This schematic shows an idealized room configuration to support safe and effective communication between bedside staff, ICU staff outside the patient’s room and Penn E-Lert telecritical care staff.

For simplicity, some elements (e.g., isolation cart, in-room computer) are not shown.
ICU communication approaches for patients with COVID-19 disease or patients under investigation (PUIs)

Last updated: March 20, 2020

Core principle:

To safely care for our patients and our care teams, we need to communicate effectively. Any member of the care team should feel comfortable stopping, slowing down, or escalating to leadership as needed to facilitate safe care.

Communicate visually:
- Patient monitor should be visible to Penn E-Lert
- Penn E-Lert “buddy” can help with donning and doffing PPE
- Ventilator should be visible to Penn E-Lert and from outside the patient room

Personnel inside the patient’s room:
- ICU nurse
- ICU ordering provider

Personnel in the ICU available to help:
- Additional nurses
- Respiratory therapist
- Clinical nurse specialist
- Ordering providers
- Respiratory therapist
- Nursing assistants

Communicate verbally:
Note: It may be difficult to be heard when speaking through a PAPR or N95 mask
- Use closed loop communication
- Use an in-room phone for communication with ICU staff outside the patient’s room & for communication with Penn E-Lert

Communicate in writing:
- Dry erase board ("whiteboard") inside the patient’s room and outside the patient’s room
- Write in-room telephone number above the patient’s bed (visible to Penn E-Lert) and on the patient room door (visible from outside)

Penn E-Lert personnel:
- Penn E-Lert nurse
- Penn E-Lert physician*
- Penn E-Lert respiratory therapist*

* as available

Infection control: ________________________________
Infectious disease COVID-19 approval: ________________________________
Materials Management (for PPE): ________________________________
Penn E-Lert: (215) 893-7310