



Fontana and Ontario Emergency Departments

In conjunction with Internal Medicine Hospitalists, Intensivists, and Cardiologists

MEMORANDUM

To: Emergency Department Physicians, Hospitalist Physicians, Intensivists, and Cardiologists

Date: Effective Date February 14, 2018

RE: Care of Admitted Patients Boarding in the Emergency Department

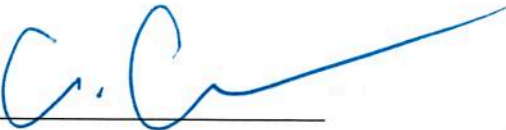
Purpose

To ensure safe and uninterrupted inpatient care for those patients admitted to the hospital but physically located in the Emergency Department (ED) at Fontana and Ontario Medical Centers. Patients who are admitted but waiting for a bed in the Emergency Department are deemed "Boarders."

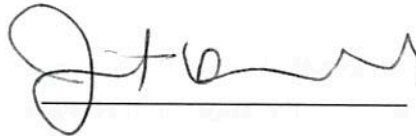
Policy

1. Any patient admitted to the hospital boarding in the ED will be managed as if they were on the floor units by the appropriate inpatient service
2. The patient's physical location in the ED will not alter timely consultation by the ICU team or subspecialty service including Cardiology/Gastroenterology if requested
3. Deterioration of a patient's condition will mirror standard operating procedures on the floor units; the bedside RN in the ED will contact the Rapid Response Nurse as well as the inpatient team
 - a. Airway Management
 - i. If an emergent airway (immediately lifesaving) is required, an ED physician on duty will manage until relieved
 - ii. Non emergent airways will be managed per existing policies on the floor units including requesting assistance from the ICU or anesthesia
 - b. Central Venous Access
 - i. If a central line is indicated (eg. patient in shock on vasopressor) while the patient is still under the care of the initial treating ED physician (admitted or not yet admitted), then it is the responsibility of the ED physician to place the line
 - ii. If the patient decompensates after being admitted to the hospitalist inpatient service, the central line is the responsibility of the hospitalist who can get assistance from an Intensivist, Surgeon, etc.

- iii. If the patient decompensates after being admitted to the ICU, the central line is the responsibility of the Intensivist
 - 1. If the Intensivist is unable to respond in a timely manner due to a resuscitation in the ICU he/she may call and request assistance from any ED physician on duty via FMC 29113 or OMC 45810
 - c. Any procedures required that are non-emergent (not immediately life-threatening) will be handled by the appropriate inpatient team including central lines, lumbar punctures, paracentesis, thoracentesis, etc.
- 4. Any patient who is coding in the ED will be immediately managed by the ED physician team. The bedside RN will contact pager 1600/1606 at FMC and 1606 at OMC. The respective code team will respond and relieve the ED team.
- 5. The above policies do not trump agreed upon cooperation between two providers with the common goal of helping our patients get the best care possible



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