

EMERGENCY NURSE PRACTITIONER CLINICAL PRESENTATION GUIDELINES

All healthcare professionals must exercise their own professional judgement when using guidelines. However any decision to vary from the guideline should be documented in the patient records to include the reason for variance and the subsequent action taken.

INTRODUCTION

The aim of the following guidelines are to aid the nurses within Kidderminster Minor Injury Unit (MIU) to provide a safe accessible service for patients who present to the MIU, whether they attend with minor or major illness. The guidelines are based on a five-tier system produced by the Manchester Triage Group (1996).

A small percentage of patients attending MIU are outside the scope of the unit, as it is a nurse led unit and there are no doctors on-site, but these patients have to be seen, assessed and re-directed appropriately.

The following guidelines provide a framework for managing all patients attending MIU whether they are presenting with injuries / illnesses that are appropriate or inappropriate.

All patients presenting to the Minor Injuries Unit Kidderminster are covered by this guideline.

THIS GUIDELINE IS FOR THE USE BY THE FOLLOWING STAFF GROUPS:

The guidelines are to be used by Emergency Nurse Practitioners (ENP) working within the MIU, all practitioners should be aware of their Code of Professional Conduct (NMC 2002), which clearly requires nurses to act in a manner which safeguards the interests and well being of patients, ensuring no act or omission is detrimental to their safety.

Lead Clinician(s)

Karen Elliker

Sister A&E WRH

Guideline reviewed and approved with no amendments made: 16th July 2013

This is the most current document and is to be used until a revised version is available 9TH September 2018

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Key amendments to this guideline

Date	Amendment	Approved by:
22/11/2002	Guideline approved by	Clinical Effectiveness Committee
09/11/2006	Guideline reviewed with no amendments made	Karen Elliker
15/06/2011	No amendments made to Guideline	N Worton
16/07/2013	Guideline reviewed by Joy Powell with no amendments made	Accountable Director - Chris Hetherington
06/08/2015	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
06.05.2016	Section 7 and 13 Add Triage Assessment Section 16 Add "Clear" fluids Section 18 Infected bursistis consider antibiotics as per PGD's Section 19 Consult TOXBASE Section 20 Remove subtarsal FB if able to do so. Refer corneal FB to ophthalmology at KTC. At weekends discuss with eye hospital Birmingham Section 21 Complete FALLS proforma in over 65's Change distribution Mr G O'Byrne now at KTC Remove Mr Tallents (retired)	Joy Powell
December 2016	Further extension as per TMC 22 nd July 2015	TMC
November 2017	Document extended whilst under review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG

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INTRODUCTION

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A small percentage of patients attending MIU are outside the scope of the unit, as it is a nurse led unit and there are no doctors on-site, but these patients have to be seen, assessed and re-directed appropriately.

The following guidelines provide a framework for managing all patients attending MIU whether they are presenting with injuries / illnesses that are appropriate or inappropriate.

COMPETENCIES REQUIRED

The guidelines are to be used by Emergency Nurse Practitioners (ENP) working within the MIU, all practitioners should be aware of their Code of Professional Conduct (NMC 2002), which clearly requires nurses to act in a manner which safeguards the interests and well being of patients, ensuring no act or omission is detrimental to their safety.

PATIENTS COVERED

All patients presenting to the Minor Injuries Unit Kidderminster.

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GUIDELINES

1. Abdominal Pain

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Administer 100% oxygen. Assist breathing. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Obtain intravenous access. 999 transfer. Contact A&E WRH to advise of transfer</p>
<p>Severe pain? Altered conscious level? Pain radiating to the back? Acutely vomiting blood? Acutely passing fresh or altered blood PR?</p>	<p>Administer 100% oxygen. Record respirations, temperature, pulse, oxygen saturation and blood pressure. Consider pregnancy test in females of child bearing age Obtain intravenous access if time allows. ECG monitoring. Administer IV fluid if indicated as per PGD's Administer analgesia if appropriate as per PGD's, 999 transfer. Contact A&E WRH</p>
<p>Moderate pain? Shoulder tip pain? Possible pregnancy? Black or redcurrant stools? Persistent vomiting?</p>	<p>Record respirations, temperature, pulse and blood pressure. Pregnancy test in females Administer analgesia if appropriate as per PGD's, Administer anti-emetic if appropriate as per PGD's, , Contact A&E WRH Arrange transfer.</p>
<p>Vomiting? Recent problem?</p>	<p>Record respirations, temperature, pulse and blood pressure. Pregnancy Test in females Administer analgesia if appropriate as per PGD's. Administer anti-emetic if appropriate as per PGD's. Contact A&E WRH Transfer if appropriate</p>
<p>Pre existing problem</p>	<p>Record respirations, temperature, pulse and blood pressure. Pregnancy Test in females Administer analgesia if appropriate as per PGD's. Contact A&E WRH Refer to GP if appropriate.</p>

