

**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY & PROCEDURE**

| | | | |
|---|---------------------|----------------------|---------------------|
| NUMBER: 53-3-014 | | DATE EFFECTIVE: 2/94 | |
| TITLE: Direct Admissions to Inpatient Unit | APPROVAL SIGNATURE: | | |
| | REVIEW DATE | REVISE DATE | SIGNATURE |
| DIVISION: CVH DEPARTMENT: Patient Access | 12/10 | | |
| ROUTE TO: Patient Access | 12/13 | | |
| | 3/14 | 3/14 | |
| CROSS REFERENCE: 30-3-129 | 11/16 | | |
| | 9/18 | 9/18 | <i>OKSana Babin</i> |

SCOPE This procedure applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital.

PURPOSE ||Patient Access personnel will cooperate with physicians and nursing staff in ensuring that direct admissions enter the hospital in a smooth and expedient manner.

PROCEDURE A. When a physician or physician's office staff calls on an impending direct admission, do the following.

1. Ask for name of patient and birth date.
2. Ask if orders will accompany patient. If so, obtain:
 - a. diagnosis
 - b. type of bed (AC, ICU, TELE)
 - c. Inpatient or Observation
 If doctor is sending orders, he/she still needs to talk to the Shift coordinator.
3. If the doctor wishes to dictate orders, transfer the call to the Shift Coordinator.
4. ||The Shift Coordinator will assign the bed and inform Patient Access of the bed assignment.
5. ||Create a new Pre-Admission in Epic using the obtained data.
6. When patients present to the department for admission, call the Shift Coordinator to transport them to the floor.

**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY & PROCEDURE**

| | | | |
|--|---------------------|-----------------------|-----------|
| NUMBER: 03-3-048 | | DATE EFFECTIVE: 11/10 | |
| TITLE: Bariatric Hospital Admission and Continuing Care Guidelines | APPROVAL SIGNATURE: | | |
| | REVIEW DATE | REVISE DATE | SIGNATURE |
| DIVISION: CVHC DEPARTMENT: Universal Patient Care | 11/13 | 11/13 | |
| ROUTE TO: All Nursing Units, CVA Surgery Center | 4/17 | 4/17 | |
| | 9/17 | 9/17 | |
| CROSS REFERENCE: | 11/17 | 11/17 | |
| | 8/18 | 8/18 | |

SCOPE This procedure applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital.

PURPOSE To provide safe and compassionate care while maintaining a safe working environment for hospital employees.

PURPOSE Cascade Valley Hospital is committed to providing safe care while protecting the health of all caregivers in the scope of their practice. Each bariatric patient shall have a screening for appropriateness of admission to CVH. Ongoing assessments for his/her individual bariatric care needs. When the resources available cannot accommodate the bariatric patient's needs, the patient will be transferred to the care of an appropriate healthcare setting.

DEFINITIONS Bariatric Patient – CVH defines a bariatric patient as any patient who weights greater than 350 pounds/160 kilograms or to have a BMI (Body Mass Index) of 40 or greater.

Body Mass Index – The body mass index (BMI) calculation: the patient's weight (in kilograms) divided by the patient's height (in meters) squared = $\frac{\text{Mass (kg)}}{\text{Height (m)}^2}$

GUIDELINES OB Patients – OB patients having a BMI of >45 in the first trimester should be screened by L&D RN to evaluate patient risk. See Attached "OB Bariatric Algorithm". OB patients admitted to CVH having a BMI of >45 will have an automatic Anesthesia consultation upon admission. OB patients having a BMI >55 should be considered for transfer of care. When OB patients that present for delivery with a BMI >50 (as determined by height, weight, measurement) the MD should be notified.

ED Patients – See attached "ED Bariatric Algorithm."
If patient weights >500 pounds or has a BMI >60, consider transferring to another facility.
If the patient needs to be transferred, consider transfer to Providence or Harborview.

Equipment - Attached is a list of weight limits for equipment at CVH. If other equipment is needed, please consider renting it from Hill Rom or another source.

Elective Surgery Patients – See attached "Elective Surgery Bariatric Algorithm."

Urgent Surgery Patients – If patient is not in a life threatening situation and needs urgent surgery, but has a BMI >50, the patient should be transferred to another facility if possible.

