**Zone 2 Orientation Checklist**

* Safety equipment set up & location
  + eg. nearest Crash Cart, suction set up, Ambu bags
* Roles and responsibilities of Intake, Treatment, LPN, UC, HCA
  + Overlapping duties = TEAMWORK is essential to a great shift in Zone 2
* Zone 2 exclusion criteria
  + Altered LOC, seizures, advanced pregnancy, very frail/complex seniors, non-mobile/total care
* CTAS and when to alert EP
  + changes to condition, requesting analgesia
* Receiving EHS report
* Pt Flow through zone 2
* Minimizing visitors in zone 2
* AVB, care plans, pts to stay in lobby, etc
* Direct to Specialist
* Return visits for imaging results
  + make sure the results are on meditech before placing pt
* Room types: suture, gyne, eye, ENT, private, isolation
* Isolation and infection control measures
* ED Tracker:
  + eg. CTAS, pt placement, notes for PCC, pt status updates, flag for reassessment
* ENAR: short form documentation
* Assessments: initial and when to repeat VS
* NIOs: x-rays, labs, ECG, analgesia
* Chart placement/signs
* When to change pt to a gown?
* Who stays NPO?
* Urine Specimen
  + Who needs a UDip or Upreg
  + When to send for UA, C&S
* Gyne room set up & chaperoning for EPs
* Eye room set up and use
  + Eye wash Morgan lens set up
  + Visual acuity test
  + Stocking meds w/HCA
* Order Entry
  + So many orders!
* Location of Medications, Fluids, and frequently used supplies
  + Omnicells
  + IV supplies, pumps and fluids
  + Foley/CBI supplies
  + Wound care cart
  + Med cart
  + Dirty Utility
* Common Order Sets
  + eg. Migraine cocktail
* IV Medications
  + Dilutions: eg. dilaudid 0.2mg/ml, morphine 1:1, Ativan 1:1
  + push vs minibag, gravity vs pump
* IV starts
* CT scan preparation
* US preparation and scheduling
* Procedural Sedation
  + Documentation, common medications, RT involvement, set-up
* Wound care
  + Common dressings eg. burns
* Swabs
* Bladder scanning
* Ortho Equipment
  + where to find it
  + how to use
  + billing
* D/C packets and informative handouts
  + OP Referrals
  + OP procedures/imaging
  + Handouts for crutches, head injury, etc
* Specimen kits for d/c
  + stool, urine, kidney stones
* 6 packs and “to go” meds
  + where to get and pt teaching
* OPAT
  + Fax to pharmacy, copy sheets, place in folder, sign up sheet, pt handout, IV dressing
* OR preparation
  + OR checklist
  + bag, label and put clothing in locked cupboard
* Medications specific to ER:
* PenG for Syphilis
* Rhogam
* Rabies vaccine and immunoglobulin administration
* Referrals: \*early referrals can facilitate quicker discharge
* SW - taxi, bus pass, shelter list, clothes
* PLN - when to call
* RT - asthma exacerbations, procedural sedations
* Geri RN -seniors at risk for difficult d/c or frequent returns to ER, changes in mobility
* PT/OT - seniors w/changes in mobility, needing equipment or hx falls
* Admitted pt’s
  + placement, assignment, assessment/VS, prep for ward
* Zone 3 and its multitude of uses
* Tips & tricks…
  + eg. tips for calming frustrated pts, give maxeran SLOWLY, how to mix a pink lady, lock box for narcotics, common dilutions for IV push meds

\*\*\*When in doubt, ASK QUESTIONS! Zone 2 is fast-paced and complex… let’s work together to maintain pt safety, optimize pt outcomes, and prevent errors.