

## **GUIDELINES FOR ADMISSION TO MIU FOLLOWING 999 CALLS**

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and/or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### **INTRODUCTION**

The Department of Health Document ‘Reforming Emergency Care’ sets out some very challenging standards, in order for the NHS to meet these standards there needs to be changes in the way services are provided. When they were first established it was agreed that Minor Injury Units would not accept patients via the ambulance service. However, if they are to support A&E departments to achieve standards such as the one below then the types of patients they are prepared to take needs to change.

#### **Lead Clinician(s)**

Sally Bloomer  
Mr N Kumar

Minor Injuries Unit Manager  
Consultant in A&E

Approved by Accountable Director :

23<sup>rd</sup> January 2018

Review Date:

23<sup>rd</sup> January 2020

This is the most current document and is to be used until a revised version is available

#### **Key Amendments made to this Document:**

<b>Date</b>	<b>Amendment</b>	<b>By:</b>
11.04.2007	Reviewed by Clinical Lead with no amendments made	Joy Powell
April 2009	Reviewed by Clinical Lead – Minor amendment made	Joy Powell
20.12.2010	Guideline reviewed – no amendments made	Joy Powell
25.05.2013	Guideline reviewed by Clinical Lead – Minor amendment made to X-Ray times	Joy Powell
28/05/2013	Approval from A.D for republication	Christopher Hetherington
05/08/2015	Document extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
July 2016	Document extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
May 2017	Slight amendment to x-ray times and medication	Joy Powell
December 2017	Change wording of ‘expiry date’ on front page to the sentence added in at the request of the Coroner	
January 2018	Document extended for two years following divisional review	

## **GUIDELINES FOR ADMISSION TO MIU FOLLOWING 999 CALLS**

### **INTRODUCTION**

The Department of Health Document 'Reforming Emergency Care' sets out some very challenging standards, in order for the NHS to meet these standards there needs to be changes in the way services are provided. When they were first established it was agreed that Minor Injury Units would not accept patients via the ambulance service. However, if they are to support A&E departments to achieve standards such as the one below then the types of patients they are prepared to take needs to change.

### **Standard**

By March 2004 no one to wait more than 4 hours in an A&E department from arrival to admission to a bed in the hospital transfer elsewhere or discharge. The average length of waiting should fall to 75 minutes.

These guidelines therefore detail the types of patients/conditions that can be transferred by ambulance to the Minor Injury Unit for treatment.

### **COMPETENCIES REQUIRED**

Receiving nurse must be a trained Emergency Nurse Practitioner

### **PATIENTS COVERED**

As detailed in the following table

### **GUIDELINES**

This ensuing list are cases which can be taken into the Minor Injury Unit; clearly should they be felt to show any other serious underlying problem, they should be transferred immediately to the nearest Accident & Emergency Department. It is important to point out that the Minor Injury Unit is a Nurse Practitioner/GP run unit and does not have resident medical staff. It is therefore only there to support minor injuries and NOT to act as a triage outpost for A&E departments.

X-ray times	X-ray in the MIU will be open: Monday – Thursday 09:00 – 18:00 Friday, Saturday, Sunday & Bank Holidays 09:00 – 17:00 Any bony injuries with a queried fracture should be taken to WRH A&E after 4.30pm.
Bites	Animal/Human bites may attend MIU
Wounds	Nurse Practitioners can suture simple wounds and lacerations to limbs and face as long as there is no life or limb threatening underlying condition
Burns /Scalds	The MIU will treat minor and superficial burns not involving the face or significant areas of the body. All burns to the perineum should be transferred to WRH A&E
Collapse	All conscious, definite vaso-vagal collapses with no pain, between the ages of 18 – 35, who are in normal sinus rhythm, can be treated in MIU.

