Emergency Department Induction

Updated Nov 2020

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Introduction

Welcome to the Southern Trust Emergency Medicine team.

Emergency Medicine covers 2 departments in the trust – Craigavon and Daisy Hill.

Craigavon ED

The department is divided into 6 separate areas

- Yellow area (ambulance patients, currently non respiratory)
- Green area (ambulatory patients, currently used for respiratory)
- Blue area (ambulatory/minors)
- Amber resus
- Red resus (patient requiring APGs)
- Paediatrics
-

Daisy Hill ED

The department is divided into 4 separate areas

- Resus (rooms can be used for either amber or red PPE levels)
- Amber area (respiratory/ambulance/step down resus)
- Green area (non-respiratory patients)
- Paediatrics

Patients are separated into respiratory or non-respiratory waiting rooms after triage.

Medical Staff

Consultants - CAH

Ashley Craig

Cathy Daly

Cheryl Gaston

Erskine Holmes

Laura Lavery

Lyndsay Loughins

Lynda Magowan

David Mawhinney

Elli McCormick

Paul McGarry

Hilda Nicholl

David Patton

Michael Perry

Julie-Anne Rankin

Paul Webster

Associate Specialist

Suzie Budd

Mark Feenan

Justin McCormick

Specialty Doctors

Angela Cullen

Eimear Devlin

Hayder Dyer

Consultants – DHH

Ashley Craig

Cheryl Gaston

Gareth Hampton

Laura Lavery

Lyndsay Loughins

Lynda Magowan

David Mawhinney

Ruth Spedding

Paul Webster

Specialty Doctors

Clodagh Corrigan

Aine Mullen

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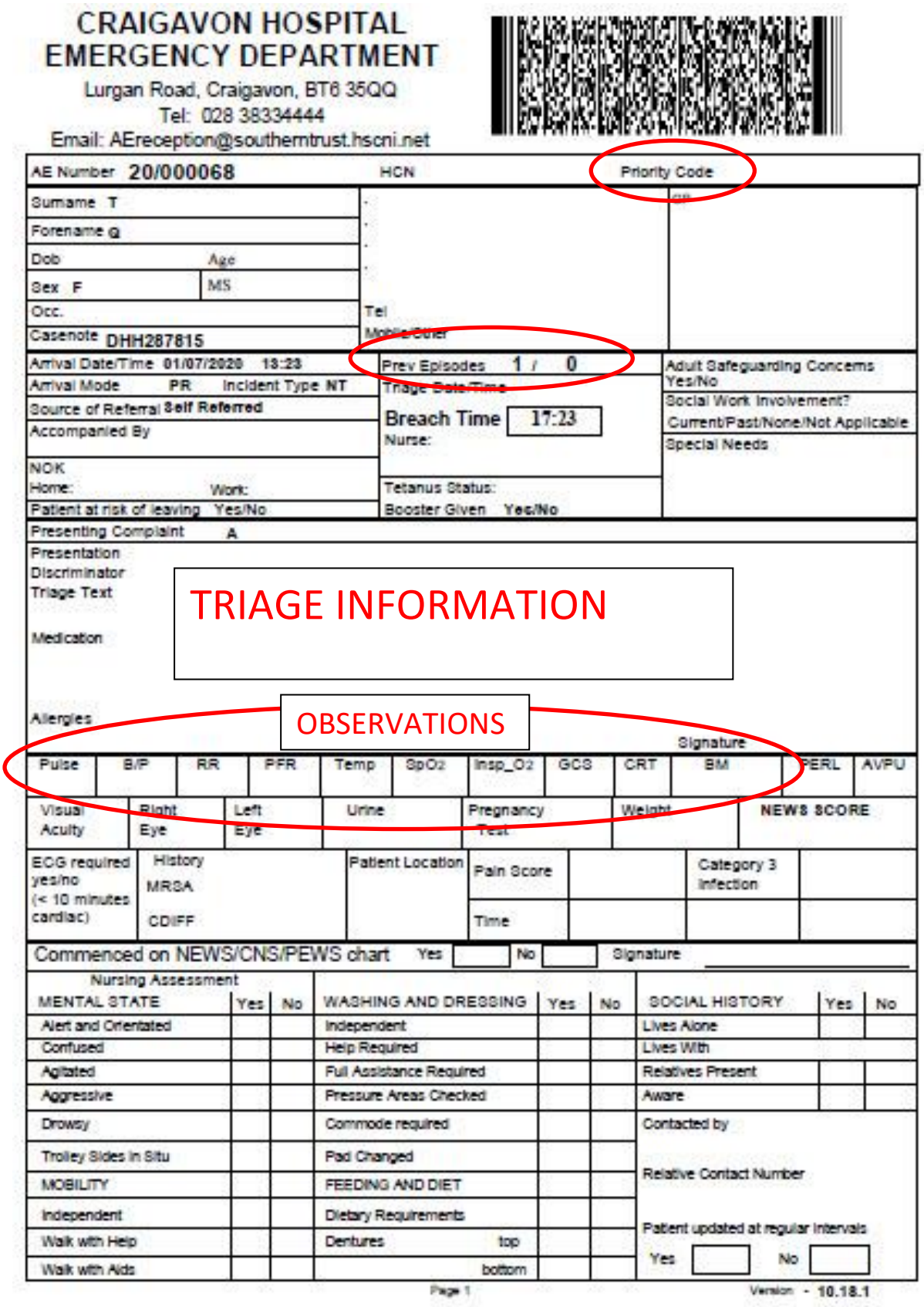
Documentation



