

## Appendix 2: Table Top Cognitive Aid

<b>ED-VITAL: Handover Tool for Patients Under E.D. Care</b>			<b>ED-VSA: Handover Tool for Patients Referred / Admitted, but still in E.D.</b>		
Component	Items to Consider	Example (Verbal)	Component	Items to Consider	Example (Verbal)
<b>Entity (I.D.)</b>	<ul style="list-style-type: none"> <li>age / name / gender</li> <li>ED location</li> <li>home/living situation</li> <li>mode of arrival</li> <li>relevant PMHx</li> </ul>	"Obs 12 is Mrs. Smith, a 82 yr old who lives alone in a RH, brought in by EMS after a mechanical fall. PMHx of HTN, DM2, and recurrent UTIs."	<b>Entity (I.D.)</b>	<ul style="list-style-type: none"> <li>age / name / gender</li> <li>ED location</li> <li>relevant PMHx</li> </ul>	"Emg 8 is Mr. Smith, a 89 yr old from a RH, brought in by EMS for fever and decreased LOC."
<b>Diagnosis (working)</b>	<ul style="list-style-type: none"> <li>chief complaint</li> <li>diagnosis (confirmed or working)</li> <li>main issue(s)</li> </ul>	"She has a soft tissue injury to her left hip. No other medical concerns found."	<b>Diagnosis (working)</b>	<ul style="list-style-type: none"> <li>diagnosis (confirmed or working)</li> <li>main issue(s)</li> </ul>	"He is in septic shock, likely from urinary source from an indwelling catheter."
<b>Vitals / Stability</b>	<ul style="list-style-type: none"> <li>abnormal vitals to be aware of</li> <li>overall clinical stability</li> <li>"sick" vs "not sick"</li> <li>anticipated resuscitative issues</li> <li>code status</li> </ul>	"Hemodynamically stable throughout stay in the ED. Clinically well except for pain."	<b>Vitals / Stability</b>	<ul style="list-style-type: none"> <li>abnormal vitals to be aware of overall clinical stability</li> <li>"sick" vs "not sick"</li> <li>code status</li> </ul>	"He was initially febrile and hypotensive (BP 70) on arrival. After 2L NS and empiric antibiotics he stabilized with BP around 100 systolic. Full code."
<b>Investigations</b>	<ul style="list-style-type: none"> <li>pertinent positive/negative test results</li> <li>what tests are still pending results</li> <li>what tests are ordered still waiting to be done</li> <li>"what are you looking for"</li> </ul>	"There were no fractures on her hip & pelvis x-rays. Her bloodwork and ECG were also normal. We are still waiting for a urine dip."	<b>Service(s)</b>	<ul style="list-style-type: none"> <li>which consultants are involved</li> <li>seen vs pending to be seen vs admitted</li> </ul>	"Internal Medicine has been consulted and accepted. They may be an hour or so behind their consults."
<b>Treatments</b>	<ul style="list-style-type: none"> <li>what orders and treatments have been given</li> <li>common issues:               <ul style="list-style-type: none"> <li>&gt; pain &amp; antiemetic's</li> <li>&gt; antibiotics</li> <li>&gt; fluids</li> <li>&gt; regular home meds, etc.</li> </ul> </li> </ul>	"She has received Tylenol and low dose Dilaudid (0.5mg PO) with good response. GEM RN is aware and will be doing an assessment."	<b>Actions</b>	<ul style="list-style-type: none"> <li>anticipated actions that may be needed</li> </ul>	"Please keep an eye on the patient. He is getting NS 200cc/hr currently; if he drops his pressure again consider pressor and ICU consult."
<b>Actions</b>	<ul style="list-style-type: none"> <li>concise list of "to-do" action items needed from next MD</li> <li>common items:               <ul style="list-style-type: none"> <li>&gt; check specific investigations &amp; reports</li> <li>&gt; walk test</li> <li>&gt; communicate with consultants / families</li> <li>&gt; full clinical reassessment</li> </ul> </li> </ul>	"Please follow-up on her urine dip, as well as confirming she passes walk test."			
<b>Logistics / Last items</b>	<ul style="list-style-type: none"> <li>what is patient's baseline home status (e.g. ambulation, home supports, etc.)</li> <li>ongoing orders (e.g. pain, antiemetic, etc.)</li> <li>documents (e.g. consult forms filled, CCAC referrals, discharge prescriptions, etc.)</li> <li>communication:               <ul style="list-style-type: none"> <li>&gt; patient &amp; bedside RN knows plan</li> <li>&gt; family, consultants, GPs, etc. as appropriate</li> </ul> </li> </ul>	"Ongoing PRN pain meds are ordered. A Rx for Dilaudid is on the chart. Touch base with GEM RN to confirm discharge home. Bedside RN is aware of the plan."			

  

<b>ED-VITAL: Example (Sticky Note)</b>	<b>ED-VSA: Example (Sticky Note)</b>
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. PLAN: check urine dip, walk test, GEM assessment. Can D/C home if all ok, Rx on chart.	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.