

# POLICY & PROCEDURE



<b>TITLE: Urgent Assessment</b>				
<b>Scope/Purpose: To ensure prompt assessment of acute conditions</b>				
<b>Division/Department: All HealthPOiNT clinics</b>			<b>Policy/Procedure #:</b>	
<b>Original Date: September 28, 2008</b>			<b>___New __x_ Replacement for:Urgent assessment procedure 2008</b>	
<b>Date Reviewed:</b>	<b>Date Revised:</b>	<b>Implementation:</b>	<b>CPIC Approved:</b>	<b>Board Approved:</b>
November 8, 2013	November 8, 2013	03/28/2014	03/28/2014	
<b>Responsible Party: Director of Clinical Quality, CMO</b>				

## DEFINITIONS:

N/A

## POLICY:

All patients presenting with the symptoms listed below will receive care per the urgent assessment procedure.

- Elevated temperature
- Elevated blood pressure
- Shortness of breath
- Acute chest pain or stroke-like symptoms

## PROCEDURE:

### I. PATIENTS WITH ELEVATED TEMPERATURE

- A. For children less than 3 months of age. If **axillary** temperature is greater than 99.0F a **rectal temperature** will be conducted. The nurse will document in the electronic health record where the temperature was taken.
- B. For any rectal temperature greater than 100.4, a provider will be notified verbally and documented in the electronic health record.
- C. Oral temperatures should be measured at least 10 minutes after the patient has had anything to drink for an accurate assessment.

### II. PATIENTS WITH ELEVATED BLOOD PRESSURE

- A. With any elevated BP, cuff size should be assessed to ensure an appropriate cuff size is being utilized.

B. For systolic BP greater than 180 **and/or** diastolic BP greater than 120 a **provider** should be notified immediately.

C. For systolic BP equal or greater than 140 **and/or** diastolic BP equal or greater than 90.

1. The patient should be asked to sit or lie in the exam room and rest for 5 minutes.

If **repeat BP** remains elevated, a provider should be notified verbally and the BP documented in the electronic health record

D. If **the patient** is presenting for a nurse/lab appointment and is not scheduled to see a provider on the same day, the patient should be scheduled for a provider appointment within 72 hours for further evaluation, **unless** worrisome signs such as severe headache, chest pain, shortness of breath, or acute vision changes are present.

E. In the presence of worrisome signs, the patient should be evaluated by a provider before leaving the clinic site.

### III. PATIENT WITH SHORTNESS OF BREATH

A. Perform pulse oximetry.

B. If the pulse oximetry is **below 95%**, document in patient's record and **notify the provider immediately** for orders

### IV. PATIENTS WITH ACUTE CHEST PAIN OR STROKE-LIKE SYMPTOMS, ESPECIALLY IN THE PRESENCE OF ELEVATED BLOOD PRESSURE OR OTHER WORRISOME SIGNS (such as shortness of breath, headache, vision changes, nausea or unusual sweating, slurred speech, and numbness or weakness in face, arm, or leg, especially on one side of the body)

A. Place the patient in an exam room and ask a co-worker to notify the provider immediately for orders. **DO NOT LEAVE THE PATIENT IN THE ROOM ALONE.**

B. Elevate head of bed 45 degrees.

C. Obtain vital signs

D. Obtain a room air pulse oximetry.

E. If having chest pain or SOB place on oxygen at 2L/min/NC (nasal cannula).

RELATED POLICY:

Emergency Response / Activation of 911

REFERENCES:

American College of Cardiology/American Heart Association, 2013

Ward, M. A. (2013). Fever in children (Beyond the Basics). In *UpToDate*.

**POLICY/PROCEDURE TRACKING FORM (to be added as last page of each P&P for documentation of changes)**

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<b>Date of Revision</b>		<b>Description of Changes</b>		