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2. Abdominal Pain in Children

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Arrange 999 transfer.</p> <p>Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Obtain intravenous access if time allows. Contact A&E WRH / Paediatricians to advice of transfer</p>
<p>Signs of severe pain? Acutely vomiting blood? Acutely passing fresh or altered blood?</p>	<p>Record respirations, temperature, pulse, blood pressure, oxygen saturation, blood glucose and GCS Arrange 999 transfer. Administer analgesia if appropriate as per PGD's. Apply Emla cream if time allows as per PGD Contact A&E WRH / Paediatricians to advice of transfer</p>
<p>Signs of moderate pain? Inconsolable by parents? Inappropriate history? Visible abdominal mass? Black or redcurrant stools? Persistent vomiting?</p>	<p>Consider NAI</p> <p>Record respirations, temperature, pulse, blood pressure, and blood glucose. Contact A&E WRH Arrange transfer. Administer analgesia if appropriate as per PGD's. Apply Emla cream if time allows as per PGD</p>
<p>Vomiting? Recent problem? Pre-existing problem?</p>	<p>Record respirations, temperature, pulse, blood pressure, and blood glucose. Contact A&E WRH Arrange transfer if appropriate. Contact GP if appropriate.</p>

Consider Pregnancy tests in females over 12yrs if menstruating if appropriate

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3. Apparently Drunk

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive child? Currently fitting? Hypoglycaemic? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Arrange 999 transfer.</p> <p>Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Obtain intravenous access if time allows. Consider administer PR diazepam if patient fitting. Contact A&E WRH to advice of transfer</p>
<p>Altered conscious level not wholly attributable to alcohol? Inadequate history? Cold?</p>	<p>Record respirations, temperature, pulse, blood pressure, oxygen saturation, blood glucose and GCS Contact A&E WRH Arrange transfer. Obtain intravenous access if time allows. Commence warming measures if indicated.</p>
<p>Altered conscious level wholly attributable to alcohol? History of unconsciousness? Inappropriate history? Head injury?</p>	<p>Record respirations, temperature, pulse, blood pressure, oxygen saturation, blood glucose and GCS Contact A&E WRH for advice Arrange transfer if indicated.</p>
<p>Pain? Injury?</p>	<p>Record respirations, temperature, pulse, blood pressure, oxygen saturation, blood glucose and GCS Treat any obvious injuries Contact A&E WRH Arrange transfer.</p>
<p>No complaints of pain? No complaints of injury? No evidence of injury? No loss of consciousness?</p>	<p>Record respirations, temperature, pulse, blood pressure, oxygen saturation, blood glucose and GCS Contact A&E WRH Discharge to a safe environment with a responsible adult. Children under 16 must only be discharge to parents/legal guardian</p>

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4. Assault

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Obtain intravenous access and administer IV fluids. Arrange 999 Paramedic transfer. Contact A&E WRH to advise of transfer</p>
<p>Severe pain? Mechanism of injury? Acutely short of breath? Uncontrollable major haemorrhage? Altered conscious level?</p>	<p>Record respirations, temperature, pulse, blood pressure, oxygen saturation, blood glucose and GCS Arrange 999 transfer. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Obtain intravenous access Administer IV fluids if indicated as per PGD Contact A&E WRH to advise of transfer</p>
<p>Moderate pain? Uncontrollable minor haemorrhage? History of unconsciousness? New neuro-signs/symptoms?</p>	<p>Record respirations, pulse, blood pressure and GCS Administer analgesia if appropriate as per PGD's. Contact A&E WRH for further advice Administer anti-emetic if appropriate as per PGD's. Attempt to control haemorrhage. Arrange transfer</p>
<p>Pain? Swelling? Deformity? Recent problem?</p>	<p>Record respirations, pulse, blood pressure and GCS Administer analgesia if appropriate as per PGD's. Apply splints/ice packs if appropriate Treat any obvious injuries within guidelines Contact A&E WRH if required. Arrange transfer if indicated.</p>
<p>Pre-existing problem</p>	<p>Treat any obvious injuries Contact A&E WRH if appropriate Refer to GP if appropriate</p>

