
Ultrasound Guided IV

Pertinent Policies: For additional information, review the following policies once you are ON-SITE (these require a PSJH login to access):

[IV: Peripheral Access Insertion with Ultrasound Guidance - Adult](#)

[Peripheral IV Insertion - Adult](#)

[Establishing PIV Access Guideline for Neonatal & Pediatric Patients](#)

[Comfort Promise for Neonatal & Pediatric Patients](#)

[Local Anesthetic Administration & Monitoring Guidelines for Neonates, Infants, & Children](#)

- Ultrasound guided peripheral IV access may only be initiated by individuals who have demonstrated competency per PHS-OR ultrasound guided PIV insertion competency standard
- Utilize population specific peripheral IV policy for insertion requirements and guidelines
- Consider using available placement aids and visualization technologies for vein identification and selection in patients without visual or palpable landmarks and/or difficult venous access.
- Caregiver will refer to equipment manufacturer instructions for equipment related content (e.g. Ultrasound machine workflows, guidelines, troubleshooting, etc.)

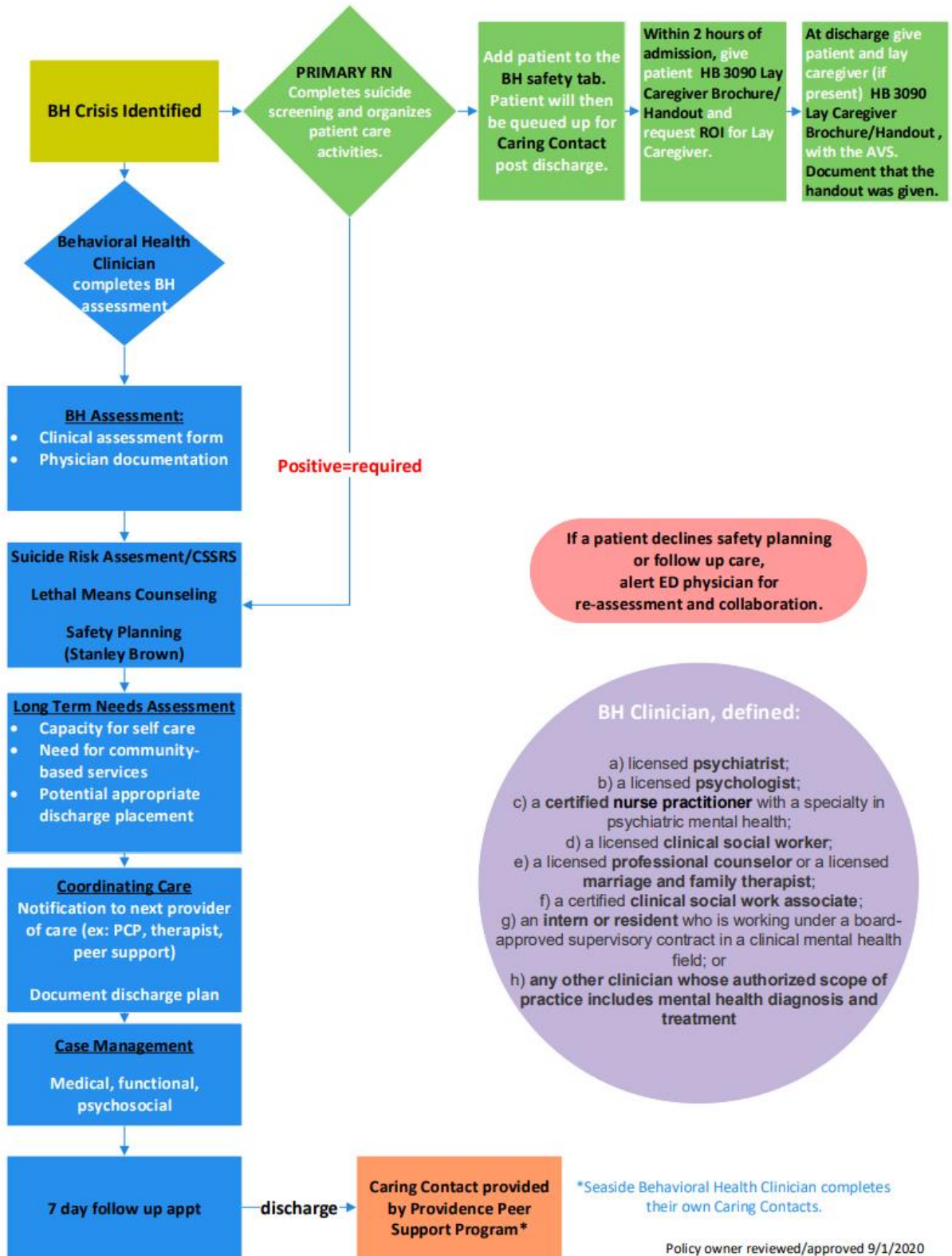
Behavioral Health Crisis & Suicide Screening in the ED