Bariatric Assessment Tool

Name: _____

Current Living Situation:

- Home w/o Caregiver
 Home w/Caregiver
 Assisted Living Facility
 Nursing Home

Patient Stated Weight : _____

Patient Weight Today: _____

Patient Height (Inches): _____

BMI: _____

Patient's Complaint: _____

Side-to-Side Measurements: Shoulders: _____ Hips: _____ Girth: _____

Level of Patient's Mobility (Note if Stated or Observed):

- Fully Mobile
 Minimal Assistance
 Walks with Aid/Attendant
 Weight Bears but Unstable
 Unable to Weight Bear

Patient's ADL's – Patient Requires Assistance:

- Bathing
 Toileting
 Dressing
 Ambulation
 Nourishment
 Bed Mobility/Repositioning

Equipment Patient Uses at Home:

- C-Pap
 Walker
 Wheelchair
 Bedside Commode
 Lift
 Other: _____

Hospital Bariatric Equipment Needs:

- Bed
 Commode
 Wheelchair
 Gurney
 Lift
 Transport:
 Other: _____

| | Comments | Admit | Transfer |
|---|----------|--------------------------|--------------------------|
| Evaluation for Admission | | | |
| Private Room Available: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> | <input type="checkbox"/> |
| Acuity of Care: | | | |
| <input type="checkbox"/> Stable <input type="checkbox"/> Critical | | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient Needs Diagnostic Imaging: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> | <input type="checkbox"/> |
| (350 lb. Limit, Except X-Ray & US) | | | |
| Patient Needs Surgery: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> | <input type="checkbox"/> |
| (600 lb. Regular OR Table Limit) | | | |
| (400 lb. Fracture Table Limit) | | | |
| C-Arm Needed <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Patient's Mobility Supports | | | |
| Admission: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate Staffing:: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> | <input type="checkbox"/> |
| Bed Available: <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> | <input type="checkbox"/> |
| Bed Ordered <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Equipment Needs Available: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> | <input type="checkbox"/> |
| (Commode/Wheelchair) | | | |
| Bariatric Room 202 or 305 Available: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> | <input type="checkbox"/> |

Cascade Valley Hospital Safe Patient Handling Weight Limits

| Lifting/Transfer Device | Type of Transfer/Lift | Location(s) | Weight Limit in Lbs. |
|--------------------------|-----------------------|-------------|----------------------|
| Portable Patient Lifts | | Varies | 440 |
| ED Ceiling Lift | | ED | 625 |
| ICU Ceiling Lift* | | CCU | 550 |
| Other Ceiling Lifts* | | AC | 440 |
| OR Transfer Air Mattress | | OR | Unlimited |
| Sit/Stand Lifts | | | |

*State Weight. Room 207 is the only railed room that can't support >440 motor.

| Outpatient Stretcher/Gurney | |
|-----------------------------|----------------------|
| Location(s) | Weight Limit in Lbs. |
| ED | 600 |

| Inpatient Beds | |
|----------------------------------|----------------------|
| Location(s) | Weight Limit in Lbs. |
| CCU (Advanta & Versacare) | 400 |
| OB (All Birthing Beds) | 500/400 Foot |
| Acute Care (Advanta & Versacare) | 400 |

