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<th>University of Pennsylvania Health System</th>
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**PURPOSE:** To guide providers on the algorithm for managing outpatient subjects that are predicted to need care past the units’ hours of operation 0700-1930.

**SCOPE:** Principal Investigators and Clinical Study Teams

**PROCEDURE:**

1. Patients with long study days are scheduled and approved in advance. Please refer to **CHPS_SOP4:** Scheduling Subjects.

2. If a patient’s treatment start time is delayed, which makes their infusion stop time past 19:30, the Nurse Manager needs to be contacted for approval to evaluate if appropriate nursing resources are staffed.

3. The following management algorithm then takes place in order to evaluate if the subject can be safely treated:

   - **Triaging of Provider coverage:** Is the PI, treating investigator, or another authorized delegate available to stay onsite until treatment completion, in order to ensure the safety of the subject is not compromised.

   - **Resource evaluation:** Are appropriate nursing resources already in place to safely execute the request.

   - **Inpatient census:** If we have inpatients scheduled, do we have availability to utilize our outpatient (unlicensed) bed on Dulles 1 to transfer the patient to be monitored. If yes, a plan is worked out to transfer the outpatient on PCAM 4 to our unlicensed bed on Dulles 1 for monitoring after 7:30pm, utilizing our existing inpatient resources.

     - If we do not have inpatients scheduled, we may/may not have an evening RN scheduled, and pending feasibility of the request we can monitor patient on PCAM 4 South.

       - Feasibility in regards to completion of infusion that patient has previously reacted to (requires 2 RNs), versus observation or PK/ECG collection.
Clinical Judgment/Decision Making: Based upon the above criteria, a decision will be made by CHPS Leadership (Nurse Manager and Charge RN) if we are safe to proceed with treatment/monitoring past outpatient hours of operation.