EP7EO-10

Vertical Treatment Process

Purpose:

* To decrease door to PA/doctor time for patients
* To decrease number of patients who leave without being seen
* To increase patient satisfaction

Patient Exclusion Criteria:

* Patients that will need continuous monitoring of vital signs- i.e. on a monitor
* Patients that will need IV narcotics
* Patients who cannot tolerate sitting or reclining in a chair
* Patients who have too many family members who must stay with them

than what the area can accommodate. (i.e. Mother with 3 kids)

As patients arrive in the waiting room, if there are not rooms available immediately, see algorithm. Follow the vertical treatment process as follows for patients who will remain in the VT area:

Vertical Treatment Process:

1. Vertical Treatment RN will communicate with ESI, triage RN, and PA to decide what patients will be appropriate for this area and when new patients arrive in ED.
2. After deciding a patient is appropriate for the vertical treatment area, the RN/tech will receive the patient from the waiting room and explain the purpose of the vertical treatment area and what the patient can expect. (i.e. “Our PA on staff will see you right way, order tests, and then we will have you return to the lobby where there is a tv and comfy chairs until the results are back which will take about \_\_\_ minutes. Then I will call you back to this area for the PA to go over your results with you.) Also explain to family members that there is limited space and they may be more comfortable waiting in the lobby. If a patient objects to being in this area inform the charge nurse so different arrangements can be made.
3. Patients who agree to be seen in this area will be escorted to a chair labeled as VT1, VT2, or VT3 and RN/tech set up the appropriate chart.
4. RN/tech will communicate with the designated PA about receiving a new patient and enter collaborative orders if the PA is not able to see a patient immediately.
5. RN/tech will provide the appropriate treatments. If necessary, the patient will be brought to the “procedure room” for tests (EKG, IV) and then be escorted back to their chair, or if the PA has seen the patient and it is appropriate the patient will be escorted back to the lobby. The RN will need to move the pt on the tracker and move their chart as the pt moves locations. (ie. V1 to V4 and then to LB)

**Remember, do not send patients to the waiting room in a gown**

1. When a pt is moved to the lobby, move them on the tracker to “LB 1” if they are appropriate to remain as a vertical treatment patient and to “LB 2” if they will need a room. This will make it easy for the charge nurse to stay informed of what patients need rooms. Move their paperwork to the appropriate chart or chart rack.
2. RN will chart a triage assessment, initial assessment, fall risk, OSA, ht/wt, med rec/allergies, discharge and acuity on these patients as well as any other treatments or assessments that may be necessary. If the patient is most likely to be moved to a room, only triage charting is necessary (triage assessment with vitals, ED history, and fall risk)
3. VT RN will be diligent about making sure tests are done in appropriate amount of time (i.e. Call lab or imaging to inquire about any delays. Also be sure chest x-rays are being ordered as “2 view”. “1 view” orders cannot be done on patients in the lobby and will delay patients from getting their x-rays.)
4. VT RN/tech will notify the PA when results are back and will call the patient to a chair in the vertical treatment area or to a procedure room if more privacy is necessary.
5. VT RN will ensure that registration receives patient’s information prior to discharge
6. If it becomes necessary for a patient to become a horizontal patient instead of vertical during this process, the VT RN will notify the charge RN and the patient will be moved to a room assigned by the charge RN. When necessary, the PA will give report off to a MD and the MD will continue with this patient’s care. The RN will give report to the new primary RN and move the patient’s paperwork to the appropriate chart.
7. RN/tech will clean chairs, equipment, and procedure bed after each use
8. The RN and tech should be designated to the vertical treatment area and should not be taking on patients elsewhere in the department. The tech can help in triage and other pods when it is slow in VT but their primary responsibility should always be to VT.

Tech Responsibilities

* Escort patients to chairs, procedure rooms, or lobby
* Ensure rooms are set up for procedures and restocked
* Take vitals upon arrival and discharge
* Enter collaborative orders
* Provide treatments (IV, EKG, suture removal, splinting, wound care, etc.)
* Clean rooms
* Other responsibilities/duties delegated by the VT or Charge RN