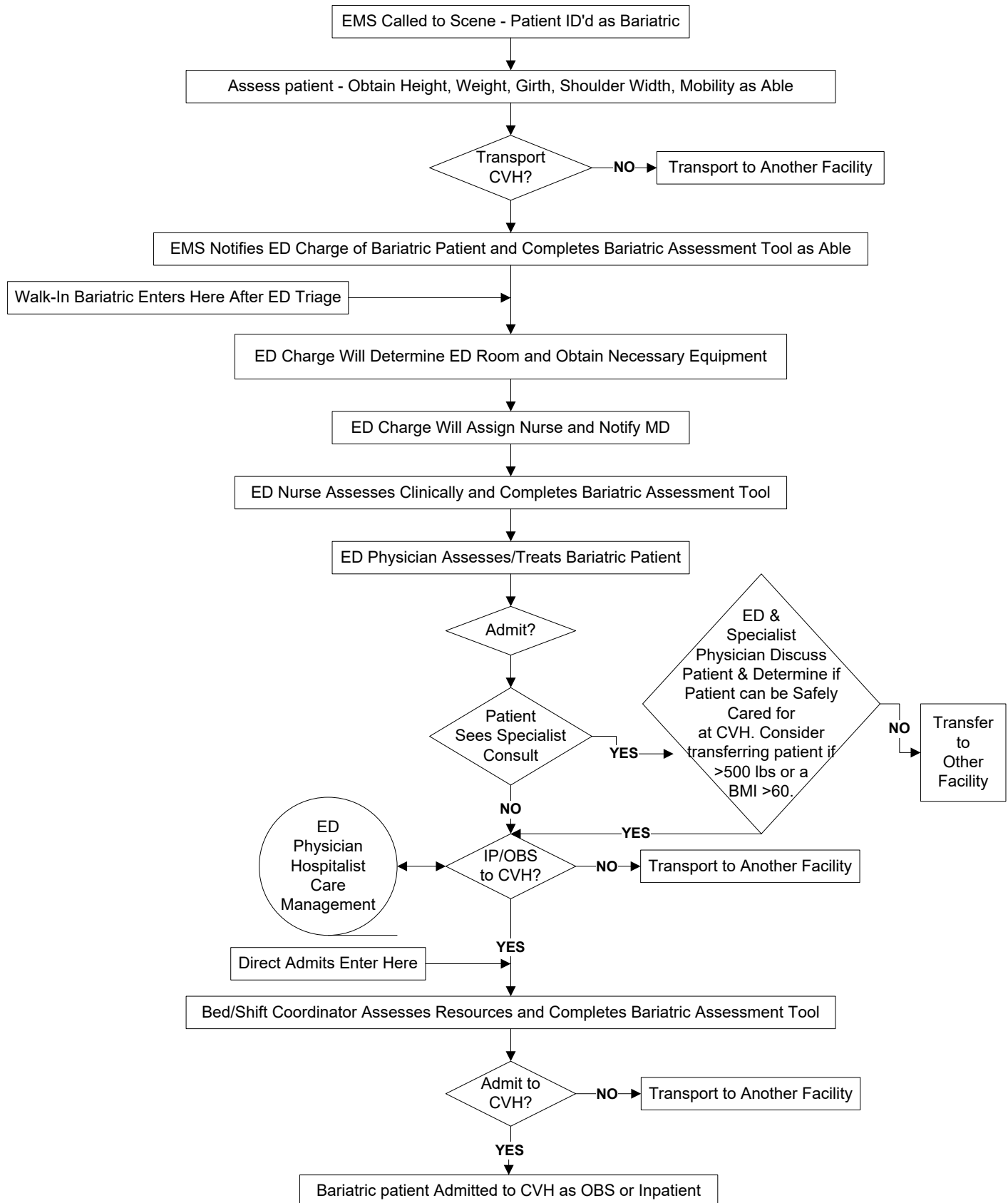
| Operating Room Tables | |
|-----------------------|----------------------|
| Location(s) | Weight Limit in Lbs. |
| Regular OR Tables | 600 |
| Fracture Table | 400 |

| Wheel Chairs | |
|----------------------------------|----------------------|
| Location(s) | Weight Limit in Lbs. |
| Varies | |
| EX Wide WC (Lobby Unless in Use) | 700 |