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5. Asthma

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive child? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway and assist breathing. Administer 100% oxygen. 999 transfer.</p> <p>Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Obtain intravenous access if time allows. Contact A&E WRH to advise of transfer</p>
<p>Unable to talk in sentences? Marked tachycardia >110bpm? Very low PEFr <50% NV? Very low SaO₂ <92% Altered conscious level? Silent chest? Bradycardia? Hypotension? Respirations<25? Cyanosis? Exhaustion?</p>	<p>Record PEFr, Calculate predicted normal value. Record oxygen saturation. Record resp., temp, pulse, BP, blood glucose and GCS Contact A&E WRH 999 transfer.</p> <p>Follow Clinical Pathway for Suspected Asthma - Severe</p>
<p>PEFR50%-75% of predicted normal value SaO₂? >92% Significant history of asthma? No improvement with own asthma treatment?</p>	<p>Record PEFr, respirations, temperature, pulse, blood pressure, oxygen saturation, and blood glucose. Contact A&E WRH 999 transfer.</p> <p>Follow Clinical Pathway for Suspected Asthma - Moderate.</p>
<p>Wheeze? Chest infection? PERF >75% PNV</p>	<p>Record PEFr, respirations, temperature, pulse, blood pressure, and oxygen saturation. Administer Salbutamol as per PGD if indicated Contact A&E WRH Contact GP if appropriate Arrange transfer if indicated</p>
<p>Recent problem? Child?</p>	<p>Record PEFr, respirations, temperature, pulse, blood pressure and oxygen saturation. Administer Salbutamol as per PGD if indicated Contact A&E WRH Contact GP if appropriate Arrange transfer if indicated</p>
<p>Request for replacement Salbutamol inhaler only.</p>	<p>Record PEFr, respirations, temperature, pulse, blood pressure and oxygen saturation. Supply medication as per PGD. Inform GP</p>

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6. Back Pain

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. 999 Paramedic transfer. Maintain spinal immobilisation if indicated. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Administer 100% oxygen. Obtain intravenous access. Contact A&E WRH advise of Transfer</p>
<p>Severe pain? Abdominal pain? Hot child? Very hot?</p>	<p>Record respirations, temperature, pulse and blood pressure. Maintain spinal immobilisation if indicated. Administer 100% oxygen if indicated. Arrange 999 transfer Obtain intravenous access if time allows. ECG monitoring. Administer IV fluid if indicated as per PGD. Administer analgesia if appropriate as per PGD's. Administer cooling measures if required. Obtain urine sample if appropriate Contact A&E WRH to advise of transfer</p>
<p>Moderate pain? New neuro-signs/symptoms? Abnormal bladder or bowel function? Paraesthesia or numbness in legs? Direct trauma to back? Unable to walk? Hot?</p>	<p>Record respirations, temperature, pulse, blood pressure and GCS. Maintain spinal immobilisation if indicated. Contact A&E WRH Arrange transfer Administer analgesia if appropriate as per PGD's. Administer cooling measures if required.</p>
<p>Recent problem?</p>	<p>Record respirations, temperature, pulse, blood pressure and GCS. Maintain spinal immobilisation if indicated. Administer analgesia if appropriate as per PGD's.</p>
<p>Pre-existing problem</p>	<p>Record respirations, temperature, pulse and blood pressure. Administer Analgesia if appropriate as per PGD's Contact GP if appropriate Contact A&E WRH if appropriate. Refer as appropriate.</p>

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7. Behaving Strangely

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Hypoglycaemia? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Obtain intravenous access. Treat hypoglycaemia if indicated as per PGD. 999 transfer. Contact A&E WRH to advise of transfer</p>
<p>Altered conscious level? History of overdose or poisoning? Head injury? History of unconsciousness? New neuro-signs/symptoms? Focal progressive loss of function?</p>	<p>Arrange transfer to WRH. Record respirations, temperature, pulse and blood pressure, oxygen saturation, blood glucose and GCS. Administer 100% oxygen if indicated. Obtain intravenous access if time allows. ECG monitoring if indicated. Ascertain management of poisoning if appropriate Record a 12 lead ECG if time allows Contact A&E WRH to advise of transfer</p>
<p>Risk of harm to others? Risk of self-harm? Significant psychiatric history?</p>	<p>Protect patient from self-harm. Protect staff and others from potential harm Contact police if required If known to mental health services –contact D block If not known mental health problems - WRH A&E Consider PEST team involvement Contact A&E WRH for advice Complete Mental Health Triage assessment Record respirations, temperature, pulse, B/P and blood glucose. (if able to). Maintain constant observation.</p>

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8. Bite or Sting

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Stridor? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway and assist breathing Administer oxygen Control haemorrhage if appropriate Record pulse, BP, saturation, resps. & temp Obtain IV access Administer IV fluid if appropriate as per PGD Administer Piriton and/or hydrocortisone if indicated as per PGD. Administer Salbutamol if indicated as per PGD. Administer analgesia if indicated as per PGD's 999 transfer Contact A&E WRH to advise of transfer</p>
<p>Severe pain? Significant history of allergy? Acutely short of breath? Wheeze? Uncontrollable major haemorrhage? Oedema of the tongue? Facial oedema?</p>	<p>Maintain airway and assist breathing Administer oxygen Control haemorrhage if appropriate Record pulse, BP, saturation, resps. & temp Obtain IV access Administer IV fluid if appropriate Administer Piriton and/or Adrenaline if indicated. Administer Salbutamol if indicated. Administer analgesia if indicated as per PGD's Contact A&E WRH to advise of transfer 999 transfer</p>
<p>Moderate pain? Uncontrollable minor haemorrhage? Widespread discharge or blistering? Bite sustained overseas? Deep injury? Multiple bites/stings? Cosmetic area?</p>	<p>Control haemorrhage if appropriate Record pulse, BP, saturation, resps. & temp Apply wound dressing Administer analgesia if indicated as per PGD's Ensure adequate tetanus cover Contact A&E WRH Transfer if appropriate Treat injuries as appropriate</p>
<p>Pain? Local inflammation? Local infection? Skin broken? Recent problem?</p>	<p>Provide analgesia as appropriate. Provide antibiotics if indicated. Remove any visible sting. Provide anti-histamines if appropriate as per PGD Manage wound appropriately. Refer to GP for follow up if appropriate</p>
<p>Pre-existing problem? Intact skin?</p>	<p>Support bandage if appropriate Dressing if appropriate. Refer to GP if appropriate</p>