Pertinent Policies: For additional information, review the following policies once you are ON-SITE (these require a PSJH login to access):

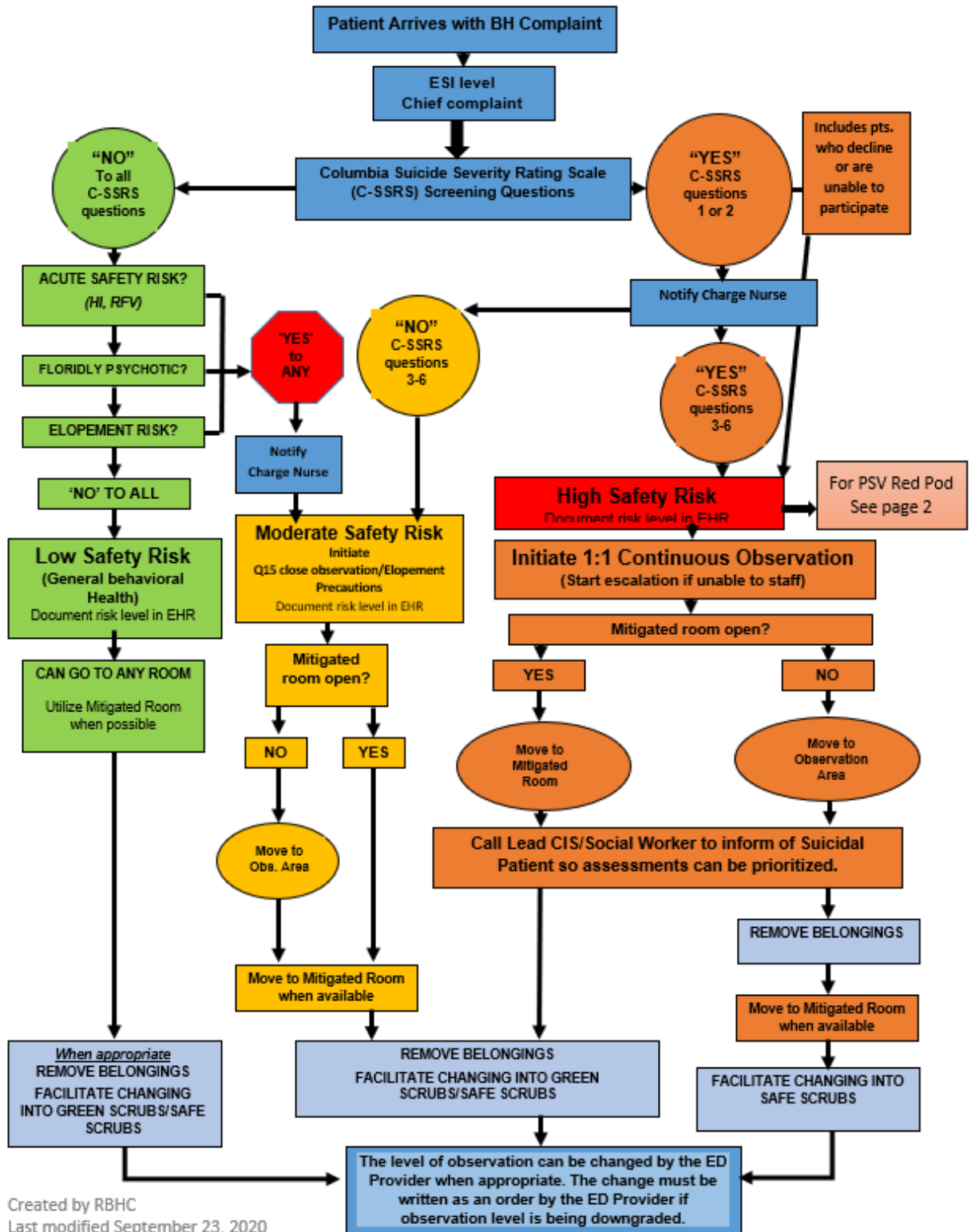
[Releasing A Patient Following A Behavioral Health Crisis](#)

