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| POLICY: | RN Medical Screening Exam in ED | |
| Effective Date: | 07/15/09 |  |
| Revision Date |  |  |
| Review Date: |  |  |
| Approved: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PURPOSE:** To make an initial determination within the resources of the hospital whether an individual who presents to the Emergency Department (ED) has an emergency medical condition, in accordance with 42 USC 1395 dd. **Examination and treatment for emergency medical conditions and women in labor (EMTALA); also known as Section 1867 of the Social Security Act; also known as Section 9121 of the Consolidated Omnibus Budget Reconciliation Act of 1985 (OBRA).**

To ensure that individuals are treated in a timely manner based upon the acuity of the illness or injury.

To ensure that individuals are treated for their illness or injury by the most appropriate provider.

**POLICY STATEMENT:**

1. A MSE may be performed by an RN with competencies approved by the Medical Staff.
2. The RN may request that the Physician or AHP come to the ED and assess patient at any time. The Physician or AHP will comply with this request.
3. The Physician or AHP will perform the MSE on any patient that presents with a possible emergent condition, complex medical history, or OB > 20 weeks.
4. Care shall not be delayed in order to inquire about payment status. The individual or responsible adult shall make payment arrangements or supply insurance information promptly after emergency services are rendered.

**DEFININTIONS:**

An emergency medical condition (EMC), for the purposes of the policy means:

* 1. A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, psychiatric disturbance and symptoms of substance abuse, such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or unborn child) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part.
  2. With respect to a woman who is pregnant and having contractions, that there is inadequate time to complete a safe transfer to another hospital prior to delivery or such transfer may pose a threat to the health and safety of the woman or the unborn child.

1. Stabilization means:
   1. Within reasonable medical probability, the transfer (to include discharge) will not result in deterioration or jeopardy to the medical condition or expected chances for recovery of the individual or, with regard to a woman in labor, that the woman has already delivered her baby, including the placenta)
2. The assigned Emergency Department Registered Nurse (RN) is designated as a Qualified Medical Person (QMP) and shall perform a medical screening exam including an assessment of the involved area/system and take a history of the complaint/illness on all individuals presenting. If the RN feels that auxiliary tests (labs/x-rays/other diagnostics) are needed to make a determination of the injury/illness, he/she will call the on-call physician or Allied Health Professional (AHP), also known as a mid-level provider i.e. Nurse Practitioner or Physician Assistant.

**PROCEDURE:**

**Registered Nurse Responsibilities**

1. All individuals who present to the ED will have a medical record generated and an initial medical screening exam (MSE) completed by a RN who is proficient in performing this function as specified by the medical staff. The medical screening RN will take a history, check appropriate vital signs, assess the individual and document the assessment findings on the ED medical record. The RN will call or communicate with the on-call ED Physician or AHP regarding assessment findings. The RN may at any time request the ED Physician or AHP present to the ED to evaluate the patient.
2. The medical screening performed by the RN will normally be done in the Emergency Department.
3. All OB patients greater than 20 weeks gestation with signs/symptoms directly related to pregnancy will receive their initial medical screening in the Emergency Department.
4. Individuals presenting with the following complaints or conditions observed by the RN will be taken immediately to the ED. The on-call Physician or AHP will be called STAT and a MSE will be done by the Physician or AHP. Registered Nurses conducting the MSE will follow ACLS, BLS, first aid and ER standing protocols as needed until a provider arrives. Some situations that could be life threatening medical emergencies are listed:
   1. Cardiopulmonary /respiratory arrest
   2. Chest pain that suggests cardiac origin
   3. Severe pain (any location)
   4. Uncontrolled bleeding
   5. Active seizures
   6. Orthopedic emergencies
      1. Life or limb threatening injuries
      2. Dislocation of joints
      3. Suspected spinal injury
   7. Acute respiratory distress
   8. Active vomiting
   9. Exhibits disruptive, unsafe behavior
   10. Psychiatric disorders
       1. History of drug ingestion with altered mental status.
       2. Delusions or hallucinations
       3. Suicide attempt or suicide ideation
       4. Assaultive, self mutilation or destructive behavior
       5. Impaired reality accompanied by psychotic behavior
       6. Withdrawal symptoms with abnormal vital signs
   11. Precipitous delivery
   12. Sexual assault
   13. Any condition which has rendered the patient unconscious
   14. Sudden loss of vision or severe eye pain
   15. Diabetic emergencies: Acutely ill with vomiting , tachycardia and tachypneia.
5. Individuals determined to have the following conditions, or any other condition which the nurse cannot determine upon initial medical screening examinations to be non-emergent, will be seen in the ED for a further medical screening exam by a Physician or AHP :
   1. Abdominal or flank pain
      1. Associated with trauma
      2. Duration less than 72 hours
   2. Abnormalities in vital signs **-** individuals with abnormalities of blood pressure, pulse, respirations, or temperature which are pertinent to the presenting problem. Parameters are:
      1. B/P greater than 180/110 or less than 80/40