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9. Burn or Scald

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive child? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Record resps. temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access Administer IV fluids as per PGD if appropriate 999 transfer. Contact A&E WRH to advise of transfer</p>
<p>Severe pain? Acutely short of breath? Inhalation injury? Altered conscious level? Significant incident history?</p>	<p>Record resps. temp, pulse B/P, oxygen saturation, blood glucose and GCS. Administer 100% oxygen. Administer analgesia if appropriate as per PGD's. Obtain intravenous access. Administer IV fluids as per PGD if appropriate ECG monitoring. Arrange 999 transfer. Wrap area in clingfilm Contact A&E WRH to advise of transfer – consider specialist unit???</p>
<p>Child with 1% partial or full thickness burn? Adult with 5% partial or full thickness burn? Moderate pain? Smoke inhalation? Electrical injury? Chemical burn? Inappropriate history? Significant burns to hands? Circumferential burns? Genitalia, face, neck or eye involvement? Full thickness burn?</p>	<p>Record respirations, temperature, pulse and blood pressure, oxygen saturation, blood glucose and GCS. Administer 100% oxygen. Administer analgesia if appropriate as per PGD's. Contact A&E WRH for advice Arrange transfer Wrap area in clingfilm Obtain intravenous access if time allows. ECG monitoring if indicated. Obtain data on chemical agent if indicated. Irrigate chemical burns for 20 minutes if indicated. Consider NAI.</p>
<p>Pain? Local inflammation? Local infection? Recent problem? Pre-existing problem</p>	<p>Provide analgesia if required as per PGD's Provide antibiotics if indicated as per PGD's Dress as appropriate. Arrange appropriate follow up. Consider NAI</p>

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10. Chest Pain

Clinical Presentation	Action
Airway compromised? Inadequate breathing Shock?	<p style="text-align: center;">2222 call if appropriate</p> Maintain airway. Assist breathing. Administer 100% oxygen. Record resps. temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access Request 999 Paramedic transfer. Contact A&E WRH to advise of transfer
Cardiac pain? Severe pain? Acutely short of breath? Abnormal pulse?	Administer 100% oxygen. Ensure continuous cardiac monitoring Record 12 lead ECG Record resps. temp, pulse, B/P, oxygen saturation and blood glucose Request 999 Paramedic transfer to A&E Obtain intravenous access if time allows Administer GTN spray if indicated as per PGD Administer Aspirin & Analgesia as per PGD's Contact A&E WRH Middle grade at WRH
Moderate pain non-cardiac? Pleuritic pain? Vomiting? Recurrent problem?	Record resps. temp, pulse, B/P, oxygen saturation and blood glucose. Administer 100% oxygen. Administer analgesia and anti-emetic if appropriate as per PGD's Obtain intravenous access if time allows Record ECG Continuous cardiac monitoring Contact A&E WRH Transfer as appropriate
Closed chest injury with any of the following: SpO ₂ < 95% on air Temp >37.5 PEFR outside normal limits	Record resps. temp, pulse, B/P, oxygen saturation and PER Record 12 lead ECG if indicated. Contact A&E WRH for further advice Transfer
Closed chest injury with any of the following: SpO ₂ > 95% on air Temp <37.5 PEFR within normal limits	Record resps., temp, pulse, B/P, oxygen saturation and PER Provide analgesia as per PGD's Contact A&E WRH if indicated Arrange follow up if appropriate
Pre-existing problem	Contact GP if appropriate Contact A&E WRH if required Arrange appropriate follow up