CRAIGAVON HOSPITAL
EMERGENCY DEPARTMENT
Lurgan Road, Craigavon, BT6 35QQ
Tel: 028 38334444
Email: AEreception@southerntrust.hscni.net

AE Number 20/000068 HCN Priority Code

Surname T
Forename Q
Dob Age
Sex F MS
Occ.
Casenote DHH287815
Tel
Mobile/Other

Arrival Date/Time 01/07/2020 13:23
Arrival Mode PR Incident Type NT
Source of Referral Self Referred
Accompanied By
NOK
Home: Work:
Patient at risk of leaving Yes/No

Prev Episodes 1 / 0
Triage Date/Time
Breach Time 17:23
Nurse:
Tetanus Status:
Booster Given Yes/No

Adult Safeguarding Concerns Yes/No
Social Work Involvement?
Current/Past/None/Not Applicable
Special Needs

Presenting Complaint A
Presentation Discriminator
Triage Text
Medication
Allergies

TRIAGE INFORMATION

OBSERVATIONS

Signature

Pulse	B/P	RR	PFR	Temp	SpO2	Insp_O2	GCS	CRT	BM	PERL	AVPU

Visual Acuity	Right Eye	Left Eye	Urine	Pregnancy Test	Weight	NEWS SCORE

ECG required yes/no (< 10 minutes cardiac)	History MRSA CDIFF	Patient Location	Pain Score		Category 3 Infection	
			Time			

Commenced on NEWS/CNS/PEWS chart Yes No Signature

Nursing Assessment

MENTAL STATE	Yes	No
Alert and Orientated		
Confused		
Agitated		
Aggressive		
Drowsy		
Trolley Sides In Situ		
MOBILITY		
Independent		
Walk with Help		
Walk with Aids		

WASHING AND DRESSING	Yes	No
Independent		
Help Required		
Full Assistance Required		
Pressure Areas Checked		
Commode required		
Pad Changed		
FEEDING AND DIET		
Dietary Requirements		
Dentures top		
bottom		

SOCIAL HISTORY	Yes	No
Lives Alone		
Lives With		
Relatives Present		
Aware		

Contacted by
Relative Contact Number
Patient updated at regular intervals
Yes No

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HCN | Surname T | Forename G | Dob

AE Number 20/000068

Assessment	Seen By	Time

PLEASE COMPLETE ACCURATELY

History and Examination

"Case discussed with ED consultant" yes ☐ _____

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HCN	Surname T	Forename Q	Dob
AE Number 20/000088	- - - - -		
GP	- - - -		
GP TEL.			

Diagnosis	Investigations and Results
1.	
2.	
3.	

