UMMMC DCU Center Field Hospital

Concept of Operations: Six Units 36-42 beds in each plus two acute care resuscitation areas with 3 beds each.
- Each unit can be stood up independently to accommodate growing need for surge space.
- One (1) “rapid response” team resourced by assigned Resource RN for that unit and one (1) attending provider.
- BLS/ACLS code response provided by Paramedic services through Worcester EMS.

Admission Criteria*
- Lab confirmed COVID+
- Resting O2 sat 94% or greater on no more than 4L NC O2 (respiratory stress test of 6-meter walk recommended)
- Resting HR less 120
- Respiratory Rate <= 20/min
- No hemodynamic instability
- No need for renal replacement therapy
- Must be able to manage most ADLs independently

Services Available On-site
- Continuous or Intermittent Pulse Ox monitoring
- Continuous or intermittent Vital Sign measurement
- O2 up to 4 L/min
- Radiology: portable chest X-ray
- EKG onsite
- Intravenous access: continuous fluid administration/intermittent IV medications
- Isolated area for administration of nebulized medications
- Administration of inhalers
- Glucose monitoring for point of care
- iStat Chem 8 and VBG/lactate
- Lab daily and as needed send out capability for CBC with diff, LFTs, blood cultures, UA/C+S/Sputum C+S

Exclusion Criteria
- Pediatrics
- Pregnancy
- Major B. Health comorbidities (i.e., schizoaffective disorders, Agr. Beh. Dis.)
- Total care needs
- Identified or suspected anticipated need for rapid escalation of care

Transfer Process Steps
- Attending MD will call the Transfer and Access Center (TrAC) by calling: 508-334-4111 and selecting option #2
- The TrAC RN will ask a few questions to confirm the patient meets meets the criteria for admission to the UMMMC DCU Center Field Hospital
- The TrAC RN will connect the requesting MD with the Accepting MD at the UMMMC DCU Center Field Hospital
- Once accepted, the TrAC RN will work with the nursing teams at the sending hospital and UMMMC DCU Center Field Hospital to coordinate the bed assignment, nursing handoff, and directions for transfer.

Triage Recommendations Regarding Outside Transfer Requests and Observation Period
- No period of observation at an outside hospital is required before accepting COVID patients who have <= 1L oxygen requirement and mild dyspnea.
- A period of at least 6 hours without escalating O2 requirements is required before accepting patients who have 2 L O2 requirement and mild dyspnea.
- A period of at least 12 hours of observation is recommended for patients requiring oxygen support > 2L or moderate dyspnea at the time of transfer request.
- All patients requiring a period of respiratory status observation should be placed in an inpatient or observation admission as clinically appropriate. The period of respiratory status observation should not result in the patient remaining in an ED.

*This is an overview of identified criteria and not intended to be considered inclusive. Please refer to full Clinical Guidelines Document for more information or contact: 508-334-4111