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11. Collapsed Adult

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Currently fitting? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen CPR if indicated Continuous cardiac monitoring (via advisory defibrillator). Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access Record 12 lead ECG if time allows Administer Diazepam if indicated as per PGD 999 transfer. Contact A&E WRH to advise of transfer</p>
<p>Severe pain? Cardiac pain? Acutely short of breath? Abnormal pulse? Altered conscious level? Unrecognised rash? Very hot? Cold?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, & blood glucose. Record GCS if appropriate. Administer 100% oxygen. Obtain intravenous access if time allows Record 12 lead ECG if time allows Warming or cooling measures as appropriate Provide analgesia if required as per PGD's as per PGD's Contact A&E WRH 999 transfer.</p>
<p>Moderate pain? Significant history of allergy? Increasing shortness of breath? Inappropriate history? History of unconsciousness? Focal or progressive loss of function? Hot?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, & blood glucose. Record GCS if appropriate. Obtain intravenous access if time allows Record 12 lead ECG if time allows Cooling measures as appropriate Provide analgesia if required as per PGD's as per PGD's Contact A&E WRH for further advice Transfer</p>
<p>Pain? Warmth? Recent problem? Vaso-Vagal?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, & blood glucose. Record 12 lead ECG if indicated. Cooling measures as appropriate. Provide analgesia if required as per PGD's. Contact A&E WRH Contact GP Arrange appropriate referral / transfer</p>

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12. Crying baby

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive? Shock?</p>	<p>2222 call if appropriate – stating Paediatric Resus Maintain airway. Administer 100% oxygen. Assist breathing. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Record weight or Broweslow category Obtain intravenous access if time allows 999 transfer. Contact A&E WRH to advise of transfer</p>
<p>Signs of severe pain? Responds to voice or pain only? Unrecognised rash? Floppy? Purpura? Hot?</p>	<p>Administer 100% oxygen. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Record weight or Broweslow category Obtain intravenous access if time allows Administer analgesia as appropriate using PGD's Administer antibiotics if indicated As using PGD's 999 transfer. Contact A&E WRH to advise of transfer</p>
<p>Signs of moderate pain? History of unconsciousness? Inappropriate history? Inconsolable by parents? Prolonged uninterrupted crying? Unable to feed?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Record weight or Broweslow category. Consider NAI Administer analgesia if indicated as per PGD's. Contact A&E WRH for advice Transfer as appropriate</p>
<p>Signs of pain? Atypical behaviour? Warm?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Record weight or Broweslow category. Consider NAI Administer analgesia if indicated as per PGD's. Contact A&E WRH for advice Transfer as appropriate</p>
<p>Recent problem?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Check for dehydration. Check feeding history Contact A&E WRH for advice Contact GP Refer as appropriate</p>
<p>Pre-existing problem</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Check for dehydration. Check feeding history Contact A&E WRH / GP</p>

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	Refer appropriately
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13. Deliberate Self-Harm

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Currently fitting? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Administer intravenous fluids if appropriate as per PGD 999 transfer.</p>
<p>Significant incident history? Mechanism of injury? Severe or moderate pain? Acutely short of breath? Uncontrollable major / minor haemorrhage? Altered conscious level? Inappropriate history? Risk of further self-harm? Marked distress?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Administer 100% oxygen if appropriate. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Administer intravenous fluids if appropriate as per PGD Contact A&E WRH Transfer.</p>
<p>No significant history Superficial injuries Minimal pain Slight bleeding Fully conscious No obvious further risk of self harm</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS</p> <p>Administer analgesia if appropriate as per PGD's Appropriate wound care If known to Mental Health Services – contact D block If not known to Mental Health Services - Contact A&E WRH Refer to PES Team if appropriate Complete Mental Health triage assessment Arrange appropriate referral / transfer</p>

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14. Dental Problem

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Administer 100% oxygen. Check for foreign bodies Assist breathing. Check for haemorrhage, attempt to control bleeding. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows. 999 transfer.</p>
<p>Severe pain? Uncontrollable major haemorrhage? Hot child? Very hot adult?</p>	<p>Record resps, temp, pulse and B/P. Administer analgesia if appropriate as per PGD's. Apply cooling measures if indicated. Attempt to control haemorrhage. Transfer.</p>
<p>Moderate pain? Uncontrollable minor haemorrhage? Hot?</p>	<p>Record resps, temp, pulse and B/P. Administer analgesia if appropriate as per PGD's. Apply cooling measures if indicated. Attempt to control haemorrhage if appropriate. Consult with own dentist if possible. Contact A&E WRH.</p>
<p>Partially avulsed tooth?</p>	<p>Gently ease back into alignment if possible. Consult with own dentist if possible. Contact A&E WRH.</p>
<p>Completely avulsed second tooth?</p>	<p>Preserve in milk, saline or saliva Consult with own dentist if possible. Contact A&E WRH.</p>
<p>Completely avulsed first tooth?</p>	<p>Discard Provide first aid advice. Discharge.</p>
<p>Pain? Swelling of face</p>	<p>Provide analgesia if appropriate as per PGD Consider starting antibiotics if Abscess a possibility Refer to dentist if appropriate.</p>

