Transfer Protocols: LT-UC to Liberty ED

**Critically Ill/Unstable Patients**

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*Requiring care in the Big Room*

*Patient example:* Sepsis, severe difficulty breathing requiring immediate intervention, hypotension, status asthmaticus, unstable airway, SVT, seizure

**ACTION:**

*Call a hospital code*

*Team Coordinator, provider, or RN can call 6-8888*

*Designated ED staff (Medic, PCA) will come to LT-UC with stretcher and transport pt to Big Room*

*If a visitor or family member becomes ill and requires intervention, call 636-8888 to notify the hospital code team.*

**Stable Patients Requiring ED Care**

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*Pt needs to go directly to a room*

*Patient example:* pt with infusing IVF at end-of-shift for LT-UC, angulated fracture presenting directly to UC

**ACTION:**

- Team Coordinator calls Statline to put in referral
- Charge RN paged; Charge RN holds room in ED for pt and gets report from LT-UC RN
- Charge notifies ED doc in area
- LT-UC TC notified when bed ready; TC notifies LT-UC staff to take pt to ED room
- ED RN & MD receive face-to-face handoff from LT-UC provider and RN

**Pt can wait in ED lobby**

*Patient example:* psych eval, abscess

**ACTION:**

- Team Coordinator calls Statline; Statline puts referral in Epic
- Pt goes to ED (+/- PCA escort depending on complaint)
- RN performs phone report
- Provider documents referral in Epic
- Pt will be triage priority but may still go to lobby

If a visitor or family member becomes ill and requires intervention, call 636-8888 to notify the hospital code team.