



Title:	Med Express GUIDELINES	Policy Number:	
		Origin Date:	
Entity:	Bon Secours Hampton Roads	Revision Date:	
Division:	Emergency Services	Review Date:	
Category:		Approved by:	J. Doucette

POLICY: The following criteria are to be used as Guidelines for triage of patients to Med Express. These criteria are in no way intended to replace the clinical judgment of triage nurses, but to provide a consistent approach to Med Express patients.

PROCEDURE:

GENERAL CONSIDERATIONS:

- Expected total treatment time of one hour or less.
- Patients are without serious underlying medical conditions that may be expected to worsen as a result of their current complaint.
- That adequate staffing and equipment necessary to meet treatment goals is available at all times.
- X-Rays: Patients presenting with extremity injuries may go to x-ray before going to Med Express. The nurse will be responsible for initiating the protocol.
- Med Express is open 12 hours daily. Hours may change during census fluctuations.
- Please follow guidelines, and ask when you have questions.

Items in the “Yes” column are considered appropriate for Fast Track. Those in the column “No” column is NOT considered appropriate.

HEENT	YES	NO
Headache	<ul style="list-style-type: none"> • Sinus Origin • Migrane with previous history 	<ul style="list-style-type: none"> • New Onset Migranes • Neurologically associated deficits
Head Injury	<ul style="list-style-type: none"> • Lacerations • No Loss of Consciousness 	<ul style="list-style-type: none"> • Adult or child with loss of consciousness, vomiting or altered mental status
Earache	<ul style="list-style-type: none"> • Infection • Foreign Body 	
Toothache	<ul style="list-style-type: none"> • Pain 	
Eyes	<ul style="list-style-type: none"> • Corneal Abrasions • Localized infections • Foreign bodies • Chemical Splashes 	<ul style="list-style-type: none"> • Obvious globe injury • Periorbital cellulitis

Nose	<ul style="list-style-type: none"> • Foreign Body • Nosebleed from minor trauma or sinus infections 	<ul style="list-style-type: none"> • Significant nosebleed
Throat	<ul style="list-style-type: none"> • Infection 	<ul style="list-style-type: none"> • Trismus • Drooling or stridor

CHEST	YES	NO
Cardiovascular	<ul style="list-style-type: none"> • Minor trauma to chest • Pleuritic pain • Chest pain associated with upper respiratory infection • Asymptomatic hypertension SBP<180 	<ul style="list-style-type: none"> • No Chest Pain that is not clearly musculo-skeletal
Pulmonary	<ul style="list-style-type: none"> • Cough • Mild asthma with RR < 30 and normal SPO2. 	<ul style="list-style-type: none"> • Symptomatic SOB • SPO2 less than 93%
Trauma	<ul style="list-style-type: none"> • Muscular Strain • Uncomplicated rib injury 	<ul style="list-style-type: none"> • Suspected pneumothorax

GI	YES	NO
Gastrointestinal	<ul style="list-style-type: none"> • Hemorrhoids • Vomiting < 2 times within past 12 hours • Diarrhea < 2 times within past 12 hours 	<ul style="list-style-type: none"> • Actively vomiting • Diarrhea • Ingestion • Abdominal Pain
Genitourinary	<p>MALE</p> <ul style="list-style-type: none"> • Frequency, Urgency or Dysuria • Penile discharge <p>(No voided sample until evaluated by provider)</p> <p>FEMALE</p> <ul style="list-style-type: none"> • Frequency, Urgency or Dysuria • Vaginal discharge, itching or irritation • Pain or bleeding with intercourse 	<ul style="list-style-type: none"> • Abdominal or pelvic pain • Testicular complaints • Suspected kidney stone <ul style="list-style-type: none"> • Fever or vomiting with flank pain • Problems with pregnancy • Vaginal bleeding –

	<ul style="list-style-type: none"> • Vaginal Bleeding – Non-preg. • Bartholin Cyst 	<ul style="list-style-type: none"> • known pregnancy • Threatened AB
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MUSCULO-SKELETAL	YES	NO
Back Pain	<ul style="list-style-type: none"> • Trauma – Ambulatory patient • Acute minor strain or injury • Chronic back pain 	<ul style="list-style-type: none"> • Non-ambulatory • Neurological Deficit • Fever
Lacerations	<ul style="list-style-type: none"> • Simple facial, trunk or extremities • Suture removal • Wound Rechecks • Puncture wounds 	<ul style="list-style-type: none"> • Complex lacerations* • Requested Plastic/Facial MD
Extremity Trauma	<ul style="list-style-type: none"> • Puncture wounds • Sprain/Strain • Needle sticks • Contusions • Abrasions • Superficial foreign body removal • Joint pain associated with trauma • Ingrown toe nail • Blood and body fluid exposure 	<ul style="list-style-type: none"> • Severe extremity deformity • Shoulder Dislocation • Vascular compromise
Burns	<ul style="list-style-type: none"> • 1st degree burns • 2nd degree burns if less than 5% of body surface area and not on children 	<ul style="list-style-type: none"> • Any 3rd degree burns • Circumferential burn of hand or fingers/toes/feet • Facial burns greater than 1st degree
Skin	<ul style="list-style-type: none"> • Insect bites • Localized cellulitis • Rash without significant systemic symptoms • I & D's • Animal or Human Bites 	<ul style="list-style-type: none"> • Skin reactions with SOB

PEDIATRICS	YES	NO
	Children who fit the Adult Criteria may be seen in FT.	<ul style="list-style-type: none"> No children < 90 days of age with fever > 100.

GENERAL CONSIDERATIONS	YES	NO
	<ul style="list-style-type: none"> Suspected influenza Medication Refills EMS arrivals appropriate for FT after triage. 	<ul style="list-style-type: none"> Psychiatric complaint
Waiting Times	<ul style="list-style-type: none"> Overflow from ED side can be seen on FT side if deemed reasonable by FT Provider. Overflow from FT side can be seen on ED side if deemed reasonable by ED Provider. 	
Triage Discretion	Any condition that potentially can be addressed and disposition made within one hour.	

EXCEPTIONS:

REFERENCES:

RELATED POLICIES:

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Source: Jeffrey N. Soucette, Bon Secours Hampton Roads, Hampton Roads, VA.



**Policy and Procedure
Manual**

Title:	QuickER Care Exception Guidelines	Policy Number:	ESCTS030
		Origin Date:	6/10
Entity:	Bon Secours Hampton Roads	Revision Date:	6/10
Division:	Emergency Services	Review Date:	6/10
Category:	Provision of Care, Treatment and Services	Approved by:	J. Doucette

POLICY: All patients should be evaluated for treatment in QuickER Care. The following are absolute exceptions to a patient being treated in QuickER Care:

1. Patients who require cardiac monitoring
2. Patients who must remain in a supine position, and cannot sit or stand on their own.
3. Behavioral Health patients requiring medical clearance and mental health evaluations
4. Sexual assault cases
5. Child Protective services cases requiring medical clearance
6. All children < 30 days of age

All other patients may be assessed in the QuickerER Care area first and if deemed necessary after initial assessment by the ED physician or MLP provider, moved to the Main treatment area for appropriate monitoring.

EXCEPTIONS: None

REFERENCES: None

RELATED POLICIES: None

AUTHOR: Jeffrey N. Doucette, RN, MS