Red Flags Identification and Intervention Policy for Urgent Care Centers

Policy:

Patients presenting to urgent care with severe illness or injury should be recognized immediately and appropriate intervention should be initiated.

Purpose:

The purpose of this policy is to establish guidelines for the recognition of patients presenting with serious illness or injury that may need immediate medical attention. This policy is to be used in conjunction with the Abnormal Vital Signs Policy.

Scope:

Applicable to all staff members at urgent care centers.

Definitions:

N/A

Responsibilities:

It is the responsibility of the site supervisor as well as the Medical Director to ensure the implementation of this policy at all urgent care sites. The staff responsible for patient intake as well as anyone charged with triaging the patients should be able to recognize the red flags and initiate appropriate steps as outlines below. The provider caring for the patient, in conjunction with the provider’s clinical support staff, is responsible for addressing these concerns immediately so that there is no delay in care for such patients.

Exceptions:

None.

Procedure:

1. When reasonable to do so, one room at each urgent care location shall be dedicated to, and kept ready for, emergencies. If this room is already occupied, patients should be taken immediately to another available exam room.

2. Staff members doing the registration/intake inquire as to the reason for the visit. If the reason for seeking care is any of the following red flag signs or symptoms, the staff member will take the patient back to one of the exam rooms as stated above.
   a. Patient in obvious distress
   b. Chest Pain
   c. Shortness of Breath
d. Major trauma  
e. Active bleeding  
f. Loss of consciousness, change in speech, altered mental status (in children this may be a change from baseline activity), confusion with or without history of recent head injury  
g. Trouble breathing, throat closing sensation, severe allergic reaction  
h. Head injury with patient currently on blood thinners  
i. New localized weakness  
j. Severe pain, including severe abdominal pain  
k. Chemical exposure to the eye  
l. Toxic ingestion/ potential overdose  
m. Severe testicular pain or trauma  
n. Seizure  
o. Vital signs are outside the following parameters are considered Red Flags:  
   (NOTE: the parameters below are guidelines. We encourage medical leadership to review and customize to your own setting, as appropriate)  
   i. For Adults:  

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature</td>
<td>102 degrees F or greater</td>
</tr>
<tr>
<td>Respiratory Rate</td>
<td>Greater than 22 per minute or difficulty breathing/distress</td>
</tr>
<tr>
<td>Pulse</td>
<td>Less than 50 per minute or greater than 110 per minute</td>
</tr>
<tr>
<td>Pulse Oximetry</td>
<td>Less than 94% on room air</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Systolic less than 90mmHg or greater than 180mmHg, Diastolic less than 60mmHg or greater than 120mmHg, with symptoms of headache, dizziness, lightheadedness, chest pain, shortness of breath, slurred speech, loss of balance, weakness on one side of the body.</td>
</tr>
<tr>
<td></td>
<td>Pregnancy: Systolic Blood Pressure less than 90mmHg or ≥ 140mmHg and/or Diastolic Blood Pressure less than 60mmHg or ≥ 90mmHg.</td>
</tr>
</tbody>
</table>

*Reminder: Normal blood pressure for adults is Systolic < 120mmHg and Diastolic <80mmHg.*

   ii. For Children:  

   a) Pulse ox less than 94% room air  
   b) Patient less than 2 months of age with a rectal temperature 100.4 degrees Fahrenheit or greater (temperature can be taken at the urgent care center or the symptom of fever as stated by the care giver)

3. The staff will immediately notify the onsite provider regarding the patient.  
4. The provider will promptly examine the patient and provide care as appropriate.  
5. Documentation:  
   a. Front desk staff will prioritize the registration of such patients and will register and generate a chart for these patients in the EMR. If possible, the Site Manager and the Medical Director will work with the EMR team to develop a process for quickly registering such patients.  
   b. Providers will document their note for this visit.