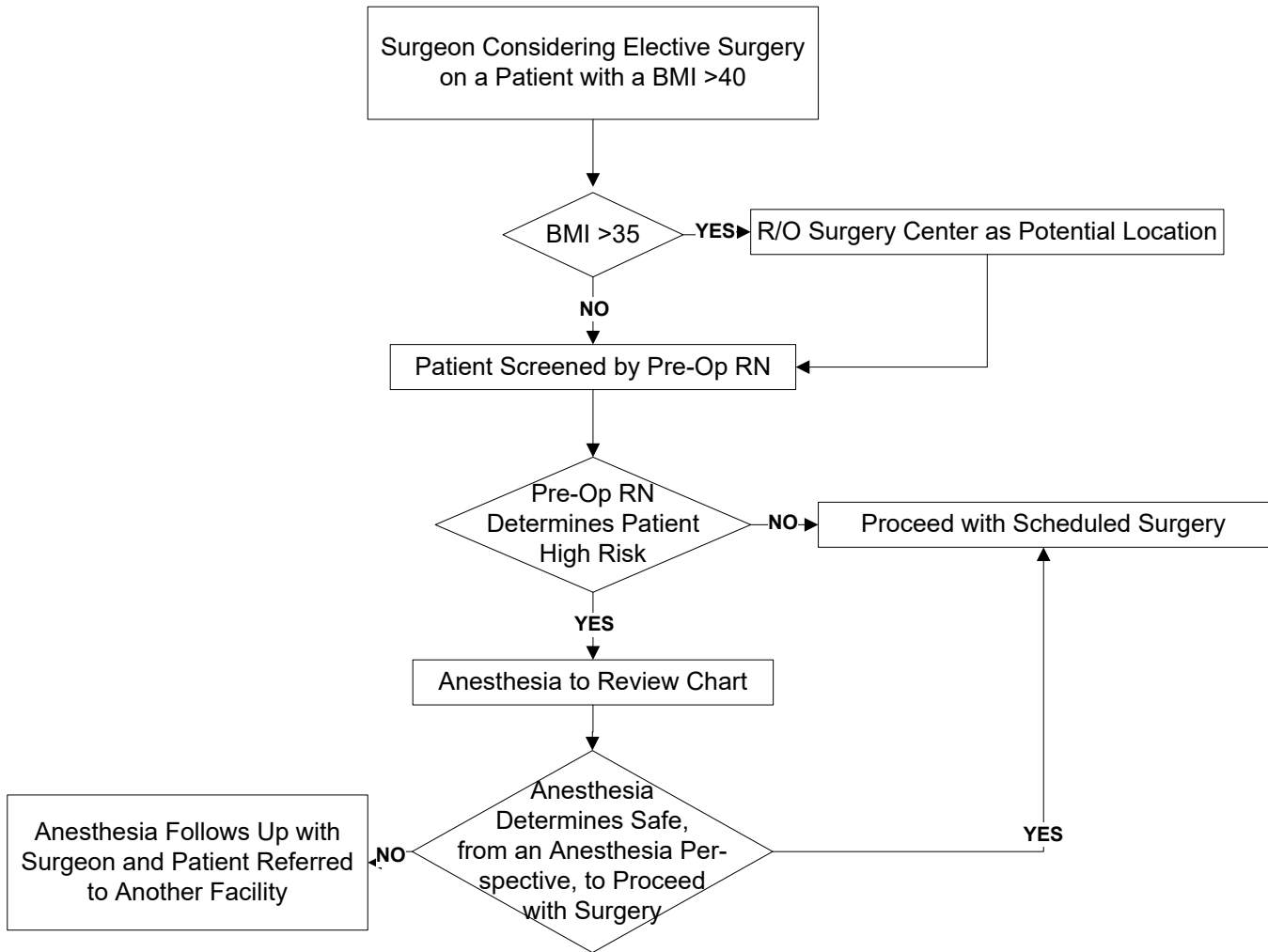
| Bedside Commodes | |
|------------------|----------------------|
| Location(s) | Weight Limit in Lbs. |
| | |
| | |

| Imaging Equipment | |
|-------------------|---|
| Location(s) | Weight Limit in Lbs. |
| CT | 475 |
| X-Ray | 500 w/limitations over 350 (Unable to move table top if over) |
| Fluoro | 300 |
| MR | 300 |
| NucMed | 300 |

