



| | | | |
|--|--|--|------------------|
|  Connecticut Children's MEDICAL CENTER | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> CCMC Affiliates Inc. <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care, Treatment and Services | Date Effective: | October 25, 2018 |
| | Policy: Triage of Patients | Date of Origin: | January 01, 2006 |
| | Approved By: Emergency Department Leadership Team | Date Approved: | October 25, 2018 |

Appendix D:
High Risk Situations ↗

Automatic Level 2 - OR 1

High risk patients/situations include, but are not limited to:

1. Infant < 8 weeks of age with temperature $\geq 38^{\circ}$ C (100.4 $^{\circ}$ F)
2. Oncology patient with fever
3. Patient with sickle cell disease and fever or pain
4. Sexual Assault
5. Suicidal / Homicidal or actively aggressive
6. Acute change in mental status
7. VP shunt with headache, vomiting, fever or change in mental status
8. New onset seizure
9. Post-Transplant patients
10. Testicular pain
11. Patients with history of cardiac disease presenting with cardiopulmonary symptoms
12. Patients demonstrating severe pain or distress
13. Post-menarchal female presenting with vaginal bleeding
14. Known/suspected potentially toxic ingestions/exposures
15. Trauma Team Activations
16. Diabetic Ketoacidosis
17. Eye trauma (hyphema, concern for globe injury, chemical splash)
18. Hyperbilirubinemia

| | | | |
|--|---|---|----------------|
|  Connecticut Children's MEDICAL CENTER | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

I. Purpose

The purpose of this policy is to describe the manner in which Emergency Department (ED) Registered Nurses (RN) use standing order sets in the form of Nursing Treatment Protocols (NTPs). The use of these order sets is not intended for those patients needing immediate lifesaving intervention.

II. Standing Order

See all ED Nursing Treatment Protocol Order Sets, Table 2, beginning page 3.

III. Staff authorized to initiate standing orders

All ED Nursing Treatment Protocols may be initiated by RNs only.

IV. Inclusion/Exclusion Criteria/Definitions

A. Definitions-Nursing Treatment Protocols (NTPs):

- Nursing Treatment Protocols are Credentialed Practitioner's orders that allow the ED RN to initiate care prior to the patient being seen by a Credentialed Practitioner. They are approved by the ED medical staff and ED nursing leadership, and are based on nationally recognized and evidence-based guidelines for treatment of common presenting complaints.
- NTPs may be used by the nurse from the time a patient presents for care until they are seen by a licensed provider to expedite care.


B. Inclusion Criteria:

1. This policy applies to:

- All Connecticut Children's Medical Center Emergency Department patients with a chief complaint included in Table 2, pages 3-15, that also:
- Meet inclusion criteria identified for that chief complaint and do not have exclusions identified for that chief complaint.

C. Exclusion Criteria:

1. Patients who need immediate, life-saving intervention.
2. For NTPs that include ibuprofen (Motrin), do not administer ibuprofen in the presence of any of the following contraindications:
 - Patient age less than 6 months
 - Patient received ibuprofen or another non-steroidal anti-inflammatory medication (NSAIDs) within last 6 hours

| | | | |
|---|--|---|----------------|
|  Connecticut Children's MEDICAL CENTER | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> CCMC Affiliates, Inc. <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| | Approved By: ED Collaborative | Date Approved: | May 7, 2019 |

- Patient has hematologic disorder other than sickle cell anemia
 - Patient has acute or chronic renal failure
 - Known or suspected pregnancy
 - Allergy to NSAIDs, aspirin, or dye
 - Head/eye injury within the last 48 hours
3. For NTPs that include acetaminophen (Tylenol), do not administer acetaminophen in the presence of any of the following:
- Patient receive acetaminophen with the last 4 hours
 - Allergy to acetaminophen or dye
 - Acute or chronic liver failure

V. Procedure

A. Initiating Nursing Treatment Protocols

1. Complete a full triage per Emergency Department Policy: Triage of Patients.
2. Determine whether patient meets inclusion criteria for presenting complaint-specific nursing treatment protocol.
3. Assess patient for exclusion criteria identified for that chief complaint and as identified in this policy
4. If inclusion criteria are met and the patient has no identified exclusions, initiate the NTP order set. Implement all elements of the order set.
5. The Credentialed Practitioner is required to sign the orders before the patient's care is transitioned.
6. When order sets include radiographs, the RN may only order views listed in Table 1.

