

GUIDELINE			
	Policy Name: Bridging Orders (Child Health)	Policy Number: 094.001	Page 1 of 3
	Approval Signature: Shared Health Executive	Section:	
Level: SITE-SPECIFIC - Applies to all Shared Health staff at the site indicated in the policy name.	Date: 23/Oct/2023	Supercedes: NEW	

1.0 **PURPOSE:**

- 1.1 To efficiently transition pediatric patients requiring admission to hospital from the Children's Hospital Emergency Department (ED) to the inpatient units.

2.0 **DEFINITIONS:**

- 2.1 **Emergency Physician/Emergency Medical Officer (EMO)**: The staff physician on record to the patient while in the ED.
- 2.2 **Screening Medical Resident (SMR)**: The senior pediatric resident on duty for the pediatric medical services.
- 2.3 **Senior Emergency Resident (SER)**: A fellow or senior resident on clinical rotation in the ED. This includes Pediatric Emergency Medicine residents, Pediatrics residents in R2 or higher, and Emergency Medicine residents R2 or higher.
- 2.4 **Pediatric Medicine Inpatient Services**: The general Pediatric Medicine inpatient services, including the Oak, Elm and Pine services. These are also known as the Clinical Teaching Units (CTUs).
- 2.5 **Pediatric Non-Medicine Inpatient Services**: All other inpatient services, e.g., surgical services, psychiatry, neonatal and pediatric intensive care, and non-teaching services (Maple Service).
- 2.6 **Bridging Orders**: Admission orders written by the Emergency Physician for a patient being admitted to the ward, prior to the Screening Medical Resident writing service admission orders. Bridging orders are valid for four hours.

3.0 **POLICY:**

- 3.1 Wherever possible, once the SMR has been notified that a patient in the ED requires admission, they will attend to the patient promptly and write service admission orders in advance of the patient being transferred to the ward.
- 3.2 In the event that the SMR has not yet attended to the patient in the ED and the inpatient unit is ready to receive the patient, the EMO or designate SER may write Bridging Orders for the patient in order that the patient may be transferred to the ward in a timely manner.
- 3.3 Patients eligible for Bridging Orders must meet all of the following inclusion criteria:
 - 3.3.1 The patient must be medically stable or showing clinical improvement and not anticipated to require an acute intervention in the next 60 minutes.
 - 3.3.2 The patient must be admitted to a CTU (Oak, Elm, or Pine service).
- 3.4 This policy does not apply to the patients meeting any of the following exclusion criteria:
 - 3.4.1 Patients admitted to non-teaching admitting service (e.g., Maple service).
 - 3.4.2 Patients admitted to a Pediatric Non-Medicine Inpatient Service (e.g., Orthopedics, Surgery, Plastic Surgery, Neurosurgery, ENT).

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- 3.4.3 Patients who are medically unstable (e.g., GCS of less than 14, hemodynamically unstable).
- 3.4.4 Patients who are anticipated to require an acute intervention in the next 60 minutes.
- 3.4.5 Patients that have an anticipated change in management plan within the next 4 hours.
- 3.4.5 Patients that have escalating oxygen requirements.
- 3.4.6 Patients who require ongoing cardio-respiratory monitoring.
- 3.4.7 Patients on non-invasive positive pressure ventilation (e.g., CPAP, BiPAP, HHFNC).
- 3.4.8 Patients requiring interventions off the inpatient unit within the next four hours (e.g., CT, MRI).
- 3.4.9 Patients who have received a controlled substance (e.g., narcotic, sedative, hypnotic) in the 30 minutes prior to transfer.
- 3.4.10 Within the first hour of a patient receiving a blood product transfusion.
- 3.5 Bridging orders shall encompass all necessary orders for the anticipated care of the patient including home medications for a period of no greater than four hours from the time that they are written. Medication Reconciliation will remain the responsibility of the admitting team. The Pediatric Medicine Inpatient Service must attend to, and complete, admission orders on all patients with Bridging Orders within four hours from the time that the patient is transferred to the inpatient area.

