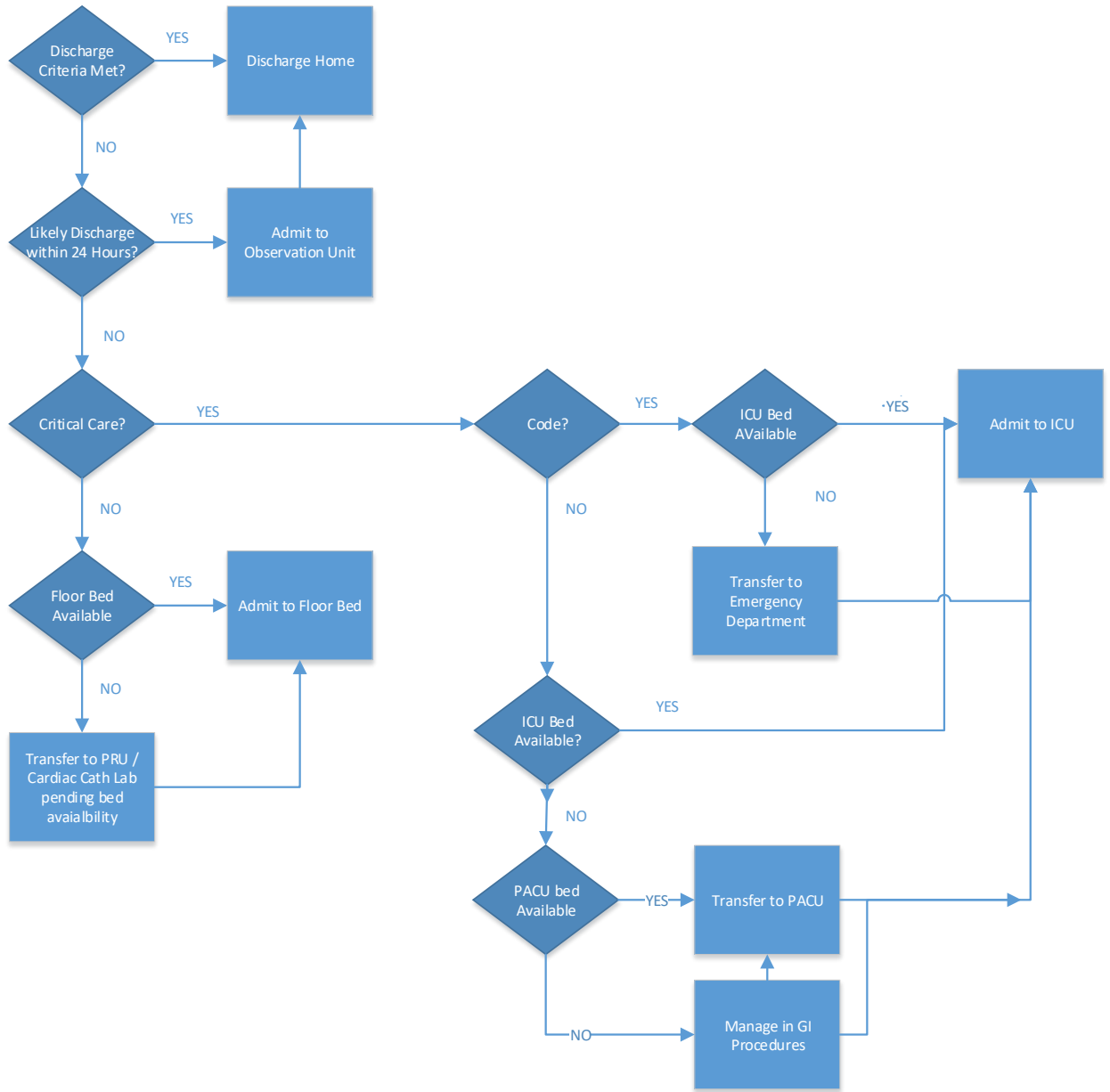
Pathways for Outpatients following GI Procedures at Memorial:

1. Discharge home (Patients from emergency department should return to the ED for discharge).
2. Transfer to Observation Unit Pending Anticipated Discharge [**page 3**]
3. Admission to Medicine Team (Non-ICU)
 - a. Floor bed unavailable: temporarily transfer to PRU/Cath Lab Holding pending floor bed [**pages 4-5**]
 - b. Floor Bed Available: direct admission to floor bed [**page 6**]
4. Admit to ICU [**pages 7-8**]
 - a. Code, no ICU bed available → ED
 - b. Non-code, ICU bed available → ICU
 - c. Non-code, no ICU bed available (code) → PACU temporarily prior to admission. (If PACU bed is not available manage patient in GI procedures).

