

## needing Gastroenterology procedures (non-Gl bleed) greement for Emergency Medicine Patients

## Background:

nursing and provider availability can be limiting factors. Additionally, it is recognized that backwards patient flow from the OR PACU is inefficient. sedate these patients in the Emergency Department however suitability for ED sedation and ED esophageal foreign bodies and/or foreign body ingestions. It is frequently most expedient to The Emergency Department often has patients who require urgent upper endoscopy for

## Opportunity:

be most expedient for patients. admission from the PACU for patients requiring observation stays will ease ED throughput and Improving patient access to ED sedation and upper endoscopy for straightforward esophageal foreign bodies is desirable. Creating patient pathways for discharge from the PACU and inpatient

## Criteria:

- The ED will allow Gastroenterology faculty to sedate patients only for esophageal food sedations upon GI physician orders. perform these in the Resuscitation bay. ED nurses will administer medications for the Selection of appropriate sedation candidates will be at GI faculty discretion. We will impactions. The ED will commit to prioritize these sedations within our capacity.
- Ņ PACU or occur prior to leaving the ED the procedure. medicine/family medicine observation admission orders which can be placed from the ingestions will generally require a subsequent period of observation, most will require impactions will be taken to the OR for sedation/general anesthesia. As most foreign body All foreign body ingestions and high risk patient sedations for esophageal food
- ယ the ED from the OR. patient taken to the OR who does not require admission. Patients will not be returned to GI will develop an efficient system for patient discharge directly from the PACU for any

4. and returned to the ED for appropriate disposition (admission or discharge) During weekdays and during daytime hours, patients may be transported to the GI suite

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