[ED Practice Guideline- Suicide Screening and Care of BH Patients](#)

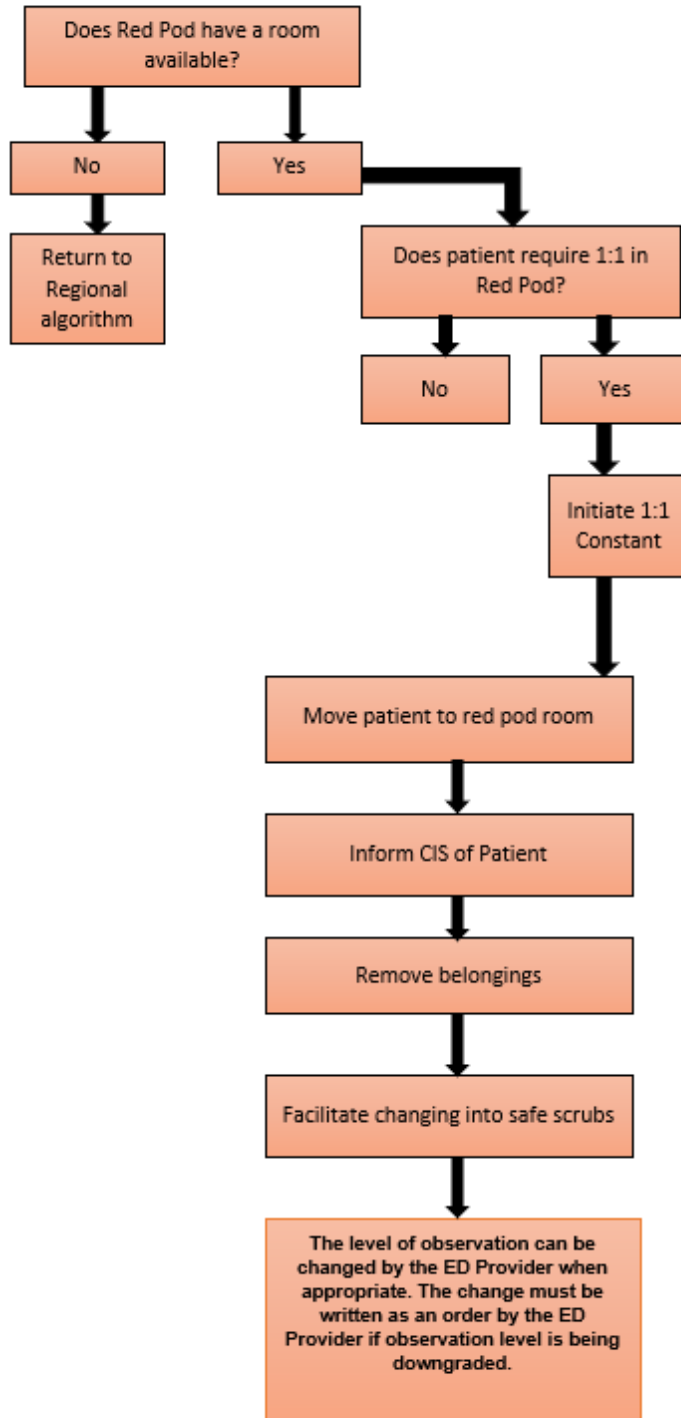
- Oregon hospitals must adopt and implement a policy for the discharge of a patient who presented with a behavioral health crisis. The hospitals policy must be publicly available to patients and their lay caregiver(s). ORS 441.051 also requires hospitals to adopt and maintain written discharge policies for all inpatients, including psychiatric inpatients. The law applicable to general discharge policies requires hospitals to provide the patient and designated lay caregiver with instruction or training prior to discharge, as necessary for the caregiver to perform aftercare functions. This is equivalent to existing federal standards which require hospitals to counsel the patient, family members, or other interested persons as necessary for post-hospital care, also applicable to all inpatients. [Lay Caregiver Authorization Form and Handout](#)
- *Releasing a Patient Following a Behavioral Health Crisis* policy applies to all patients being discharged from an Emergency Department or Inpatient unit in any Providence Acute Care Ministry. This policy, as required, will be publicly available on the Providence Oregon website and given to the patient, and lay caregiver if available, during admission and at discharge.
- *ED Practice Guideline: Suicide Screening and Care of the Behavioral Health Patients* describes essential components of assessments and intervention. The hospital may incorporate established evidence-based practices. The implementation of the guideline is based on the patient's chief complaint and clinical presentation. Implementation of the guideline and removal of the guideline is acceptable ONLY upon the provider's judgment and should be reflected in documentation by the provider and/or the patient's primary nurse. Provider: document in Nurse Communication Order; primary nurse document in the electronic health record (EHR). All discharge policies must be made publicly available.



