

TESTING for employees:

If you have been tested on either side of the street or at another facility please let infectioncontrol@downstate.edu know as soon as you know what your result is. Even if it is negative they will need to know for their database.

If you are symptomatic please let us know immediately. There is a process in place on both sides of the street that involves employee health that we can refer you to.

PEDS:

for clarification it is 24 years and 364 days that can go to peds. That being said I think everyone is flexible in this time. We need to be fluid and have conversations regarding what we need to do based on what the areas look like.

ICU CONSULTS:

Consult icu for all patients on 4L oxygen that you are concerned about COVID. Even if they are not candidates to go to the ICU while in the ED they would rather be aware of these patients since they often end up on their service. Text page 917-205-0626 with the MR number and the word "covid" and your name so they can call back for the sign out.

ADMISSIONS:

For covid19 patients that need to be admitted, do not wait for everything to be back. Call the attending that is accepting for the covid floor and let them know so they can come see the patient early. They are interested in thinking/talking about vent utilization with families early so they can plan appropriately. Continue to place the admission in ERMED and speak with the MAR.

TESTING PATIENTS:

If you are testing a patient either through quest or DOH please do not test for viral panel with bio fire unless you really need it. We don't have much media left for that. The prevalent virus is covid 19 at this time.

NEURO-SURGERY PATIENTS:

Please consult neurology for all these patients.

Jeff Farkas' group has agreed to transfer our patients(either Lutheran or Brookdale) requiring thrombectomies.

Contact info:

Karthik Arcot (347)997-2451(first call)

Jeff Farkas (201)207-0849 (second call)

As far as neurosurgery:

Maimo-They are available for telephone consult and on a case by case basis may transfer if a bed opens up.

KCHC

Brookdale
Lutheran

Otherwise, admit to Neurology.

LUNCH this weekend:

There will be lunch delivered to KCHC on Saturday and to UHB on Sunday. There are snacks and drinks in our office anytime. Just call us and we will bring them down to the ER.

ICU BEDS: Just for your info...doesn't change our work flow

Critical Care: All admission/discharges will be managed by intensivist service:

1. CCU (already using) (N=7)
2. CTICU (1 isolation bed and may be able to place doors to make enclosed rooms) (N=8)
3. MICU (less than ideal) (2 isolation rooms) (cohort in the middle) (N=10) All the critical care non-COVID 19 patients would go to PACU/PIRR
4. NS82 (22 vent capable beds) (N=22)
5. PICU

This means we have the potential for 25 critical care beds for COVID before we would need to start taking over NS 82.

CHANGES IN FLOW:

We are going to be changing some of our front end flow. We will be moving to a respiratory waiting room vs non-respiratory waiting room. We have attached a diagram that shows what this will look like. We are hoping to start on Monday.

Patients will be screened by a tech or a nurse prior to triage who will be checking pulse ox and temperature. If abnormal they will go to the Main ER or straight to the peds ER exam room (cut off of temp 101, O2 sat 94%). The patient's that have normal temp and O2 sat will be asked about their symptoms and placed into a respiratory waiting room (fast track waiting room) and a non-respiratory waiting room (peds waiting room). The ED triage nurse will be out in the waiting room's and be triaging there and if anyone is identified as missed but sick then they will go to the back. Otherwise they will wait to be seen in the pre-identified waiting room they are in.

This will affect peds. Peds and adults will be together. We realize this will affect work flow for the peds residents and the EM residents on peds rotation. They will have to be slightly flexible in moving between rooms currently.

All visitors will be placed in a mask and have temperature checked. Visitors will be screened for fever (100.4). Febrile visitors will be asked to go home and self quarantine. Afebrile visitors will be directed to the MRI waiting room to wait for their loved ones. No visitors will be allowed in fast track or the Main ER unless needed by the doc. Peds patients can have 1 visitor/parent with them. They will be screened with the same guidelines of temp of 100.4