| Table 1: X-rays views that may be ordered by RNs include the following: | | |
|--|---|----------|
| Finger | Hand | Wrist |
| Radius/Ulna | Elbow | Humerus |
| Upper extremity (infant) | Shoulder | Clavicle |
| Toe | Foot | Ankle |
| Tibia/Fibula | Lower extremity (infant) | Knee |
| Foreign Body Series (nose to rectum) | Soft Tissue – for glass in laceration (order appropriate x-ray for affected area) | |



CCMC Corporation

| | | |
|---|---|----------------|
| <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 |

Table 2: Nursing Treatment Protocol Order Sets

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|--|---|--|--|
| Abdominal Pain/Flank Pain | -Abdominal pain with pain score ≥ 5 -Flank pain with a pain score ≥ 5 | -Pain only in Right Lower Quadrant of abdomen -Known pneumonia -known pregnancy | -NPO -Clean Catch Urine -Straight catheterization for urine if necessary -Urinalysis |
| Abdominal Pain-RLQ, (Female) | -Abdominal pain in right lower quadrant with periumbilical tenderness with a pain score ≥ 5 | -Pain in other abdominal quadrants, epigastric area, or pain only in periumbilical area -Known pregnancy | -NPO -LMX, 5 G, topical, applied to potential IV sites -Ultrasound Appendix -Ultrasound Pelvis complete w/ Doppler |
| Abdominal Pain-RLQ(Male) | -Abdominal pain in right lower quadrant with periumbilical tenderness with pain score ≥ 5 | -Pain in other abdominal quadrants, epigastric area, or pain only in periumbilical area | -NPO -Urinalysis -LMX, 5 G, topical, applied to potential IV sites -Ultrasound Appendix |
| Altered Mental Status | -Deviations from normal mentation | -Known Trauma -Known Seizure | -Point of Care Blood Glucose |
| Asthma/Wheezing OR Cough OR Respiratory Distress OR Shortness of Breath | -Age 12 months or greater -Previous diagnosis of asthma or ≥ 2 previous episodes of wheezing -Modified Pulmonary Index Score (MPIS) ≥ 5 | -First Wheezing episode -Known cardiac or chronic lung disease other than asthma -Suspected or known bronchiolitis or pneumonia -Known allergy to albuterol, ipratropium, or steroids | -Room air oxygen saturation -MPIS, pre treatment -Albuterol, 5 mg/ ipratropium bromide 500 mcg nebulized x 1 dose -MPIS post treatment within 20 minutes -Dexamethasone 0.6 mg/kg PO x1 dose (max dose 16 mg), if no steroids given in last 12 hours |


| | | | |
|---|---|---|----------------|
|  | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

Table 2: Nursing Treatment Protocol Order Sets

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|--|--|---|--|
| | | <ul style="list-style-type: none"> -Chronic health condition involving eyes, bones, or heart -Surgery within previous 2 weeks | <ul style="list-style-type: none"> -Oxygen to maintain saturations > 92% |
| Barky Cough OR Croup | <ul style="list-style-type: none"> -Age 6 months or older -Barking/Croupy Cough | <ul style="list-style-type: none"> -Complaint of foreign body ingestion or inhalation -Current steroid prescription -Received oral or parenteral steroid in previous 24 hours -Acute phase of chicken pox/varicella, Herpes Zoster, measles, or shingles -Chronic health condition involving eyes, bones, or heart -Surgery within previous 2 weeks | <ul style="list-style-type: none"> -Dexamethasone 0.6 mg/kg, PO x1 dose (max dose 16 mg) -Obtain oxygen saturation on room air -Oxygen as needed to maintain saturations > 92% |
| Behavioral Health (Low Risk) | <ul style="list-style-type: none"> Either of the following: -Out of control behaviors that have currently resolved -Suicidal/Homicidal without a plan | <ul style="list-style-type: none"> -Meets inclusion criteria for Behavioral Health Moderate or High risk. | <ul style="list-style-type: none"> -Tier 1 change -Tier 2 change - -Constant Observation |
| Behavioral Health (Moderate Risk) | <ul style="list-style-type: none"> Any one of the following: -Suicidal/ homicidal with a plan | <ul style="list-style-type: none"> -Meets inclusion criteria for Behavioral Health Low or High risk. | <ul style="list-style-type: none"> -Tier 1 change -Tier 2 change -Constant Observation |


| | | | |
|--|---|---|----------------|
|  Connecticut Children's MEDICAL CENTER | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