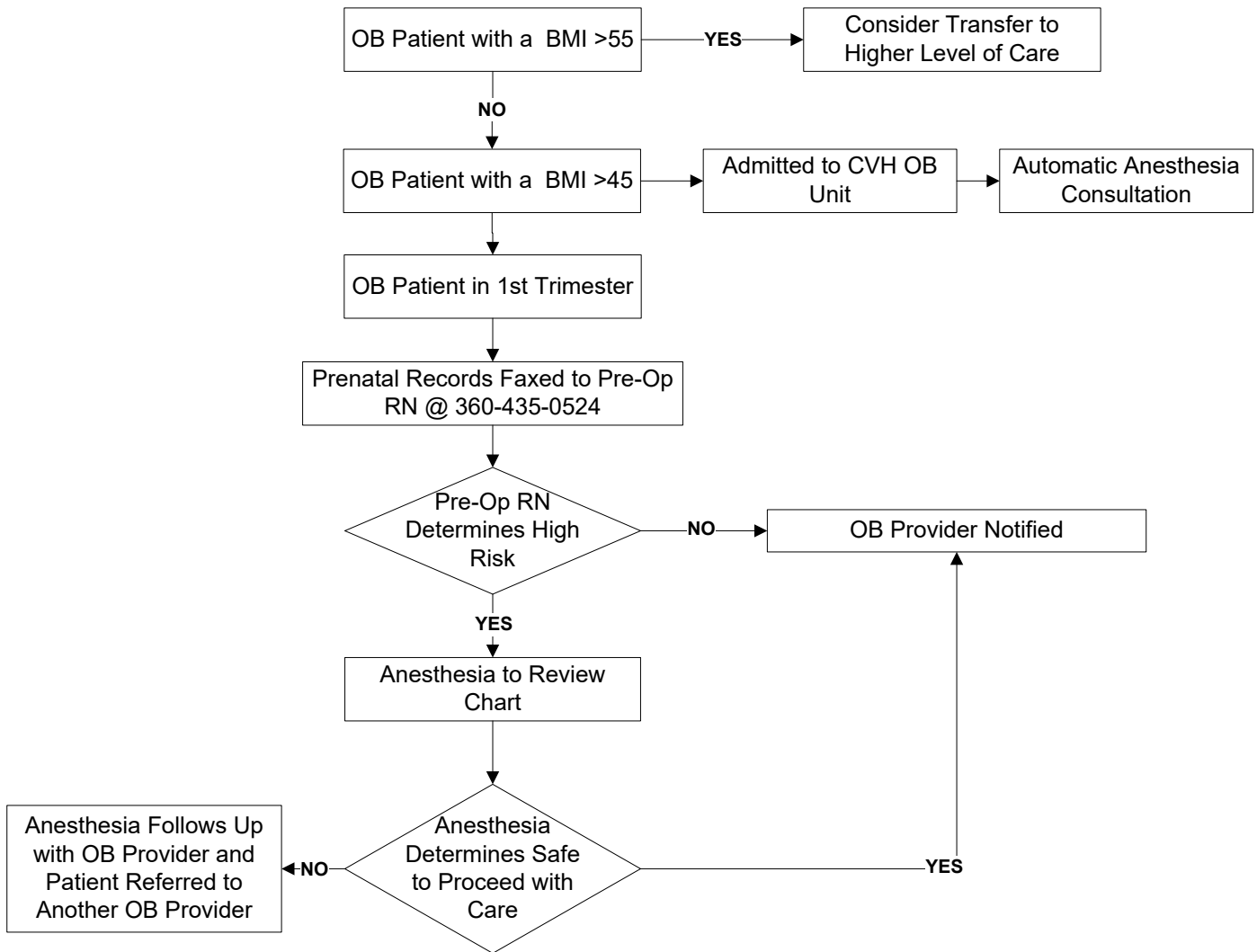
**Cascade Valley Hospital
ED Bariatric Algorithm**



Cascade Valley Hospital Elective Surgery Bariatric Algorithm



Cascade Valley Hospital OB Bariatric Algorithm



**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY/PROCEDURE**

| | | | |
|--|---------------------|----------------------|-----------|
| NUMBER: 03-3-018 | | DATE EFFECTIVE: 3/94 | |
| TITLE: Criteria for Transfer or Diversion of Trauma Patients | APPROVAL SIGNATURE: | | |
| | REVIEW DATE | REVISE DATE | SIGNATURE |
| DIVISION: CVH DEPARTMENT: Universal Patient Care | 2/11 | 2/11 | |
| ROUTE TO: All Departments | 10/13 | 10/13 | |
| | 4/16 | 4/16 | |
| CROSS REFERENCE: Approved by MTQIC 39-3-091 | 5/18 | 5/18 | |
| | 9/18 | 9/18 | |

SCOPE This policy applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital.

Cascade Valley Hospital is a Level IV trauma center and is located between Providence, a Level II trauma center (distance 19 miles), and Skagit Valley Hospital, a Level III trauma center (distance 23 miles). Harborview Medical Center, a Level I trauma center (distance 49 miles).