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15. Diabetes

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive child? Hypoglycaemia? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS. Obtain intravenous access. Administer IV glucose if indicated 999 Transfer.</p>
<p>Hyperglycaemia with ketosis? Altered conscious level? Hot child? Very hot adult?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Apply cooling measures if indicated. Obtain intravenous access if time allows. 999 Transfer.</p>
<p>Hyperglycaemia? Persistent vomiting? Hot?</p>	<p>Record resps, temp, pulse, B/P and blood glucose. Apply cooling measures if indicated. Obtain intravenous access. Administer anti-emetic if indicated. Contact A&E WRH Transfer.</p>
<p>Warmth? Vomiting? Recent problem?</p>	<p>Record resps, temp, pulse, B/P and blood glucose. Apply cooling measures if indicated. Administer anti-emetic if indicated. Contact A&E WRH for further advice.</p>
<p>Has been Hypoglycaemic but stabilised on arrival</p>	<p>Record resps, temp, pulse, B/P and blood glucose Contact GP Contact A&E WRH if appropriate Arrange appropriate follow up</p>
<p>Pre existing problem?</p>	<p>Contact A&E WRH if indicated Contact GP if appropriate. Arrange appropriate follow up</p>

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16. Diarrhoea

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows. 999 transfer.</p>
<p>Severe pain? Acutely vomiting blood? Acutely passing fresh or altered blood PR? Altered conscious level?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Administer analgesia if appropriate as per PGD's. Administer anti-emetic if appropriate as per PGD's. Obtain intravenous access if time allows. 999 transfer.</p>
<p>Moderate pain? Significant history? Black or redcurrant stools? History of vomiting blood? Signs of dehydration? Persistent vomiting?</p>	<p>Record resps, temp, pulse, B/P, and blood glucose. Administer analgesia if appropriate as per PGD's. Administer anti-emetic if appropriate as per PGD's. Transfer.</p>
<p>Pain? Vomiting?</p>	<p>Record resps, temp, pulse, B/P and blood glucose. Administer analgesia if appropriate as per PGD's. Administer anti-emetic if appropriate as per PGD's. Contact A&E WRH Contact GP if appropriate.</p>
<p>Recent problem?</p>	<p>Record resps, temp, pulse, B/P. Advise clear fluids 24 hours, gradual reintroduction of solid food Analgesia as per PGD Contact GP if appropriate.</p>
<p>Pre-existing problem</p>	<p>Record resps, temp, pulse, B/P. Contact GP.</p>

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17. Ear Problem

Clinical Presentation	Action
Airway compromised? Inadequate breathing? Shock?	<p>2222 call if appropriate Maintain airway. Assist breathing. Administer 100% oxygen Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows. 999 transfer.</p>
Severe pain? Uncontrollable major haemorrhage? Altered conscious level? Hot child? Very hot adult?	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Administer analgesia if appropriate as per PGD's. Administer anti-emetic if appropriate as per PGD's. Apply cooling measures if appropriate. Attempt to control haemorrhage. Obtain intravenous access if time allows. Administer IV fluids if indicated 999 transfer.</p>
Moderate pain? History of head injury? Inappropriate history? Uncontrollable minor haemorrhage? Auricular haematoma? Vertigo? Hot? Non visible FB	<p>Record resps, temp, pulse, B/P, blood glucose and GCS. Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Attempt to control haemorrhage. Consider NAI. Contact A&E WRH Transfer.</p>
Warmth? Acute hearing loss?	<p>Record resps, temp, pulse and B/P Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Examine for foreign body / wax. Contact A&E WRH – consider ENT clinic if on -site</p>
Pain? Recent problem?	<p>Record resps, temp, pulse and B/P Administer analgesia if appropriate as per PGD's. Examine for foreign body / wax. Contact A&E WRH – consider ENT clinic if on - site</p>
Eardrum has bled?	<p>Contact A&E WRH Consider ENT clinic if on-site</p>
Excessive wax?	<p>Advise olive oil drops for one week Follow up at GP</p>
Eardrum red?	<p>Refer GP</p>
Visible aural FB?	<p>Remove if easily accessible. Contact A&E WRH – consider ENT clinic if on-site</p>
Living Insect in ear?	<p>Kill insects with olive oil – remove if easily accessible Contact A&E WRH – consider ENT clinic if on-site</p>

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18. Elbow problem

Clinical Presentation	Action
<p>Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Attempt to control haemorrhage. Splint limb. Elevate if possible Administer intravenous fluids.</p>
<p>Severe pain? Vascular compromised? Uncontrollable major haemorrhage? Critical skin? Dislocation?</p>	<p>Record resps, temp, pulse, distal pulses and B/P. 999 transfer. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Splint limb. Elevate if possible. Administer intravenous fluids if indicated.</p>
<p>Moderate pain? Inappropriate history? Uncontrollable minor haemorrhage? Gross deformity? Open fracture?</p>	<p>Record resps, temp, pulse, distal pulses and B/P. Transfer. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Splint limb if appropriate. Apply dressing Obtain intravenous access. Contact A&E WRH Consider x-ray prior to transfer Consider NAI.</p>
<p>Pain? Deformity? Swelling? Recent problem?</p>	<p>X-ray if indicated. Provide analgesia if required as per PGD's Manage according to clinical findings Compound fractures / dislocations – transfer to A&E Closed fractures with deformity – discuss with A&E Closed fractures no deformity arrange trauma clinic appointment for next available clinic Contact A&E WRH if indicated Infected bursitis consider antibiotics as per PGD's</p>

