

Direct Bedding Procedure

Purpose:

Emergency Department patients will be brought directly to a bed after registration and triage will be completed in the patient care room. By utilizing this procedure, the triage nurse will be available to help as a float during times when there is no one to triage, patient satisfaction and safety will be improved by having them placed in a room sooner, care can be started by the primary nurse sooner, and the Emergency Provider will be able to assess the patient sooner.

Procedure:

- 1) Patient presents to the walk in registration area of Emergency to be signed in as a patient.
- 2) Registration staff performs a "Quick Registration" of the patient and places a name band and, if necessary, an allergy band.
- 3) The patient is placed in the Vital Sign chairs in the triage alcove, or placed in the WR if there is no room there.
- 4) The patient's name appears on the registration area of t-system to alert staff of the patient.
- 5) During the hours a tech is assigned to triage, the tech will obtain a full set of vitals and document them in T-System.
- 6) The Charge RN or Triage RN will assign a room in the department to the patient.
- 7) The triage tech, or Charge RN designee if no triage tech, will bring patient to assigned room and assist the patient to get into bed. If there is another patient to bring back, the Triage tech will communicate to the pod tech to help get the patient in a gown and on a monitor as needed.
- 8) The Triage RN will interview the patient and complete the triage process in the electronic medical record. During the interview, the triage RN can use a paper worksheet if preferred, or bring a laptop into the room to gather the information. No matter what method is used to gather the information, the triage documentation must be entered into the electronic medical record to complete the triage process.
- 9) There may be situations where the Emergency Provider is ready to evaluate the patient before the triage process is complete. In this situation, the provider and triage RN will coordinate their assessments to ensure the required processes are completed.
- 10) During periods of time where no patient needs a triage assessment completed, the Triage RN will function in the role of a Float RN.
- 11) During the hours a Pharmacist is stationed in the Emergency Department, they will be able to assist in entering home meds. This will be determined by discussing the specific patient with the Pharmacist to determine if they are available to complete the home meds.
- 12) As the volume of patients increase, there will be a time when there are a limited number of beds available in the department. At this time, the triage nurse will be stationed in the triage area of the waiting room and complete the triage process there. If there is no bed assigned to

the patient after triage, the patient will then be returned to the WR until such a time that a bed is available.

- 13) If the triage RN is assessing patients in the triage area of the WR, the Charge RN will assign beds when they become available.
- 14) Direct bedding will resume as soon as possible as the volume of patients decrease.