PURPOSE To ensure that all patients presenting to the Emergency Department of Cascade Valley Hospital receive appropriate assessment, stabilization and transfer should their medical care needs exceed the competency or capacity of this hospital to meet those needs.

POLICY Cascade Valley Hospital (CVH) is capable of providing care for the major trauma patient. This care includes emergency resuscitation, operative intervention, critical care, and massive transfusion. CVH will generally accept any trauma patient that meet criteria within our scope of service. Following initial resuscitation and stabilization, patients meeting Transfer-Out criteria will be considered for transfer to either a Level I or II Trauma Facility as determined by the attending Trauma Surgeon and/or Emergency Physician. Emergency Medical Treatment and Active Labor Act (EMTALA) requirements are met for all trauma patient transfers prior to transfer. [Emergency Patients, Screening and Transfer \(EMTALA\)](#).

- PROCEDURE**
1. The decision to transfer/divert a trauma patient to another facility directly from the field rests with the Emergency Department Physician on duty who acts as medical control for the paramedics. The decision to divert is based upon:
 - a. Severity of the patient's condition/injuries.
 - b. Length of pre-hospital treatment and transport time.
 - c. Availability of personnel and/or facility capability to provide appropriate care.
 Guidelines for direct field diversion have been addressed countywide and are located in pre-hospital care protocols.
 2. Transfer from Cascade Valley Hospital (CVH)
 - a. CVH will arrange to transfer any patient to a more appropriate facility if equipment and trained personnel required for that patient's care are not immediately available.
 - b. The decision to transfer a patient from the Emergency Department rests with the General Surgeon if available or the Emergency Department Physician.
 - c. The decision to transfer is based upon the patient's condition and the receiving facility's ability to accept and provide the services required.

- d. The mode of transportation (air vs ground) is decided upon by
 - 1) Distance to the receiving hospital
 - 2) The patient's actual out of hospital time
 - 3) The patient's condition.

GENERAL TRAUMA PATIENTS

Transfer of general trauma patients should be considered in any of the following situations or at the physician's discretion:

1. Central Nervous System:
 - a. Head injury with any one of the following:
 - 1) Open, penetrating or depressed skull fractures;
 - 2) Cerebral Spinal Fluid (CSF) leak;
 - 3) Severe coma
 - 4) Deteriorating neurologic status of 2 or more GCS points; or
 - 5) Lateralizing signs.
 - b. Unstable spine or spinal cord injury at any level.
2. Chest/ Thoracic
 - a. Suspected great vessel or cardiac injuries and major chest wall injury.
 - b. Penetrating Abdominal or Thoracic injury (example but not limited to Gunshot wounds and deep stab wounds)
3. Multiple System Injury:
 - a. Severe facial injury with head injury;
 - b. Chest injury with head injury; or
 - c. Abdominal or pelvic injury with head injury.
4. Special Problems:
 - a. Carbon monoxide poisoning with neurological symptoms and/or carboxyhemoglobin of 25% or greater.
 - b. Barotrauma.
5. Orthopedic Trauma Patients:
 - a. Multiple long bone fractures best managed by multiple simultaneous surgeries;
 - b. Unstable pelvic fractures/injuries;
 - c. Unstable spinal injuries with potential for neurological compromise;
 - d. Acetabular fractures best managed by open reduction and internal fixation;
 - e. Severe crush injuries to the extremity with significant soft tissue compromise or loss that would require flap coverage or tissue transfer.
 - f. Complex hand injuries that Skagit Valley Hospital is unable to manage;
 - g. Amputations with potential for re-implantation; or
 - h. Complex pediatric fractures.
6. Secondary Deterioration: After receiving definitive treatment at Cascade Valley Hospital, the following trauma patients will be considered for transfer to a Level I or II Trauma Facility:
 - a. Patients requiring protracted mechanical ventilation;
 - b. Patients experiencing failure of any of the following systems:
 - 1) Central nervous system (CNS),
 - 2) Cardiac,
 - 3) Pulmonary,
 - 4) Hepatic,
 - 5) Renal, or
 - 6) Coagulation;
 - c. Patients that develop sepsis or osteomyelitis.

PEDATRIC TRAUMA PATIENTS

1. Consideration should be given to early transfer of a child to Harborview Medical Center or at the parent's direction, another appropriate facility, when required surgical or medical sub-specialty or resources are unavailable.