ED TRIAGE NURSE BEHAVIORAL HEALTH WORKFLOW



ED TRIAGE NURSE BEHAVIORAL HEALTH WORKFLOW



Sedation

Pertinent Policies: For additional information, review the following policies once you are ON-SITE (these require a PSJH login to access):

[Moderate & Deep Procedural Sedation by Non-Anesthesia LIP - Adult](#)

[Emergency Department Protocol for Moderate \(Conscious\) Procedural Sedation- Ketamine \(Hood River\)](#)
(only for use at Hood River site)

[Moderate Sedation for Pediatric Population](#)

[Deep Procedural Sedation for Pediatric Patients](#)

- All RNs administering procedural sedation will be trained to do so.
- All RNs will comply with the [Oregon State Board of Nursing Interpretive Statement on procedural sedation](#) (**can** be accessed without a PSJH login).
- Complete online Modules (**can** be accessed without a PSJH login):
 - Module: [Procedural Sedation \(Moderate and Deep\) - Adult](#)
 - Module: [Procedural Sedation \(Moderate and Deep\) - Pediatric](#)
- Any RN providing continuous patient monitoring during a procedural sedation episode will complete and maintain BLS and ACLS certification. In areas where pediatric patients receive sedation, PALS certification is required. In areas where pediatric patients are exclusively treated, ACLS is not required.