Pathways for Inpatients following GI Procedures at Memorial:

1. Return to medical floor (non-ICU)
2. Return to ICU
3. Transfer to ICU [**page 9**]
 - a. ICU bed unavailable – temporarily transfer to PACU
 - b. ICU bed available – directly transfer to ICU

OVERVIEW



YES

Protocol: Patient Transfer from GI Procedures to Observation Unit Pending Anticipated Discharge

1. Criteria:
 - a. Bed available in Observation Unit - *“Routine/Observation”*
 - b. Hemodynamically stable, clear mental status, no need for continuous telemetry (though continuous monitoring is possible) – e.g., patient complains of pain and does not feel comfortable going home; e.g., complex procedure with a need for monitoring overnight.

2. GI Procedures Charge Nurse
 - a. Contact Medical Admitting Officer (Joanne Lowry) at 919-667-4493 or pager 216-0936 to discuss need for transfer and bed availability. If the patient meets observation criteria and a bed is available the charge nurses will coordinate transfer time. If the status changes and/or a bed is no longer needed the GIP charge nurse will notify the Medical Admitting Officer.

3. GI Procedures Recovery Nurse
 - a. Implement orders (labs, EKG, and x-rays, medications) that are due prior to transferring a patient to the Observation Unit.
 - b. Send the patient with a signed ProVation procedure note and discharge instructions.
 - c. Explain anticipated sequence of events to the patient and his/her family.
 - d. Transfer patient and give Observation unit RN bedside report using SBARQ and provide update on any patient care needs.

4. GI Procedures Physicians (Attending and/or Fellow):
 - a. Finalize procedure note in ProVation.
 - b. Write brief Op note in the “post-op to floor” activity. After opening the note erase all the text that automatically appears and then use the dot phrase “.GIPOSTPROCEDURENOTE” and fill in the various fields. The OBS unit will then be able to read this note in chart review (as well as the procedure note itself).
 - c. Call OBS unit at 984-974-5597 and give sign-out to the OBs unit physician/APP. (If unable to connect with OBs physician then contact MAO at 919-667-4493 or pager 216-0936 to find out which OBs physician is on call).

5. GI Fellow on Call (or Advanced Endoscopy Fellow)
 - a. Remain available by page for overnight emergencies/questions.

6. Observation Unit Nurse
 - a. Contact Observation hospitalist.
 - b. If discharge criteria are met then discharge the patient home. The patient and his/her driver should receive the Provation procedure note and discharge instructions.

7. Observation hospitalist
 - a. Enter all orders & oversee care.

Protocol: Patient Transfer from GI Procedures to PRU/Cardiac Cath Lab for Observation
Pending Floor Bed Admission

1. Criteria:
 - a. Bed available in PRU / Cath Lab Holding.
 - b. Hemodynamically stable, clear mental status, no need for continuous telemetry (though continuous monitoring is possible), 1:3 RN patient ratio.
 - c. Patient already admitted to an inpatient team, awaiting a floor bed.

2. GI Procedures Physicians (Attending and/or Fellow): *because these patients are admitted to an inpatient team the inpatient team will oversee care and write orders.* The attending and on call fellow will be responsible for providing the history, outlining the plan, and remaining available to assist when needed.
 - a. Finalize procedure note in ProVation.
 - b. Write brief Op note in the “post-op to floor” activity. After opening the note erase all the text that automatically appears and then use the dot phrase “.GIPOSTPROCEDURENOTE” and fill in the various fields. The cath lab will then be able to read this note in chart review (as well as the procedure note itself).
 - c. Page Hospitalist Attending Pager (123-7086) and discusses the case with the hospitalist.
 - d. Call **Joanna Lowry** (Medical Admitting Officer) at **919-667-4493** or **page 216-0936** to discuss need for transfer and bed availability.
 - e. Add the patient to one of the inpatient lists (biliary, luminal, hepatology) to help ensure there is follow-up on post-procedure day #1 and beyond.
 - f. Luminal or advanced endoscopy inpatient team to follow-up on the patient each day.

