

TSG Note: This is a working draft document designed to assist you in optimizing patient care and reducing physician and hospital risk. If you are initiating orders in the waiting room per protocol or after an preliminary medical screening examination, this document provides an explanation of that process for the patient, and provides a process to obtain the patient's agreement to stay until the process is complete and not leave without evaluation and treatment. It is essentially an informed consent to stay until evaluation and treatment are complete. This document is designed to make it clear that if the patient leaves the waiting area it is at his or her own risk.

Waiting / Observation Area Patient Evaluation Agreement

The Emergency Department nurse has initiated an order set based upon your chief complaint. The purpose of this initial order process is to reduce your waiting time and to get you through the emergency department as efficiently as possible.

The nurse has initiated this order set based upon emergency department protocols and the approval of a physician on duty. One of the Emergency Department physician's will evaluate you as soon as possible to perform a medical screening examination and provide any treatment that may be required.

The Emergency Department physician (or allied health practitioner?) has initiated but not completed your medical evaluation. You have received an initial medical screening exam and the physician has ordered observation and/or diagnostic testing.

Patient Agreement

1. We would like you to complete this evaluation by staying in the waiting area or other location until the physician is able to review the results of all diagnostic tests, assess your condition, and make a decision regarding the need for further medical care, possible hospital admission, or discharge to home. It is very important that you stay until your medical evaluation is complete. Leaving the emergency department before it is finished could be dangerous and cause a worsening of your condition and in some cases permanent disability or death.
2. Your signature below indicates that you understand the need for further evaluation, and the risks of leaving the department against our advice. It also

indicates that you have agreed to stay until the evaluation is complete. It is important that you ask any questions you may have about this process, and there are medical personnel available in the waiting and other areas if you feel worse, have increasing pain, or feel the need to ask a question.

3. The nurse or medical practitioner has determined that you have a normal mental status, that you understand this document, and have had an opportunity to ask questions.
4. Please be advised that if you leave, you are leaving against his/her medical advice. Once again, leaving the department prior to completion of your evaluation and or treatment could be harmful. If you chose to leave, please advise the RN on duty as to the reason of your departure prior to completion of treatment.

Patient Signature: _____ Date: _____

Provider Signature: _____

Witness: _____