4.0 PROCEDURE:

- 4.1 When the ED is notified that the ward is ready to receive the patient who does not yet have admission orders prepared by the admitting Inpatient Medicine Service, the EMO will reassess the patient and confirm that they meet the criteria for Bridging Orders.
- 4.2 This policy does not apply to patients who do not meet the eligibility criteria for Bridging Orders, or who, in the opinion of the EMO or SMR, are not appropriate candidates for Bridging Orders. These patients shall remain in the ED until they have been evaluated by the Pediatric Medicine Inpatient Service and have admission orders completed by the service.
- 4.3 If the patient meets the eligibility criteria for admission, and an inpatient bed is ready, the EMO will notify the SMR that admission orders are required for the patient. The SMR will:
 - 4.3.1 Assign a medical service for the patient in conjunction with the Bed Utilization Facilitator or Nursing Supervisor.
 - 4.3.2 Prioritize assessment of these patients to promote timely admission and transfer to the inpatient unit.
 - 4.3.3 Write core admission orders.
 - 4.3.4 If the SMR is unable to attend to the patient promptly and the patient is eligible for transfer to the ward:
 - 4.3.4.1 The EMO or SER will collaborate with the SMR and ED Charge Nurse of the suitability to initiate Bridging Orders.
 - 4.3.4.2 The EMO or SER will write Bridging Orders on the patient.
 - 4.3.4.3 The EMO or SER will document a reassessment of the patient in the patient chart within 60 minutes before the time of transfer.
 - 4.3.5 Bridging Orders are to be completed on the pre-printed order sheet Pediatric Medicine Bridging Orders (PHOR # 495) and will include the following:
 - 4.3.5.1 Admitting service and attending physician.
 - 4.3.5.2 Admission diagnosis.
 - 4.3.5.3 Order to notify the admitting service that the patient has arrived on the ward.
 - 4.3.5.4 Vital sign measurement parameters.
 - 4.3.5.5 Diet order.
 - 4.3.5.6 IV fluid orders.
 - 4.3.5.7 Medication orders for medications required in the four-hour time period that the Bridging Orders are in effect, including home medications. Orders should be written as one-time doses due within the next 4 hours as

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opposed to q12h, q6h PRN, etc to ensure they are transcribed on the stat MAR to avoid confusion and prevent medication errors. The actual admission orders and admission med rec will be completed by the admitting team.

- 4.3.5.8 Outstanding investigations that could be performed on the ward (i.e., this excludes investigations which would require the patient to leave the ward prior to being fully assessed by the admitting service).
- 4.3.5.9 Isolation requirements.
- 4.3.6 The orders must be dated and timed within 60 minutes before the time of transfer out of the ED.
- 4.4 After the patient is transferred to the ward:
 - 4.4.1 The Pediatric Medicine Inpatient Service and SMR will be notified of the patient's arrival by the inpatient ward staff. Inpatient ward staff will document the date and time of "patient arrived on ward" on the pre-printed order sheet (PHOR #495). The four-hour validity of the Bridging Orders starts at this time.
 - 4.4.1.1 The SMR must attend to the patient within the four hours while the Bridging Orders are in effect.
 - 4.4.1.2 Once the Inpatient Service completes the service admission orders, the Bridging Orders will become invalid.
 - 4.4.2 If the patient requires an acute assessment or intervention prior to being seen on the ward by the service, the ward staff will call the service to attend to the patient immediately. These patients should be identified as requiring case review (see 4.4.5)
 - 4.4.3 If the ward staff has questions regarding the specific orders written by the EMO or SER they will call the Children's Emergency for order clarification
 - 4.4.4 If the SMR is unable to attend the ward within the four hour time limit they will contact the Overnight Hospitalist to admit the patient.
 - 4.4.5 A committee comprised of Children's Hospital Emergency Department (CHED) Section Head, Pediatric Lead Resident(s), Hospitalist, CHED Nurse Educator and Bed Utilization Facilitator will meet to review the bridging order process and patient cases admitted on bridging orders on a case by case basis. Cases requiring review will be identified by the SMR and forwarded to the Children's Emergency Section Head. Cases requiring review include, but are not limited to: patients requiring unexpected interventions within the four hour time frame, patients experiencing decompensation or significant change in status, and cases where SMR is unable to attend to the ward within the four hour time limit.
NOTE: RL6 documentation should be completed per current process (e.g., patient-related safety issues, missed/incorrect medications or IV fluids, provisions of care, decompensation of patient status, lack of escalation response).

5.0 **RESOURCES:**

- 5.1 HSC Children's Emergency Department Medical Director
- 5.2 HSC Children's Hospital Medicine Section Head
- 5.3 HSC Children's Emergency Manager
- 5.4 HSC Children's Emergency Pharmacist
- 5.5 HSC Children's Hospital Screening Residents
- 5.6 HSC Children Health Educator Group
- 5.7 HSC Children's Hospital Bed Utilization Facilitator