Table 2: Nursing Treatment Protocol Order Sets

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|---|--|---|---|
| | -Hallucinations: auditory, visual, tactile (non-aggressive or self-harming) | | |
| Behavioral Health (High Risk) | Any one of the following: -Currently requiring restraint -Physically acting out/aggressive -Post ingestion, prior to medical clearance -Requiring constant redirection or verbal intervention to remain safe | -Meets inclusion criteria for Behavioral Health Low or Moderate risk. | -Tier 1 change -Tier 2 change -1:1 Observation -Obtain urine -Urine tox screen -Urine HCG for females 10 years of age or greater |
| Chemical Splash/No Penetration Eye | -Splash in eye by any chemical | -Suspected foreign body or penetration (misshapen pupil) | -Proparacaine, 0.5%, 2 drops to affected eye -Test pH of affected eye after ophthalmic anesthesia -Irrigate affected eye with 1000 mL NS -Test pH of affected eye after irrigation |
| Chest Pain | -Pain in chest -Age \leq 18 years | -Pain associated with trauma -History of SVT or dysrhythmias | -Obtain EKG and give to attending MD -Obtain room air oxygen saturation -Ibuprofen 10 mg/kg PO x1 dose (max dose 800 mg) if no contraindications, or -Acetaminophen 15mg/kg PO x1 dose (max dose 1,000 mg) for any contraindication to ibuprofen |



CCMC Corporation

| | | |
|---|---|----------------|
| <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 |

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|-----------------------------|--|--------------------------------------|--|
| Dehydration | -Vomiting and/or Diarrhea, <i>and</i> -Age >12 months, and -Skin Pallor Plus, one of the following: -Dry mucous membranes -Delayed capillary refill -Positive orthostatic changes -Listless | | -Obtain urine and perform HCG if female ≥ 10 years of age -LMX, 5 G, topical, to potential IV sites, or -Pain Ease, topical, one 6-10 second spray, to potential IV site -Establish IV access -Perform i-STAT Chem 7 -Draw and hold purple top and green top tubes -Normal Saline IV Bolus 20 mL/kg (max 1L) if no known cardiac condition |
| Dysuria OR Hematuria | -Painful urination -Blood reported in urine | -Known Trauma | -Clean catch urine sample -Straight catheterization for urine if necessary -Urine dip -Urine HCG if female ≥ 10 years of age -Acetaminophen 15 mg/kg PO x1 dose (max dose 1,000 mg) if no contraindications |
| Extremity Injury | -Pain, swelling, point tenderness to extremity -Reported injury to affected area | -Obvious Deformity -Open fracture | -NPO -Ice to affected area -Order appropriate radiographic view -Ibuprofen 10 mg/kg PO x1 dose (max dose 800 mg) if no contraindications, or -Acetaminophen 15 mg/kg PO x 1 dose (max dose 1,000 mg) for any contraindication to ibuprofen |


| | | | |
|---|---|---|----------------|
|  | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

Table 2: Nursing Treatment Protocol Order Sets

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|--|---|---|---|
| Eye Injury OR Suspected Penetration and/or Diplopia | -Suspected penetration -Diplopia sudden, new onset related to injury | -Visualized foreign body | -Apply eye shield to affected eye -Decrease room stimulation -Elevate head of bed to 30 degrees |
| Fever | -Fever $\geq 38^{\circ}\text{C}$ (100.4°F) -Age greater than 8 weeks | | -Ibuprofen 10 mg/kg PO x1 dose, max dose 800 mg) if no contraindications, or -Acetaminophen 15 mg/kg PO x1 dose (max dose 1,000 mg) or 30 mg/kg PR x1 dose (max dose 650 mg) for any contraindication to ibuprofen |
| Fever Less 8 Weeks | -Fever of $\geq 38^{\circ}\text{C}$ (100.4°F) (Measured temperature, not tactile) -Age less than 8 weeks | | -Establish IV access -Point of Care blood glucose -CBC with diff -Blood culture -AST/ALT -Straight catheterization -Urinalysis and urine culture -Acetaminophen 15 mg/kg PO x1 dose (max dose 1,000 mg) or 30 mg/kg PR x1 dose (max dose 650 mg) if no contraindications |
| Glycogen Storage Disease | -History of a Glycogen Storage Disease -Unable to tolerate cornstarch -Increased metabolic demand (e.g., pain or fever) | Chief complaint unrelated to metabolic disorder | -Establish IV access, use porta-cath or central line access, if available -Glucose monitoring – Home Meter -i-STAT Blood Gas -Comprehensive metabolic panel -Lactate -Beta-Hydroxybutyrate |


