

**Center for the Urban Child (CUC) to ED Referrals: Urgent and Emergent Transfers**

<p><b>Example of LOW RISK/STABLE patients:</b>  <b>Low risk of deterioration</b>                  Jaundice                  Fever/limp                  Fever without source                  Fever unknown origin (FUO)                  Stable pneumonia</p>	<p><b>Examples of MODERATE RISK patients:</b>  <b>Impending deterioration</b>                  Croup                  Bronchiolitis                  Pneumonia with hypoxia                  Asthma exacerbation (stable) that fails to improve in office                  Febrile young infant w/ tachycardia</p>	<p><b>Examples of HIGH RISK patients: Imminent risk of deterioration</b>                  Severe croup w/ distress                  Pneumonia w/ distress                  Asthma w/ hypoxia/distress                  Respiratory Failure                  Prolonged seizure                  Any airway compromise or arrhythmia</p>
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**Communication/Documentation Steps: FOR ALL CUC to ED Transfers**

Call SCHC ED Communication Center @ 215-427-6900. (do this even if you spoke with ED attending or ED nurse to assure that an ED pre-arrival note is created). **\*\*ED attending may be PATCHED IN if requested**

- ✓ **Patient Name/DOB**
- ✓ **Relevant Medical Information:** HPI, EXAM, PMH, Rx, testing results
- ✓ **Concerns:** Medical, social, other
- ✓ **Requests:** Callback (name/contact number). When pt arrives or at end of ED evaluation?
- ✓ Consult specialist \_\_\_\_\_
- ✓ Obtain study \_\_\_\_\_

**Document call in Next Gen:**

- ✓ Date/time, who took the call from ED communications center.

*\*Any information provided may be entered into the ED EMR. Please be specific about any key concerns or requests (e.g., "please make sure to write down that I want to be called as soon as the patient arrives in the ED")*

**LOW RISK/STABLE patients (see above) MAY or MAY NOT need admission. This is NOT a direct admit. For direct admits, follow Direct Admission Protocol.**

1. Follow steps in Box 2 (Communication/Documentation steps)
2. Send parent/patient to ED for further evaluation. No escort team needed if family reliable/low risk. Send with resident or CUC staff member if possible for wayfinding.
3. Inform management team of transfer for further review/debrief. Event reporting (Quantros) not indicated.

**MODERATE RISK patients who require further workup/care in ED but have MODERATE risk of impending deterioration (see above): MAY or MAY NOT need admission.**

1. Follow steps in Box 2 (Communication/Documentation steps)
2. If ED determines patient can be safely transported by CUC team, a 2-person clinical team should be deployed to escort family (PNP/provider/resident + RN or MA depending on level of stability)
3. Complete QUANTROS event reporting.
4. Inform management team of transfer for further review/debrief via tasking chart in Next Gen.

**HIGH RISK patients who have imminent risk of deterioration (see above):**

1. SCPA attending/CRNP stay with patient. CALL FOR HELP. Delegate SCPA team members to inform RN team to support /stabilize patient. RN should designate team member to inform management team immediately via cell phone/text.
2. Delegate team member to Call CODE 99 (**80** on SCHC phones).
3. SCPA team (Provider/RN/MA): begin high quality CPR, administer O2, BVM, PRN needs of patient.
4. Inform security and front desk staff of code for wayfinding.
5. After transfer, Complete QUANTROS event reporting.
6. Inform management team of transfer for further review/debrief via tasking chart in Next Gen.