3. Hospitalist Service (or less frequently Gen Med teaching service)
 - a. Admit the patient. They will do their best to write basic orders so that the patient can leave GIP and go to the PRU/Cath Lab Holding before they do their H&P.
 - b. First call for all patient issues and all orders.
 - c. Page GI Fellow on call with any questions or concerns.

4. GI Procedures Charge Nurse
 - a. Contact PRU Charge Nurse (4-0440) / Cath lab Charge (4-5141) to discuss need to transfer of an already admitted patient who is awaiting a floor bed. If the patient meets observation criteria and a bed is available the charge nurses will coordinate transfer time. If the status changes and/or a temporary observation bed is no longer needed GIP charge nurse will notify the PRU/Cath lab charge nurse.

5. GI Procedures Recovery Nurse
 - a. Implement orders (labs, EKG, and x-rays, medications) that are due prior to transferring a patient to the PRU / Cath lab.

- b. Send the patient with a signed ProVation procedure note and ProVation discharge instructions.
 - c. GI Procedures will transfer patient and give PRU / Cath Lab RN bedside report using SBARQ and provide update on any patient care needs.
6. PRU / Cath Lab Holding Nurse
- a. Contact the inpatient team (not GI) if any questions or concerns.
 - b. Remain in contact with house supervisor to transfer patient to floor when a bed becomes available.

Protocol: Patient Admissions from GI Procedures to Medicine Team (Non-ICU)
Floor Bed Available

1. Criteria: Non-ICU level of care.
2. GI Procedures Physicians (Attending and/or Fellow): because these patients are admitted to an inpatient team the inpatient team will oversee care. The attending and on call fellow will be responsible for providing the history, outlining the plan, and remaining available to assist when needed.
 - a. Finalize procedure note in ProVation.
 - b. Write brief Op note in the “post-op to floor” activity. After opening the note erase all the text that automatically appears and then use the dot phrase “.GIPOSTPROCEDURENOTE” and fill in the various fields.
 - c. Page Hospitalist Attending Pager (123-7086) and discusses the case with the hospitalist.
 - d. Call **Joanna Lowry** (Medical Admitting Officer) at **919-667-4493** or **page 216-0936** to discuss need for transfer and bed availability.
 - e. Add the patient to one of the inpatient lists (biliary, luminal, hepatology) to help ensure there is follow-up on post-procedure day #1 and beyond
 - f. Luminal/advanced endoscopy inpatient team to follow-up on the patient each day.
3. Hospitalist Service (or less frequently Gen Med teaching service)
 - a. Admit the patient, including a “place patient in bed” order. They will write basic orders so patient can leave GIP.
 - b. First call for all patient issues and orders.
 - c. Page GI Fellow on call with any questions or concerns.
4. GI Procedures Recovery Nurse
 - a. Implement orders (labs, EKG, and x-rays, medications) that are due prior to transferring patient to the floor.
 - b. Send the patient with a signed ProVation procedure note and ProVation discharge instructions.
 - c. Give floor RN bedside report using SBARQ and provides updates on any patient care needs.

Admitting Outpatients from GI Procedures to the ICU (+/-temporary PACU or ED stay)

NOTE: Outpatients who code: if an ICU bed is not immediately available for an outpatient who codes the patient will first be transferred to the emergency department prior to the ICU. The GI charge nurse will call the ED charge nurse and house supervisor. The GI fellow/attending and anesthesiologist should give report to ED attending and write procedure/op note, but do not need to write orders nor call admitting.

NOTE 2: Outpatients who do not code but still need an ICU bed that is not immediately available will (1) be transferred to the PACU if available. Otherwise (2) recover in GI Procedures room with GI anesthesiology managing the care. The GI fellow/attending should still follow the below steps to admit the patient.