| | | | |
|---|---|---|----------------|
|  | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

Table 2: Nursing Treatment Protocol Order Sets

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|---------------------------|--|----------------------|--|
| | | | - IV Fluid: D ₁₀ in 0.45% Sodium Chloride: Patients weighing < 30 kg: 3-4.99 kg: 12 mL/hr 5-9.99 kg: 23 mL/hr 10-14.99 kg: 45 mL/hr 15-19.99 kg: 62 mL/hr 20-24.99 kg: 82 mL/hr 25-29.99 kg: 92 mL/hr Patients weighing ≥ 30 kg: < 8 years of age: 95 mL/hr 8-11 years of age: 100 mL/hr >11 years of age: 110mL/hr |
| Hem/Onc with Fever | -Patient with hematological or oncological disease with the potential for neutropenia -Presents with fever of ≥ 38°C (100.4°F) reported | -Sickle cell disease | -LMX, 5 G, topical, apply to portacath access site or potential IV sites, or -Pain Ease topical, one 6-10 second spray to potential IV site -Establish IV access, use portacath or central line access if available -CBC with diff -Blood culture (if patient has double lumen central line, draw from both lumens) -Draw and hold purple and green top tubes -Acetaminophen 15 mg/kg PO x1 dose for fever (max dose 1,000 mg) if no contraindications |


| | | | |
|---|---|---|----------------|
|  | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

Table 2: Nursing Treatment Protocol Order Sets

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|-------------------------------------|--|--------------------|--|
| | | | -Normal Saline IV, 10 mL/hr to keep vein open after central line or portacath access only |
| Hyperbilirubinemia | -Infants less than two weeks of age -Referred in or with complaint of jaundice | | -Heel stick phlebotomy -Bilirubin, total and direct -Point of care blood glucose -Initiate Bilirubin Blanket |
| Hyperglycemia- Known DM | -Known blood glucose over 200 mg/dl -History of Diabetes | | -Clean catch urine sample -Point of care urine dip -LMX, 5 G, topical, apply to potential IV site, x 1, or -Pain Ease, topical, one 6-10 second spray to potential IV site -Establish IV access -Perform i-STAT Chem 7 -i-STAT VBG -Send phosphorous, CBC with diff, Hemoglobin A1C -Normal saline bolus, 10 mL/kg (max dose 1L) |
| Hyperglycemia- New Onset | -New onset of hyperglycemia, blood glucose > 200 mg/dl -History of polyuria, polydipsia | -Known diabetes | -Clean catch urine sample -Point of care urine dip -LMX, 5 G, topical, apply to potential IV sites, or -Pain Ease, topical, one 6-10 second spray to potential IV site -Establish IV access -i-STAT Chem 7, i-STAT VBG -Send , phosphorous, CBC with diff, Hemoglobin A1C, free T4, TSH, Antimicrosomal antibodies, Thyroglobulin antibodies, Islet cell |


| | | | |
|---|---|---|----------------|
|  | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