Pulse greater than 160 and less than 40

* + 1. Fever greater than 102 degrees F in adults
    2. Fever greater than 102 at screening or greater than or equal to 103 degrees F by history in pediatric patients
  1. Allergic reactions: Systemic symptoms, with or without abnormal vital signs, except with isolated urticaria/hives.
  2. Non pleuritic and non traumatic chest pain over age of 30
  3. Constipation resulting in impaction or needing enemas.
  4. Dental problems caused from trauma requiring instrumentation if no dentist is available.
  5. Epistaxis with uncontrolled active bleeding
  6. Eye problems
     1. Foreign bodies
     2. Known glaucoma
     3. Eyes needing irrigation
     4. Sudden eye pain
     5. Vision change
     6. G.I: Any or all of the following:
     7. Orthostasis
     8. Hematemesis
     9. Melena
     10. Bright red blood per rectum, not hemorrhoidal
     11. Other pertinent factors such as coumadin therapy
     12. Pertinent nausea, vomiting or diarrhea
  7. Headache that is severe or atypical
  8. Ingestions - All except those determined by the ER physician and poison control not requiring medical treatment.
  9. Jaundice in the presence of other symptoms
  10. New onset hemiparesis or dysphasia
  11. Individuals who will require lifting to an exam table because of presenting condition.
  12. OB/GYN
      1. Requiring or likely to need IV’s
      2. Requiring or likely to need a pelvic exam
      3. Vaginal bleeding
         1. With abnormal vital signs
         2. Post - menopausal
         3. Pregnant with cramping and /or passage of tissue
  13. Psychotic disorders
      1. Objective data of inability to maintain nutrition in patient with altered mental status
      2. From observation or reports

Seizures - Postictal or with abnormal neuro exam

* 1. Shortness of Breath with any of the following:
     1. Unable to lie down
     2. Sweating
  2. Sore throat with fever over 104 degrees F
  3. Substance abuse problems
     1. Disruptive/agitated individuals
     2. Individuals requesting detox
  4. Surgical: Condition that may require I&D ex: pilonidal cyst, perirectal abscess
  5. Throat problems
     1. Foreign body causing airway obstruction
     2. Any symptoms suggestion airway or esophageal obstruction
  6. Trauma
     1. Abrasions requiring significant debridement
     2. 2nd degree burns
        1. Involving one or more of the following areas:
           1. Both palms
           2. Face
           3. Soles of feet
           4. Genitalia
        2. Extensive burns requiring hydration, parenteral analgesia, or with the likelihood for admission
     3. Lacerations requiring suturing
     4. Head injuries with abnormal neuro exam
     5. Orthopedics
        1. Marked swelling
        2. Any deformity
        3. Injuries requiring reduction
        4. Traumatic effusions
  7. Urological problems

1. Requiring IV’s

* + 1. Acute urinary retention
    2. Difficult past catheterizations, per individual history
  1. Rechecks or follow-up for worsening symptoms
  2. Any patient with the following underlying diagnosis, regardless of presenting complaint:
     1. Cancer - undergoing active treatment that affects immune function
     2. Organ transplant
     3. Renal dialysis
     4. Artificial heart valves with a fever >101 degrees F
     5. Paraplegic or quadriplegic
     6. Developmental Disabilities
     7. Other severe chronic systemic diseases that impact the current complaint

6. Individuals determined upon initial MSE to have only the following conditions or any other condition of a similar non-emergent nature, will be determined to be non-emergent, and may receive their follow-up care at Roundup Memorial Healthcare or their Primary Care Provider:

* 1. Chronic, non-progressing symptoms
  2. Minor puncture wounds of an extremity
  3. Toothache
  4. Minor burns
  5. Minor limb trauma
  6. Earache and fever less than 102 degrees F.
  7. Sore throat and fever less than 102 degrees F.
  8. Foreign body in ear
  9. Oral fever less than 102 degrees F
  10. Chronic headache
  11. Wound check, possible infected
  12. Dysuria
  13. Ear drainage without trauma or fever
  14. Chronic, unchanged back pain with no neuro findings
  15. Cold symptoms, over 3 months of age
  16. Suture removal (can be done by RN in ED or clinic)
  17. Cast check, routine, with no pain (can be done by RN in ED or clinic)
  18. Medication refills
  19. Simple rash, without other symptoms
  20. Vaginal discharge
  21. Routine recheck or follow-up visit

1. When the RN has completed the initial MSE and the on-call Physician or AHP has determined that the patient does not have an emergent condition, the RN discusses with the patient the options for care. The patient may remain in the ED to be seen in priority order or go to the Roundup Memorial Healthcare Clinic for treatment. All individuals who request to be seen in ED will be seen in ED.
2. The ED record will be initiated and the information obtained will be documented on it whether or not the patient remains in the ED or goes to the clinic for further medical treatment. If there are no appointments available at the clinic or the clinic is closed, consult with the on-call Physician or AHP as to plan of care.
3. Give the patient directions or escort to clinic and provide any other assistance as needed.
4. Apply simple dressing to patients with wounds.
5. Orthopedic and soft tissue injuries with swelling should be treated with ice and elevation while waiting.
6. Ensure that individuals who are nauseated, syncopal and dizzy, or and nonambulatory are provided safety and privacy.
7. Possible C-Spine injuries should be immobilized immediately and C-Collar applied.
8. Perform appropriate documentation, including the ER logbook.

**ER Physician or Allied Health Professional Responsibility**

1. Provide information and consultation to the RN when requested.
2. To provide further screening for patients who have been determined to have a possible emergent condition following a MSE or as clinically indicated.