## WAHT-MIU-004

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Diabetes	If a known diabetic has responded to Glucagon given by the crew and a second BM stix reading has shown definite proof of improvement and the patients GCS is 15/15, they may be transferred to the MIU or consider their own GP. All others must attend WRH A&E
Ear Problems	Visible foreign bodies or non serious infections may be taken to MIU.
Eye Problems	Nurse Practitioners can treat arc eye, scratches and minor infections. All serious & penetrating injuries are to be transferred to WRH A&E
Foreign Body	MIU will accept soft tissue limb injuries that are clearly visible as long as there is no obvious underlying damage to structures
Head Injury	Head injuries can be taken to MIU unless the answer to any the following is YES, the patient should taken to A&E: <ul style="list-style-type: none"><li>• GCS &lt;15 at any time since injury</li><li>• Any loss of Consciousness</li><li>• Any neurological deficit since injury</li><li>• Any suspicion of skull fracture</li><li>• Amnesia before or after injury</li><li>• Any vomiting since injury</li><li>• Persistent headaches since injury</li><li>• Any previous cranial neurosurgical intervention</li><li>• Any seizure since injury</li><li>• High energy head injury</li><li>• History of bleeding or clotting disorder</li><li>• Current anti coagulant therapy such as Warfarin, Clopidogrel</li><li>• Current drug or alcohol intoxication</li><li>• Aged 65 or over</li><li>• Suspicion on NAI</li><li>• Continuing concerns by professional about diagnosis</li></ul> (NICE 2007)
Traumatic Limb Problems	MIU can treat injuries where there is no obvious deformity and no indication of gross pain or swelling. If there is any doubt about the viability of the limb the patient should be taken to WRH A&E
Local infections / abscess	Small superficial local infections can be treated at MIU. Any defined abscess should be transferred to WRH A&E
Nasal problems	Epistaxis can be seen in MIU if the bleeding has stopped on scene or shortly afterwards, otherwise the patient should be transferred to WRH A&E. Nose injuries can be seen in MIU where a referral to ENT is arranged if necessary. Diagnosis of nose fracture is made on clinical grounds, not radiological.

### Guidelines for Admission to MIU following 999 Calls

WAHT-MIU-004	Page 3 of 6	Version 4
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## WAHT-MIU-004

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### MONITORING TOOL

#### STANDARDS:

Item	%	Exceptions
Appropriateness of patient brought to MIU by ambulance will be recorded on excel spreadsheet and monitored quarterly.	100	None

How will monitoring be carried out?	Retrospective audit of patients brought to MIU by ambulance.
When will monitoring be carried out?	3 monthly
Who will monitor compliance with the guideline	Sally Bloomer

### REFERENCES

Reforming Emergency Care DOH 2002  
NICE Head Injury Guidelines 2007

### CONTRIBUTION LIST

#### Key individuals involved in developing the document

Name	Designation
Dawn Robins	Matron Kidderminster
Mr N Kumar	Consultant in A&E
Joy Powell	Senior Sister MIU Emergency Nurse Practitioner
Rachel Dutton	Emergency Nurse Practitioner
Carolyn Bullock	Emergency Nurse Practitioner

#### Circulated to the following individuals for comments

Name	Designation
Ms R Johnson	Consultant in A&E WRH
Mr R Morrell	Consultant in A&E Alex
Mr G O'Byrne	Consultant in A&E Alex
Mr. J. France	Consultant in A&E WRH
Mr. M. Smedley	General Manager A&E / Medicine WRH

## WAHT-MIU-004

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### Supporting Document 1 – Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	Guideline
2	Title of document	Guidelines for Admission to MIU following 999 calls
3	Is this a new document?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, what is the reference number WAHT-MIU-004
4	For existing documents, have you included and completed the key amendments box?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Owning department	Minor Injuries Unit
6	Clinical lead/s	Sally Bloomer
7	Pharmacist name (required if medication is involved)	<b>N/A</b>
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	If this is a new document have properly completed Equality Impact and Financial Assessments been included?	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>N/A</b>
10	Please describe the consultation that has been carried out for this document	Discussion between MIU staff and ambulance crews
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Admissions to MIU following 999 calls

Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.

## WAHT-MIU-004

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### Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale
All staff in MIU aware of document and how to access via Intranet.	Sally Bloomer	2 months
Ambulance crews aware of guideline via manager	Sally Bloomer and Ambulance officer	2 months

### Plan for dissemination

Disseminated to	Date
MIU staff and ambulance crews verbally	ASAP
Aware of access via Intranet	ASAP

1	<b>Step 1 To be completed by Clinical Governance Department</b> Is the document in the correct format?  Has all mandatory content been included?  Date form returned 25/05/2013	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	Name of the approving body (person or committee/s)	Accountable Director – Christopher Hetherington
	<b>Step 2 To be completed by Committee Chair/ Accountable Director</b>	
3	Approved by (Name of Chair/ Accountable Director):	Accountable Director – Christopher Hetherington
4	Approval date	28 <sup>th</sup> May 2013

**Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.**

Office use only	Reference Number	Date form received	Date document published	Version No.
	WAHT-MIU-004	25/05/2013	29/05/2013	3.1