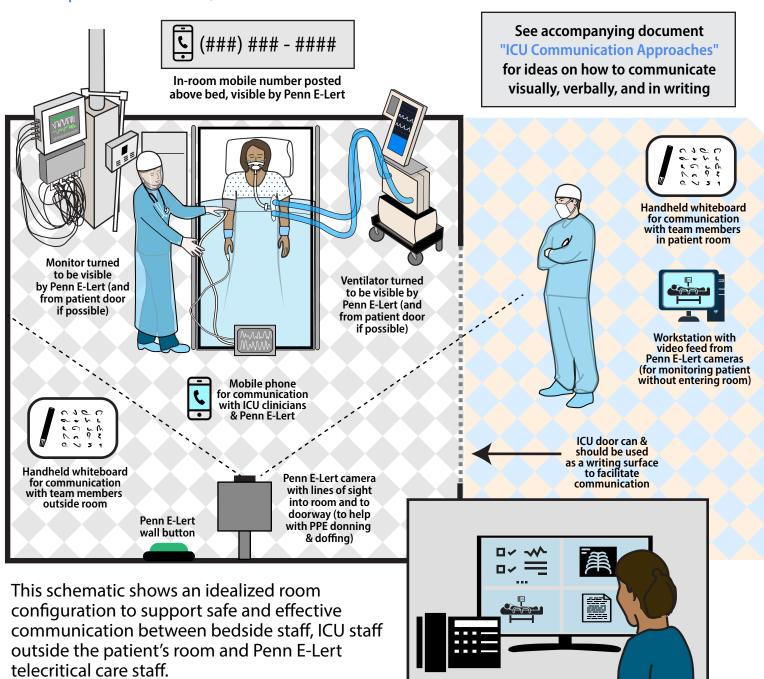


For simplicity, some elements (e.g., isolation cart, in-room computer) are not shown.

ICU room layout for patients with known or suspected COVID-19

1000H

Last updated: March 24, 2020



Penn ELert clinician

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.



Visual communication

Communicate visuallly:

- Patient monitor should be visible to Penn ELert
- Penn ELert "buddy" can help with donning and doffing PPE
- Ventilator should be visible to Penn ELert and from outside the patient room

Personnel inside the patient's room:

- ICU nurse
- ICU ordering provider





Verbal communication

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 ELert

Personnel in the ICU available to help:

- Additional nurses
- Respiratory therapist
- Clinical nurse specialist
- Ordering providers
- Respiratory therapist
- Nursing assistants



ICU outside patient room



Written communication

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



Key contacts:

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