



RUHS ED APOT <25min (Goal: 100%)
MSE clipboard with sticker or patient's first name/last name/bed location immediately upon arrival
[by beds nurse or nurse walking patient back from triage]

Direct Bed

NO Direct Bedding
(Give provider 5min notification for MSE)

ED2*
(see criteria)

Triage*
ESIs 4 & 5

ESIs 1 and 2
Immediate attending or senior resident eval at bedside during ambulance offload

Traumatic injuries (non activations)
Psychosis
AMS (GCS ≤ 14)
Intoxication
Dementia
Patient cannot give history

Nurse accepting report asks EMS to give report to provider in ambulance bay or patient's bed

***ED2/Triage:** Place patient in wheelchair and RN will take report from EMS, sign and take pt to final destination

- Trauma and Stroke activations follow their usual pathway
- If unstable or no MSE <10min: immediate escalation to attending or senior resident
- Charge nurse and providers to look at "Arrivals" tab in Epic for pending MSEs
- Physician or nurse to sign EMS tablet and select "lock" time/date
- Bed with restraints ready at all times to off load agitated patients and treat prior to final bed placement