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19. Exposure to Chemicals

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Eye injury? Shock? Stridor?</p>	<p>2222 call if appropriate</p> <p>Ensure personal safety, avoid contamination Maintain airway. Assist breathing Give oxygen 100% if indicated. Remove source of contamination from patient. Record resps, pulse, B/P, oxygen saturation and GCS. Administer nebulised Salbutamol if indicated. 999 transfer.</p>
<p>Severe pain? High lethality? Facial oedema? Oedema of the tongue? Altered conscious level? Inhalation chemical injury? Very low SaO2?</p>	<p>Ensure personal safety, avoid contamination Maintain airway. Give oxygen 100% if indicated. Remove source of contamination from patient. Record resps, pulse, B/P, oxygen saturation and GCS. Administer nebulised Salbutamol if indicated. Administer adrenaline if indicated. Administer hydrocortisone if indicated 999 transfer.</p>
<p>Moderate pain? Moderate lethality? Inappropriate history? Widespread discharge or blistering? Low SaO2?</p>	<p>Ensure personal safety, avoid contamination Maintain airway. Give oxygen 100% if indicated. Remove source of contamination from patient. Record resps, pulse, B/P, oxygen saturation. Administer nebulised Salbutamol if indicated. 999 transfer.</p>
<p>Pain? Injury?</p>	<p>Ensure personal safety, avoid contamination Remove source of contamination from patient. Record resps, pulse, B/P, oxygen saturation. Contact A&E WRH if indicated. Provide analgesia if required as per PGD's. Dress wounds appropriately</p>
<p>Recent problem?</p>	<p>Ensure personal safety, avoid contamination Remove source of contamination from patient. Contact A&E WRH if indicated. Provide advice and support. Consult TOXBASE</p>

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20. Eye Problem

Clinical Presentation	Action
Chemical eye injury?	<p>Ensure personal protection. Ascertain chemical agent involved. Obtain data on chemical agent. If appropriate irrigate eye, ensuring protection of patient. Contact A&E WRH or Ophthalmic on-call Transfer if appropriate</p>
<p>Severe pain? Penetrating trauma? Intraocular FB? Sudden recent complete loss of vision? Nausea and vomiting? Enlarged pupil? Hazy cornea?</p>	<p>Record temp, B/P, pulse, resps and VA Administer analgesia if indicated as per PGD's. If FB sticking out of wound cover with gallipot to stabilise if possible. Single eye pad if FB not sticking out. Consult with Ophthalmic on-call Transfer lying flat if possible. Suspected intra ocular FB's from high velocity injury MUST be x-rayed</p>
<p>Moderate pain? Reduced visual acuity? Inappropriate history? Grinding or high velocity injury? Conjunctiva swelling (Chemosis)?</p>	<p>Record temp, B/P, pulse, resps and VA. Administer analgesia if indicated as per PGD's. Suspected intra ocular FB's from high velocity injury MUST be x-rayed Consult with Ophthalmic on-call Transfer if appropriate</p>
<p>Pain? Red eye? FB? Recent problem?</p>	<p>Record temp, B/P, pulse, resps and VA. Administer analgesia if indicated as per PGD's. Perform examination of the eye. Remove subtarsal FB if able to do so. Refer corneal FB to ophthalmology at KTC. At weekends discuss with eye hospital Birmingham</p>

Also see Ophthalmic injury guideline – (under development at present March 2005)

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21. Fall

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Currently fitting? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Maintain spinal immobilisation. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows. Administer rectal diazepam if indicated 999 transfer.</p>
<p>Severe pain? Significant incident history? Abnormal pulse? Uncontrollable major haemorrhage? Altered conscious level? Cold?</p>	<p>Administer 100% oxygen if indicated. Maintain spinal immobilisation. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows. Prevent further loss of body heat. Attempt to control haemorrhage. Administer analgesia if indicated as per PGD's. 999 transfer.</p>
<p>Moderate pain? Inappropriate history? Uncontrollable minor haemorrhage? History of unconsciousness? Focal or progressive loss of function? Gross deformity? Open fracture?</p>	<p>Administer 100% oxygen if indicated. Maintain spinal immobilisation if appropriate. Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Obtain intravenous access if time allows. Attempt to control haemorrhage. Administer analgesia if indicated as per PGD's. Splint limb if indicated. Consult with A&E Consider x-ray prior to transfer Transfer as appropriate</p>
<p>Pain? Deformity? Swelling? Recent problem?</p>	<p>Maintain spinal immobilisation if appropriate. Record distal pulses and blood pressure. Administer analgesia if indicated as per PGD's. Splint limb if indicated. Arrange x-ray if indicated. Complete FALLS proforma in Over 65's Manage according to clinical findings.</p>