Table 2: Nursing Treatment Protocol Order Sets

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|----------------------------------|---|---|---|
| | | | antibodies, Insulin antibodies, Glutamic acid, decarboxylase antibodies -Normal saline bolus, IV, 10 mL/kg (max dose 1L) |
| Hypoxemia | -Room air oxygen saturation \leq 92% | -Known cardiac condition -Criteria meeting asthma/wheezing protocol | -Initiate cardiorespiratory and oxygen saturation monitoring -Provide supplemental oxygen to maintain oxygen saturation > 92% |
| Ingestion, Intentional | -Ingestion of any medication purposefully | | -If medication is tricyclic antidepressant or cardiac medication, obtain an EKG and give to attending MD -Initiate cardiorespiratory monitoring -Pain Ease, topical, one 6-10 second spray to potential IV site -Establish peripheral IV -Acetaminophen level -Salicylate level -Obtain urine -Urine tox screen -NPO -Initiate 1:1 Observation |
| Insect Bites OR Urticaria | -Age \geq 6 months -Presents with itchy rash | -Diphenhydramine within the previous 6 hours -Allergy to diphenhydramine -Altered mental status | -Diphenhydramine: 1.25 mg/kg PO x1 dose (max dose 50 mg) |


| | | | |
|---|---|---|----------------|
|  | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

Table 2: Nursing Treatment Protocol Order Sets

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|------------------------------|---|---|---|
| Laceration/Wound Care | -Simple wound or laceration needing suturing/cleaning/ irrigation | -Wounds in close proximity to mucous membranes -Sensitivity to amide type anesthetics- Hypersensitivity to diphtheria, tetanus toxoids, pertussis, or any component of the TDAP formulation | -Order appropriate X-ray view for foreign body if laceration caused by glass -Apply LET, topical anesthetic x 1 dose to wound and cover with dressing/tape -TDap 0.5mL, IM x 1 dose if ≥ 10 years since last known immunization or unsure of last immunization -Ibuprofen 10 mg/kg PO x1 dose (max dose 800 mg) if no contraindications, or -Acetaminophen 15 mg/kg PO x1 dose (max dose 1,000mg) for any contraindication to ibuprofen |
| Otalgia | -Ear pain with a pain score ≥ 5 | | -Ibuprofen 10 mg/kg PO x1 dose (max dose 800 mg) if no contraindications, or -Acetaminophen 15 mg/kg PO x 1 dose (max dose 1,000 mg) or 30 mg/kg PR x1 dose (max dose 650 mg) for any contraindication to ibuprofen |
| Palpitations | -SVT -Dysrhythmia -Palpitations | Pain associated with trauma | -Obtain EKG, and give to attending MD -Initiate cardiorespiratory monitoring -Obtain room air oxygen saturation |
| Possible Pregnancy | -Suspected -Female ≥10 years old | | -Obtain Urine -Urine HCG |


| | | | |
|---|---|---|----------------|
|  Connecticut Children's MEDICAL CENTER | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

Table 2: Nursing Treatment Protocol Order Sets

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|-------------------------------|--|--|--|
| Rabies Vaccine | -Second through Fourth rabies vaccine (days 3, 7, and 14 post-exposure) | -Reaction to previous vaccine -Need for initial vaccine | Rabies Vaccine 1 mL IM |
| Seizure | -Seizure-like activity | -Febrile -Seizure history -Known trauma -Actively Seizing | -Point of care blood glucose -Initiate cardiorespiratory monitoring -Obtain room air oxygen saturation -Provide supplemental oxygen, as needed, to maintain oxygen saturation >92% |
| Sickle Cell with Fever | History of sickle cell disease -Presenting with known fever $\geq 38^{\circ}\text{C}$ (100.4°F) | | -Obtain room air oxygen saturation -Provide supplemental oxygen, as needed, to maintain oxygen saturation > 92% -LMX 5 G, topical, to portacath access site or potential IV sites, or -Pain Ease topical, one 6-10 second spray with establishment of IV access -Establish IV access, use portacath or central line if available -Send CBC with automated diff, reticulocyte count, blood culture -Draw and hold purple and green top tube -Ibuprofen 10 mg/kg PO x1 dose (max dose 800 mg) if no contraindications, or |


| | | | |
|---|---|---|----------------|
|  | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