Age of Consent in Oregon and Mandatory Reporting

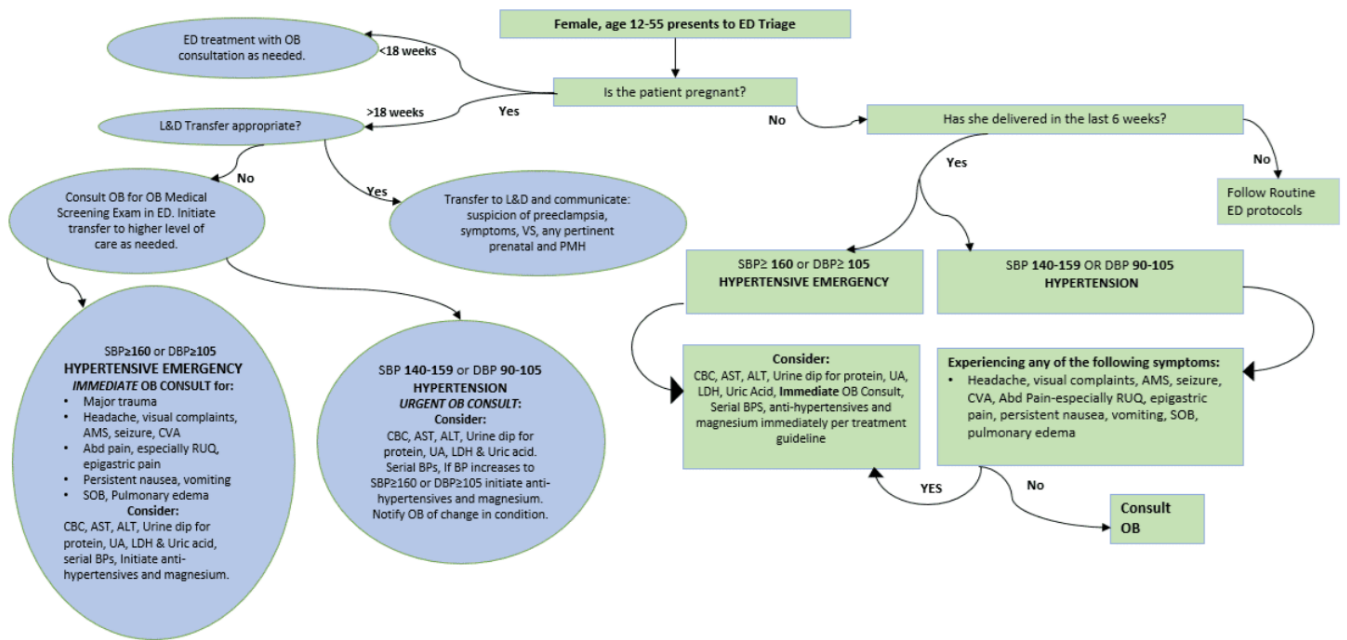
- For medical, dental and emergency conditions = 15 years old.
- Outpatient mental health, drug or alcohol (excluding methadone) = 14 years. However, **providers are expected to involve parents** by the end of treatment.
- Reproductive Health = No minimum age.

Report and document in “Quick Disclosure” tab in Epic:

- Child abuse
- Elder abuse
- Penetrating Injuries (Knife, Gunshot wounds, etc.)
- Suspected non-accidental injuries inflicted by any deadly weapon.
- Any serious injury (substantial risk of death, disfigurement, loss of bodily function).

Care of the Antepartum and Postpartum Hypertension Patient Algorithm

Diagnosis, Evaluation and Treatment of Antepartum and Postpartum Preeclampsia and Eclampsia in the Emergency Department



EMTALA:

For additional information refer to full Policy: *Emergency Medical Treatment and Labor Act* in PolicyStat

Covered patients include:

- Any individual who comes to the Emergency Department (ED) or onto the hospital property (or campus), or within 250 yards of the facility seeking or needing examination, or treatment for a medical condition
- Any individual with an emergency medical condition or in active labor
- Any individual with a psychiatric emergency medical condition:
- Acute symptoms of sufficient severity that render the patient an immediate danger to self or others, or unable to provide for or utilize food, shelter or clothing due to the disorder
- Includes psychiatric disturbances, symptoms of substance abuse and intoxication that absent immediate medical attention may result in serious jeopardy to health, impairment of bodily functions or dysfunction of any body organ or part
- When medical help is requested by, or on behalf of, an individual by a prudent layperson or observer
- A "live born" infant at any stage of development
- Arrival on hospital property by a non-hospital-owned ambulance for examination or treatment of a medical condition at a designated emergency department
- Any individual in a hospital-owned and operated ambulance for purposes of examination or treatment of an emergency medical condition, even if the ambulance is not on hospital property

Non-covered patients include:

- In-patients
- Patients undergoing scheduled out-patient care

The Medical Screening Examination (MSE) is used to determine if an emergency medical condition does or does not exist for:

- Every patient arriving at the Emergency Department requesting to be seen
- Any patient coming to the hospital in labor and/or a newborn infant
- Any individual on hospital property requesting medical assistance
- Any individual needing medical assistance as identified by a prudent layperson