1. GI Fellow/Attending because these patients are admitted to an inpatient team the inpatient team will oversee care. The attending and fellow involved in the case will be responsible for contacting admitting, signing off to the new team, and notifying the on call fellow.
 - a. Call MICU/SICU Attending. (Ask attending if we should also sign-out to the residents). GI Fellow/Attending will enter "place patient in bed" order in EPIC. This is needed to move the patient to the ICU. The ICU team will write all other orders.
 - b. Call **Joanna Lowry** (Medical Admitting Officer) at **919-667-4493** or **page 216-0936** to discuss need for transfer and bed availability.
 - c. Finalize procedure note in ProVation.
 - d. Write brief Op note in the "post-op to floor" activity. After opening the note erase all the text that automatically appears and then use the dot phrase ".GIPOSTPROCEDURENOTE" and fill in the various fields. The ICU team will then be able to read this note in chart review (as well as the procedure note itself).
 - e. Add the patient to one of the inpatient lists (biliary, luminal, hepatology) to help ensure there is follow-up on post-procedure day #1 and beyond.
 - f. Notify the appropriate GI consult team and, if needed, the on call fellow.
 - g. Luminal/advanced endoscopy inpatient team to follow-up on the patient each day while active.
 - h. Notify charge nurse of admitting attending and team.

2. GI Procedures Charge Nurse
 - a. Call the House Supervisor (**If no response from MAO**) of the pending admission, GI physician contact, bed need, the team (MICU/SICU), that a bed referral has been submitted, and that the "place patient in bed" order has been entered.
 - b. Contact MICU/SICU (or PACU) charge nurse to arrange for transport, assign a space, and arrange for necessary equipment.
 - c. Verify that ICU fellow/attending entered "place patient in bed" order.

3. GI Procedures Recovery Nurse
 - a. Implement orders (labs, EKG, and x-rays, medications) that are due prior to transferring patient to the floor.
 - b. Send the patient with a signed ProVation procedure note and ProVation discharge instructions.
 - c. Give MICU/SICU (or PACU) RN bedside report using SBARQ and provide update on any patient care needs.

4. CRNA/Anesthesiologist
 - a. Continue to manage the patient until transfer to the MICU/SICU/PACU, using same procedure room if necessary and deemed a safe option.

Transferring Existing Floor Inpatients from GI Procedures to the ICU (+/-temporary PACU stay).

NOTE: Floor inpatients who need an ICU bed that is not immediately available will be monitored in the PACU if available. If PACU bed is not available manage patient in GI procedures. They will transfer to the ICU when a bed is available.

1. GI Fellow/Attending

- a. Call MICU/SICU Attending
- b. Call primary team that was previously responsible for the patient
- c. GI Fellow/Attending will enter "place patient in bed" order in EPIC. ICU to write all other orders.
- d. Finalize procedure note in ProVation.
- e. Write brief Op note in the "post-op to floor" activity. After opening the note erase all the text that automatically appears and then use the dot phrase ".GIPOSTPROCEDURENOTE" and fill in the various fields. The ICU team will then be able to read this note in chart review (as well as the procedure note itself).
- f. Notify appropriate GI consultation team and on call fellow (if needed).
- g. Luminal/advanced endoscopy inpatient team to follow-up on the patient each day while active.
- h. Notify charge nurse when place patient in bed order and sign out to team is completed.

2. GI Procedures Charge Nurse

- a. Call **Joanna Lowry** (Medical Admitting Officer @ **919-667-4493** or **page 216-0936** to discuss transfer of an existing inpatient from GI procedures to an ICU. Include GI physician contact, bed need, the team (MICU/SICU), that a bed referral has been submitted, and that the place patient in bed order has been entered.
- b. Contact MICU/SICU (or PACU) charge nurse to arrange for transport, assign a space, and arrange for necessary equipment.

3. GI Procedures Recovery Nurse

- a. Implement orders (labs, EKG, and x-rays, medications) that are due prior to transferring patient to the floor.
- b. Send the patient with a signed ProVation procedure note and ProVation discharge instructions.
- c. Give MICU/SICU RN bedside report using SBARQ and provide update on any patient care needs. (If patient will be temporarily sent to the PACU then give report to PACU nurse).

4. CRNA

- a. Continue to manage the patient until transfer to the MICU/SICU/PACU, using same procedure room if necessary.