ED Discharge Plan	Patient to attend GP re:
	DO NOT ASK GPs TO FOLLOW OR CHASE RESULTS. PLEASE ADVISE FOR NEED FOR FURTHER IX OR MX IF SYMPTOMS ONGOING
Referred to Specialty Time	
Admission Agreed By: DTA Time	
Grade of Doctor	Patient to make appt with GP ☐

DOCUMENT ACCURATE TIMES AND NAMES

Prescription (Medicines on discharge)							Supply		
Medicine	Dose	Route	Frequency	Duration	Signature	Supply required	Checked by	Given by	Quantity

RECORDS ACCURATE DISCHARGE TIMES AND COMPLETE FINAL PLACEMENT

FINAL PLACEMENT				Sign
Admit to ward	GP		other hospital OPD	Grade
CDU	ED Review		Did not wait/refuses Rx	Breach Time 17:23
TNF to OH	Fracture Clinic		Died in ED	Exam Finish Time
Home	CBYL	Psych. Assess	CTMA	Departure Time
OPD	ED Physio		Absconded	

Discharge OBS							
P	BP	RESP	TEMP	SPO2	GCS	CR	BM

Transport booked _____ Time booked _____ Ref if NIAS _____

IV Cannula removed ☐ Advice leaflet given ☐ UNOCINI complete ☐

CBYL given ☐ GP letter given ☐ Patient property returned ☐

Breach Time 17:23

Time left department _____ Signature Nurse _____

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Referrals

DHH		**CAH**	
Medical	2003	**Medical**	1827
Surgical	2004	**Surgical**	1030
Paeds	2000	**Paeds**	1709
OBGYN	2042	**OBGYN**	1621
Anaesthetics	2013	**Cardiology**	1650
Mental Health	Switch	**Anaesthetics**	1130
		ICU	1039
		Mental Health	1208

ENT	07785 294 854/1801/Switch
Urology	1144/Switch (until 2300)
Ortho	1777/Swtich
Paeds Ortho	RBHSC Switch
Spinal	RVH Switch
Neurosurgery	07920 505472
Vascular	07826 539527
Maxfax	UHD Switch
Plastics	UHD Switch SHO
Burns	UHD Switch Plastics Reg
ACAH	63590

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Please discuss any referral issues with the consultant/senior doctor

Ideally patients should be seen within 1 hours of arrival, with a decision to admit made within 2 hours of the patient's arrival.

If the patient requires admission regardless of investigations then there is no need to wait on these results to make the decision to admit.

Referral to a Speciality Team

Do not allow an SHO or registrar to dissuade you from admitting your patient. If the speciality advises that the patient be discharged then they should assess the patient first and make this decision. Advice over the phone re patient management is of limited value in this context. In the event of difficulty with this, please discuss with senior EM doctor.

Consultant Sign Off

The Royal College of Emergency Medicine recommends that the following types of patients are discussed with a senior doctor prior to discharge from the Emergency Deparment (ST4+, Associate Specialist, Consultant).

Patients whom are:

- Over 30years old with atraumatic chest pain
- Febrile children under 1year old
- Unplanned reattenders representing within 72hours of discharge
- Abdominal pain over 70 years old

We expect you to discuss these patients with us. Please document in the notes with whom you discussed the case and enter their initials in the "Cons" box on the EEMs system.

Protocol for Unscheduled Re-Attenders to ED

1. If a person re-attends within 1 week of initial attendance they should be seen by the middle grade or senior doctor on duty.

2. If you have discharged a patient and they have returned, then those patients should be seen by another doctor. The only exception to this is if you are now arranging an admission for the patient.

3. If a person subsequently attends a third time, within a short time period, then strong consideration should be given to admission

Requests for Advice over the Telephone

No medical advice should be given over the phone.

If the call is from a patient or relative of a patient who has attended the ED the patients details and a contact number should be taken and the person should be told they will be phoned back, the chart should be pulled and shown to a senior doctor or the nurse in charge who will take responsibility for following up.

Red Flag Referrals

If making a red flag referral a specialty must be named on the referral.

Discharge

Please document the discharge time and appropriate destination for the patient – home, GP, OPD, etc.

