

Appendix 1a: Pocket Card (Version 1)

Recto

ED-VITAL Handover Tool for Patients Under E.D. Care	
E ntity (I.D.)	<ul style="list-style-type: none"> age / name / gender ED location home/living situation mode of arrival relevant PMHx
D agnosis (working)	<ul style="list-style-type: none"> chief complaint diagnosis (confirmed or working) main issue(s)
V itals / Stability	<ul style="list-style-type: none"> abnormal vitals to be aware of overall clinical stability "sick" vs "not sick" anticipated resuscitative issues code status
I nvestigations	<ul style="list-style-type: none"> pertinent positive/negative test results what tests are still pending results what tests are ordered still waiting to be done "what are you looking for"
T reatments	<ul style="list-style-type: none"> what orders and treatments have been given common issues: <ul style="list-style-type: none"> fluids antibiotics pain & anti-emetics regular home meds, etc.
A ctions	<ul style="list-style-type: none"> concise list of "to-do" action items needed from next MD common items: <ul style="list-style-type: none"> full clinical reassessment walk test check specific investigations & reports communicate with consultants / families
L ogistics / Last Items	<ul style="list-style-type: none"> what is patient's baseline home status (e.g. ambulation, home supports, etc.) ongoing orders (e.g. pain, antiemetic, etc.) documents (e.g. consult forms filled, CCAC referrals, discharge prescriptions, etc.) communication: <ul style="list-style-type: none"> patient & bedside RN knows plan family, consultants, GPs, etc. as appropriate

Verso

ED-VSA Handover Tool for Patients Referred / Admitted, but still in E.D.	
E ntity (I.D.)	<ul style="list-style-type: none"> age / name / gender ED location relevant PMHx
D agnosis (working)	<ul style="list-style-type: none"> diagnosis (confirmed or working) main issue(s)
V itals / Stability	<ul style="list-style-type: none"> abnormal vitals to be aware of overall clinical stability "sick" vs "not sick" code status
S ervice(s)	<ul style="list-style-type: none"> which consultants are involved seen vs pending to be seen vs admitted
A ctions	<ul style="list-style-type: none"> anticipated actions that may be needed
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ED-VITAL Example (Sticky Note)</p> <div style="border: 1px solid black; background-color: #ffffcc; padding: 5px; width: 45%;"> <p>82 yr old who lives alone in a RH, brought in by EMS after mechanical fall. PMHx of TN/DM2/UTIs. Clinically isolated soft tissue injury L hip, no other medical concerns. Xrays / BW / ECG normal. Pain improved w/Tyl+dilaudid.</p> <p>PLAN: check urine dip, walk test, GEM assessment. Can D/C home if all ok, Rx on chart.</p> </div> </div> <div style="text-align: center;"> <p>ED-VSA Example (Sticky Note)</p> <div style="border: 1px solid black; background-color: #ffffcc; padding: 5px; width: 45%;"> <p>82 yr old from NH presenting with septic shock, ?urosepsis. Full code. Responded to 2L NS and empiric antibiotics. BP now 100 systolic. Internal Med accepted in consult, but may be delayed x1hr to see. Please keep an eye on patient, if worse consider pressors and ICU.</p> </div> </div> </div>	

Appendix 1b: Pocket card cognitive aid (Revised)