Table 2: Nursing Treatment Protocol Order Sets

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|------------------------------|---|---|--|
| | | | <ul style="list-style-type: none"> -Acetaminophen 15 mg/kg PO x1 dose (max dose 1,000 mg) for any contraindications to ibuprofen -Normal Saline IV, 10 mL/hr, to keep vein open after portacath or central line access only |
| Sickle Cell with Pain | <ul style="list-style-type: none"> -History of Sickle Cell disease Presenting with pain to any part of body | Fever $\geq 38^{\circ}\text{C}$ (100.4 $^{\circ}\text{F}$) | <ul style="list-style-type: none"> -Obtain room air oxygen saturation -Oxygen to maintain saturation >92% -LMX, 5 G, topical, to portacath access site or potential IV sites, or -Pain Ease topical, one 6-10 second spray with establishment of access -Establish IV access, use portacath or central line if available -Send CBC with automated diff, reticulocyte count -Draw and hold purple top tube -Normal Saline, IV, 10 mL/hr, to keep vein open after portacath or central line access only |
| Sore Throat | -Pain in throat with a pain score ≥ 5 | | <ul style="list-style-type: none"> - Ibuprofen 10 mg/kg PO x1 dose (max dose 800 mg) if no contraindications, or -Acetaminophen 15 mg/kg PO x1 dose (max dose 1,000mg) or 30 mg/kg PR x1 dose (max dose 650 mg) for any contraindication to ibuprofen |



**Connecticut
Children's
MEDICAL CENTER**


CCMC Corporation

- | | |
|---|---|
| <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. |
| <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. |

| | | |
|--|-----------------|----------------|
| Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 |

Table 2: Nursing Treatment Protocol Order Sets

| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders |
|---|--|---|--|
| Swallowed Foreign Body | -Report of foreign body ingestion | | -NPO -Order nose to rectum x-ray |
| Syncope | -Known/witnessed syncopal episode within 24 hours | | -Obtain EKG and give to attending MD -Point of care glucose -Obtain orthostatic vital signs -Obtain urine specimen and perform HCG if female ≥ 10 years of age |
| Testicular Pain | -Active pain to one or both testicles | -Trauma to testicle | -Place order for Scrotum and testicles w/ Doppler. ultrasound -Obtain clean catch urine specimen -Point of care urine dip -NPO |
| Traumatic Extremity Injury-Deformity | -Deformity in extremity -Pain, swelling, point tenderness | -Deformity in upper thigh -Open fracture | -NPO -Pain Ease, topical, one 6-10 second spray to selected IV insertion site -Establish IV access -Order appropriate radiographic view |
| Vaginal Bleeding, Severe | -Saturating ≥ 1 pad per hour -Orthostatic Changes | -Saturating < 1 pad per hour -Known hematological disease -Known trauma | -Obtain orthostatic vital signs -Pain Ease, topical, one 6-10 second spray to potential IV site -Establish IV access -Obtain Beta Quantitative specimen -Draw and hold green top tube, blue top tube, and 2 purple top tubes |

| | | | |
|---|---|---|----------------|
|  | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

| Table 2: Nursing Treatment Protocol Order Sets | | | | |
|--|--|---|--|--------------------------|
| Chief Complaint | Inclusion Criteria | Exclusion Criteria | Protocol Orders | |
| | | | -Normal Saline IV Bolus, 20 mL/kg once (max dose 1L) | |
| Vomiting/Diarrhea OR Emesis | -Age 12 months or greater -History of vomiting and/or diarrhea within the 60 minutes of arrival | -History of closed head injury, VP Shunt, cardiac disease, prolonged QT syndrome -Bilious emesis -Chronic Metabolic disorders -Toxic appearance -Signs of peritonitis -Immunodeficiency or major organ disease -Altered Mental Status | Weight | Med |
| | | | 10-15 kg | 2mg Ondansetron ODT once |
| | | | >15 kg | 4mg Ondansetron ODT once |

VI. References


Vomiting/Diarrhea, Emesis – Clinical Pathway, “Gastroenteritis/Dehydration – ED Clinical Pathway,” Connecticut Children’s Medical Center. Effective Date August 2015.

Barata, I., Brown, K., Fitzmaurice, L., Griffin, E, Snow, S. (2014). Best Practices for Improving Flow and Care of Pediatric Patients in the Emergency Department. *Pediatrics: Official Journal of the American Academy of Pediatrics*. 2014-3425.

Pasmann, A., (2009). Hematologic/Oncologic Emergencies. In D. Thomas and L. Bernardo (eds) Emergency Nurses Association: Core Curriculum for Pediatric Emergency Nursing Second Edition (pp. 304-317).

Barbarossa, S., Campbell, K., Kruger, M, and O’Leary, R. (2009). Neonatal Emergencies. In D. Thomas and L. Bernardo (eds) Emergency Nurses Association: Core Curriculum for Pediatric Emergency Nursing Second Edition (pp. 91-106).

