COVID-19 Zeeland ED
Tent Patient Careflow
March 21

Patient arrives at ED Entrance: Security and ED Drive RN assess for COVID r/o or ED entrance.

- **COVID patients**
  - Mask patient immediately. Patient is welcomed into tent while family member parks car, OR if patient is alone and well they are directed to self park and return to COVID tent

Tent Triage RN arrives patient and completes triage

- RN masks and sorts patients according to well appearing COVID complaints vs. sick COVID or other ED complaints.
  - *See box 1 for COVID inclusion and exclusion criteria*

- **Non COVID complaints or COVID complaints that do not meet tent inclusion criteria**
  - Enter ED through ED Triage. ED care as usual.

Registration completes full patient registration (does not collect payment). Patient waits in a chair for next available RN/Provider team

- Is your patient well appearing?
  - Yes
    - Tent Triage RN will call ED CN for room assignment and RN-RN report. Tent NT will transport patient through main ED doors to COVID cohort area in ED (room assigned). ED care as usual.
  - No

- Staff walk patient back to evaluation space, obtain vital signs and complete dual assessment.
- Does your patient need a higher level of care or additional testing?
  - Yes
    - Box 1 Inclusion and Exclusion Criteria for COVID Tent
      - **Inclusion Criteria for COVID tent**
        - Well-appearing patient requesting COVID testing
        - Well appearing & unexplained fever and cough
        - Well appearing and lower respiratory symptoms (Cough/Dyspnea)
      - **Exclusion Criteria for COVID tent**
        - Visibly uncomfortable
        - CP with risk for ACS or PE
        - Coagulopathy
        - Transplant/Immunocompromised
        - Dialysis
        - Active Cancer
        - Sickle cell
        - A child that is less than 1 year old
  - No

- Provider & RN follow COVID tent clinical evaluation guideline to complete patient’s visit.

- Discharge the patient home with AVS
  - Patient evaluation space is wiped down

- RN and Provider may keep PPE in place with only glove changes between patients. When entering the ‘clean area’ PPE must be doffed. PPE must be conserved when possible.