- a. Children requiring pediatric intensive care other than for close observation.
- b. Any child who may benefit from consultation with, or transfer to, a Pediatric Trauma Center or a Pediatric Intensive Care Unit.
2. Transfer decisions may be made based on the following factors, including but not limited to:
 - a. Physiologic Criteria:
 - 1) Depressed or deteriorating neurologic status;
 - 2) Respiratory distress or failure;
 - 3) Children requiring endotracheal intubation and/or ventilatory support;
 - 4) Shock, uncompensated or compensated; or
 - 5) Injuries requiring any blood transfusion.
 - b. Children requiring any one of the following:
 - 1) Invasive monitoring(arterial and/or central venous pressure);
 - 2) Intracranial pressure monitoring; or
 - 3) Vasoactive medications.
 - c. Anatomic Criteria:
 - 1) Fractures and deep penetrating wounds to an extremity complicated by neurovascular or compartment injury;
 - 2) Fracture of two or more major long bones (such as femur, humerus);
 - 3) Fracture of the axial skeleton;
 - 4) Spinal cord or column injuries; or
 - 5) Traumatic amputation of an extremity with potential for re-implantation.
 - d. Head injury when accompanied by any of the following:
 - 1) Cerebrospinal fluid leaks;
 - 2) Open head injuries (excluding simple scalp injuries);
 - 3) Depressed skull fractures;
 - 4) Decreased level of consciousness;
 - 5) Intracranial hemorrhage;
 - 6) Significant penetrating wounds to the head, neck, thorax, abdomen or pelvis;
 - 7) Pelvic fracture; or
 - 8) Significant blunt injury to the chest or abdomen.

AMERICAN BURN ASSOCIATION TRANSFER CRITERIA

1. Second degree burns (partial thickness) of greater than 10% of the body surface area (BSA).
2. Third degree burns (full thickness) in any age group.
3. Burns involving:
 - a. Signs or symptoms of inhalation injury;
 - b. Respiratory distress;
 - c. The face;
 - d. The ears (serious full thickness burns or burns involving the ear canal or drums);
 - e. The mouth and throat; or
 - f. Deep or excessive burns of the hands, feet, genitalia, major joints, or perineum.
4. Electrical injury or burn (including lightning).
5. Burns associated with trauma or complicating medical conditions.
6. Chemical burns.
7. Burn injury in patients who will require special social, emotional, or rehabilitative intervention.

PATIENT TRANSFER

1. In the event transfer is required, major trauma patients are sent to Harborview Medical Center Level I), or another appropriate facility if Harborview is unable to accept transfer. Transferred by ground or air depending on the patient's condition, weather, and availability of the receiving physician and transfer medium.
2. Formal written transfer agreements are in place with Harborview Medical Center.

3. An "Authorization for Transfer" will be fully completed prior to the patient's transfer.
[Emergency Patients, Screening and Transfer \(EMTALA\)](#)

||TRAUMA DIVERSION & NOTIFICATION (Reference Policy/Procedure #39-3-091)

1. ||CVH will notify SNOPAC and other hospitals of diversion changes in real time.
 - a. ||SNOPAC at 425-407-3930 to go on, come off, or update diversion.
2. ||CVH will update WATrac.
3. ||Diversion will be limited to two (2) hours, at which time the hospital must update its ||diversion status or it will fall off diversion.
4. ||Updates must be made at any time changes are made to the diversion status.
5. ||Diversion status shall be acknowledged by an on-call Hospital Administration within 60 ||minutes of diversion and a record kept by the Hospitals for review on request by SCEMS.
6. ||Hospitals will maintain a log of the Administrator who approves each diversion.
7. ||SNOCOM/SNOPAC will alert field personnel via a radio broadcast when a hospital goes on ||or comes off diversion.
8. ||Diversion status will be tracked by SNOPAC/SNOCOM.
9. ||Written Diversion Log will be maintained in Cascade Valley Emergency Department for our ||diversion records to include: date, time, reason for divert status, and who initiated divert ||status.

REFERENCES

- ||American College of Surgeons. Resources for the optimal care of the injured Patient: 2014. ||Chicago, IL.
- ||DOH Intra-facility Guidelines: 11/2015
- ||Harborview Medical Center Burn Stabilization Protocol: Rev 7/2011