Soloway, R. (2009). Toxicologic Emergencies. In D. Thomas and L. Bernardo (eds) Emergency Nurses Association: Core Curriculum for Pediatric Emergency Nursing Second Edition (pp.501-532).

| | | | |
|---|---|---|----------------|
|  Connecticut Children's <small>MEDICAL CENTER</small> | CCMC Corporation | | |
| | <input checked="" type="checkbox"/> Connecticut Children's Medical Center | <input type="checkbox"/> CCMC Affiliates, Inc. | |
| | <input type="checkbox"/> Connecticut Children's Specialty Group, Inc. | <input type="checkbox"/> Connecticut Children's Medical Center Foundation, Inc. | |
| | Provision of Care: Emergency Department (ED) | Date Effective: | May 7, 2019 |
| | Nursing Treatment / Triage Standing Orders | Date of Origin: | March 01, 2006 |
| Approved By: ED Collaborative | Date Approved: | May 7, 2019 | |

Randolph, R (2009). Respiratory Emergencies. In D. Thomas and L. Bernardo (eds) Emergency Nurses Association: Core Curriculum for Pediatric Emergency Nursing Second Edition (pp. 167-174)

Hannan, M. (2009). Gastrointestinal Emergencies In D. Thomas and L. Bernardo (eds): Emergency Nurses Association: Core Curriculum for Pediatric Emergency Nursing Second Edition (pp. 221-235).

Simko, L. (2009). Neurologic Emergencies. In D. Thomas and L. Bernardo (eds): Emergency Nurses Association: Core Curriculum for Pediatric Emergency Nursing Second Edition (pp. 201-203).

Cadwell, S. (2009). Cardiovascular Emergencies. In D. Thomas and L. Bernardo (eds): Emergency Nurses Association: Core Curriculum for Pediatric Emergency Nursing Second Edition (pp. 178-180).

Dasta, S., Nelson-Tuttle, C., Roloff, R. (2009). Genitourinary Emergencies. In D. Thomas and L. Bernardo (eds): Emergency Nurses Association: Core Curriculum for Pediatric Emergency Nursing Second Edition (pp.248-254).

DeMaria Jr., A. (January 2016). *Rabies Immune Globulin and Vaccine*. Retrieved from http://www.uptodate.com/contents/rabies-immune-globulin-and-vaccine?source=related_link.

Kaneshiro, Neil. (April 21, 2015). *Earache*. Retrieved from <https://www.nlm.nih.gov/medlineplus/ency/article/003046.htm>.

Puchalski, M. (2012). The Neonate. In Provider Manual Fourth Edition: Emergency Nurse Pediatric Course (pp. 176-177).

Golder, D. (2012). Childhood Illness. In Provider Manual Fourth Edition: Emergency Nurse Pediatric Course (pp 148-149).

VII Related Documents

Diabetic Ketoacidosis –Clinical Pathway

Patient Presenting with a Risk of Harm to Self or Others – Care Of
 Hyperbilirubinemia in the Neonate – Clinical Pathway

Gastroenteritis/Dehydration ED – Clinical Pathway

Appendicitis – Clinical Pathway

Document Information

Document Title

Nursing Treatment Protocol /Triage Standing Orders

Document Description

The purpose of this policy is to describe the manner in which Emergency Department (ED) Registered Nurses (RN) use Triage Standing Orders. The use of Triage Standing Orders is not intended for those patients needing immediate lifesaving intervention.

Approval Information

Approved On: 05/07/2019

Approved By: ED Leadership, P&T, Clinical Council, Radiology Leadership,

Approval Expires: 05/31/2022

Approval Type: Manual Entry

Document Location: / Provision of Care Treatment and Services / Emergency Department (ED)

Keywords: Emergency Department, Standing order, Tylenol, Acetaminophen, Motrin, Ibuprofen, fever, medications, asthma, aerosol treatment, steroids, MPIS, Modified Pulmonary Index Score, prednisone, decadron, dexamethasone, croup, diphenhydramine, benadryl, allergic reaction, hives, EKG, behavioral health, nursing treatment protocols

Printed By: Guest User

Standard References: N/A

Note: This copy will expire in 24 hours