

Testing:

We are no longer using DOH. Order sars2 in tsystem. You can use either viral media that was for quest or doh. Only one nasopharyngeal swab needed. Send to lab. Turnaround time should be less than 12 hours.

AIRWAY:

We now have this device: If you need to use it here is a video.
<https://www.quadmed.com/product/flow-safe-ii-ez-disposable-cpap-system>

See attached intubation guidelines that we are continuously trying to update

If you are overwhelmed the anesthesia attending is willing to come do all the ED intubations. Call extension 2530 or 1910. Or page 917-205-0536.

TREATMENT PROTOCOL:

ID at UHB has come up with a treatment protocol which is attached to this email. There is a lot of inpatient information so use what you think is useful for the ED.

PPE:

We have a stock of heavy duty goggles for all the PA's, attendings, and residents thanks to Dr Arquila for buying these for us. We will be giving these out this week through Patti Roblin at 440 Lenox Road suite M (disaster office). You will need to sign out for these. The goggles can be reused so please clean them after each shift. We are still having everyone take a new N95 at the start of your shift. Please pick up a pair.

VISITORS:

There are no visitors allowed in the ED. We can use the MRI waiting room to put family of imminent deaths. Peds can have one parent. All the parents will be screened prior to coming into the ER.

TELECONFERENCE:

We will be holding the same conference during resident lecture for anyone with questions. We will send out a summary after the call. If you have specific questions that you think will be useful for the group you can email them to me ahead of time. 3/25 11am. Zoom link will be sent out by Ronnie prior to conference.

Rotators:

We have surgery residents willing to help us in the ED tomorrow. Dr Benson will orient them and assign them to the ER. Remember they are in a new space & trying to be

helpful. Please be nice. It's a high stress environment that they are not used to.

FLOW:

There is a new flow for the ED. See attached diagram.

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.