If advising to follow up with the GP do not ask the GP to "chase results"
Make suggestions for appropriate investigations if not improving and ask the GP to review the patient – they may have their own management plan in mind for the patient.

There a number of outpatient clinics that we can access to avoid admissions including first seizure, TIA and chest pain. There are referrals forms required for each of these.

All patients should be provided with discharge advice on when to return to the ED, and this should be clearly documented.
There are also a number of discharge advice leaflets – head injury, back pain, etc.

ED Reviews

There are a number of patients who will require review again within the ED. These would include patients returning for US Doppler, CT KUB or repeat XR of scaphoid.
If you feel your patient needs a review this must be discussed with the senior doctor on the floor first.

Teaching

ED teaching is currently delivered monthly from 0800-1300.
Attendance is expected unless on annual leave or night shift.

Given the current need for social distancing we will be organising teaching over zoom.

M+M

M+M is on the last Wednesday of every month 0930-1100
This is a good opportunity for learning and your attendance is expected if working that day.

Learning from Serious Incidents

Mental Health

Patients presenting with Mental Health problems must have a risk assessment and mental state examination proforma completed. Completion of this will guide you towards the patients level of risk and an action plan box is provided on the form regarding further management.

Chest Pain

Patients with normal troponins/ECGs who have significant risk factors should be considered for admission. Use of a validated risk score is advised.
ACS should be considered in patients with upper abdominal pain.
Aortic Dissection should be considered in patients with sudden onset, severe chest pain, and this requires urgent CTA investigation.

Insulin

Patient's regular insulin should be prescribed only at the appropriate time. If this time has passed, this should be discussed with the senior doctor.

Unplanned Re-Attender

Patients re-attending within 72hrs should be reviewed by senior doctor

Abdominal Pain

Management of patients that present with abdominal pain, all cases must have the following:

- FBC
- U+E / CRP / LFT / Amylase
- Lactate

AAA should be considered in patients >50yo with abdominal or back pain.

Head Injury/Collapse

Consideration should be given to the need for cervical spine immobilisation following a fall/head injury, especially in intoxicated patients.

Paediatric Sepsis

Use of the paediatric sepsis assessment proforma to assist in the recognition of sepsis in children

LMWH in VTE

All patient require an assessment of their bleeding risk prior to administration of LMWH

Stroke

Patients presenting with suspected stroke within 24hrs should be assessed by the stroke team

AF

Cardiology opinion should be sought prior to non-emergent DCC

Asthma

Peak flow measurements should be taken before and after treatment
An appropriate, documented action plan should be given to the patient prior to discharge

Discharge

Appropriate discharge should be given to patients and documented in the flimsy.

Methadone

Methadone should not be prescribed or administered in the ED

Anaphylaxis

Patients treated with IV medication or IM Adrenaline require a minimum period of observation (eg. 6 hours post administration)

PEG Tube Replacement

Specific guidance and equipment available for the replacement of PEG tubes

My Emergency Department App

The app is used by staff in both departments and is used for educational updates, guidelines and hospital information.

It has ED relevant local and national guidelines. It also has an Education Portal with the department's induction material, educational content and news and alerts. It has a Contacts section with all off the hospital's directory - bleeps, contacts for quick reference and other useful contacts. It also has a quick reference Medication and How-To section.

To download the app:

Apple

https://apps.apple.com/gb/app/my-emergency-department/id1455792670

Android

https://play.google.com/store/apps/details?id=com.eolasmedical.theemergencydepartmentapp&hl=en_GB

Browser

https://my-emergency-department.com/

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Online Resources

For additional information and further induction

RCEMLearning Induction Books
https://www.rcemlearning.co.uk/wp-content/uploads/RCEM-Induction-book.pdf

https://www.rcemlearning.co.uk/wp-content/uploads/foamed/induction-2-introduction/RCEM-Learning-Induction-Book-2-v5.pdf

https://www.rcemlearning.co.uk/wp-content/pdfs/RCEM%20Learning%20PEM%20Starter%20Pack.pdf

https://stmungos-ed.com/blog/10tipsnewdocs

http://stemlynsblog.org/induction/

If there are any queries please contact Dr David Mawhinney
david.mawhinney@southerntrust.hscni.net

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