

**NEUROSURG PATIENTS:**

if you have a bleed please consult neuro here for these patients. Maimo and other hospitals are pretty full so will be hard to transfer these patients. Neuro will work with you to help coordinate and may keep more of them in house.

**AIRWAY ETC:**

Purchasing just placed an order for these devices for respiratory. They are single patient use, require no special equipment other than an oxygen source and are very easy to use. Neb treatments can be given with them as well if needed. This might be a fast safe option.

<https://www.mercurymed.com/product/flow-safe-ii-ez-integrated-nebulizer/>

Avoid bipap as much as possible on possible covid patients. HFNC can be set up we just can't transport on it.

Also for patients who arrest, we will leave them on the vent during the code instead on using the resuscitation bag. This will also help protect staff.

**PEDIATRIC Follow Up's:**

Protocol to schedule post ER visit appointments for Suite D and Pediatric Faculty Practice in the times of COVID-19

Both Suite D and Pediatric Faculty Practice are trying to minimize face-to-face visits at this time. Therefore, any follow up for patients being discharged from Peds ED needs to be discussed in person with a Suite D attending (Dr. Tena or Dr. McLean) or the specific Faculty Practice attending who is the PCP for the patients.

- 1 Once you contact the appropriate PCP, you can make a plan as to whether an in-person or phone follow up is needed. If a phone follow up will suffice, the appropriate PCP will contact the patient.
- 2 If you have any issues or questions, for Suite D call x2978 and ask for Dr. Tena or Dr. McLean. For Faculty Practice, call x1908 and ask for Ms. Williams.
- 3 I am also available by pager to answer questions, 917-760-1436.

**PEDS PT'S:**

We are changing the age of patients seen in peds to 0-25. We will be placing patients in the peds area to decompress that area. For admissions: the patients above 18 go to adults, pts with subspecialty attending's can to the peds floor up until 21.

**FLOW IN MAIN:**

We are trying to cohort the respiratory complaints in the main ED in the back so they have single spots vs the double rooms in the front who will be placed in beds 1-4. This is going to change as the ED gets full but the RN triage nurse who is stationed in the ambulance bay is doing her best.

**ENTERING THE BUILDING:**

Staff will only be able to enter the building at 470 Clarkson and the Phab entrance (this entrance requires the new downstate ID) starting monday.