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22. Fitting

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive child? Currently fitting? Hypoglycaemia?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows. Administer glucose if indicated. Administer rectal diazepam if indicated. 999 transfer</p>
<p>Altered conscious level? History of overdose or poisoning? Signs of meningism? Unrecognised rash? Purpura? Hot child? Very hot adult?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Obtain intravenous access if time allows. 999 transfer.</p>
<p>History of head injury? Inappropriate history? Focal or progressive loss of function? New neuro-symptoms / signs? Hot adult?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Obtain intravenous access if time allows Consider NAI Contact A&E WRH Transfer as appropriate</p>
<p>Pain. Warmth? Headache?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Obtain intravenous access if time allows Contact A&E WRH Transfer as appropriate</p>
<p>Recent problem?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Contact A&E WRH Contact GP if appropriate</p>
<p>Pre-existing problem?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Contact A&E WRH if appropriate Contact GP if appropriate.</p>

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23. Foot/Ankle Injury

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Attempt to control haemorrhage. Splint limb. Elevate foot if possible Administer intravenous fluids.</p>
<p>Severe pain? Vascular compromised? Uncontrollable major haemorrhage? Critical skin? Dislocation?</p>	<p>Record resps, temp, pulse, distal pulses and B/P. 999 transfer. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Contact A&E WRH Reduce dislocation if indicated. Splint limb. Administer intravenous fluids if indicated.</p>
<p>Moderate pain? Inappropriate history? Uncontrollable minor haemorrhage? Gross deformity? Open fracture?</p>	<p>Record resps, temp, pulse, distal pulses and B/P. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Splint limb if appropriate. Contact A&E WRH X-ray in accordance with the Ottawa ankle rules. Apply dressing if appropriate Obtain intravenous access if time allows. Consider NAI. Transfer as appropriate</p>
<p>Pain? Deformity? Swelling? Recent problem?</p>	<p>Administer analgesia if appropriate as per PGD's X-ray in accordance with the Ottawa ankle rules. Treat according to clinical findings. Contact A&E WRH if indicated</p>

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24. Foreign Body

Clinical Presentation	Action
Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Shock? Stridor?	2222 call if appropriate Maintain airway. Assist breathing. Administer 100% oxygen. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Administer intravenous fluids if indicated. Depending on nature of FB -secure or remove. 999 transfer
Severe pain? Mechanism of injury? Significant incident history? Uncontrollable major haemorrhage? Penetrating eye trauma?	Record resps, temp, pulse, B/P and oxygen saturation. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Administer intravenous fluids if appropriate. Depending on nature of FB -secure or remove. 999 transfer
Moderate pain? Inappropriate history? Uncontrollable minor haemorrhage? Non-visible or biodegradable nasal FB? Non-visible aural FB? Non-visible vaginal FB? FB in throat?	Record resps, temp, pulse, B/P and oxygen saturation. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Depending on nature of FB -secure or remove. Contact A&E WRH Refer or transfer as appropriate
Local infection?	Record temperature and pulse. Administer Analgesia as per PGD Administer antibiotics if appropriate as per PGD's Follow appropriate treatment guidelines
Specific FB's	Specific FB's
Inhaled/swallowed FB?	Consider x-ray if appropriate Contact A&E WRH Reassure as appropriate.
Specific FB's	Specific FB's
Visible non-biodegradable nasal FB?	Remove if easily accessible Contact A&E WRH Consider referral to ENT clinic if on site
Ocular FB	Follow eye problem guideline
Visible tampon?	Record temp and pulse remove if easily accessible. Refer GP or A&E as appropriate
Visible aural FB?	Remove if easily accessible. Contact A&E WRH Consider referral to ENT clinic if on site
Living Insect in ear?	Kill insects with olive oil - remove. Contact A&E WRH if indicated
Condoms	Remove if easily accessible, consider need for post coital contraception, consider risk of STD, and refer to GUM if appropriate. Contact A&E WRH if indicated Refer GP for follow up
Superficial body piercing?	Remove using local anaesthetic if indicated Consider antibiotics if infections present.

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25. GI Bleeding

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows. 999 transfer.</p>
<p>Severe pain? Acutely vomiting blood? Acutely passing fresh or altered blood PR?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Administer analgesia if appropriate as per PGD's. Administer anti-emetic if appropriate as per PGD's. Obtain intravenous access if time allows. 999 transfer. Contact A&E WRH</p>
<p>Pain? Black or redcurrant stools? History of vomiting blood? Vomiting?</p>	<p>Record resps, temp, pulse, B/P and blood glucose. Administer analgesia if appropriate as per PGD's. Administer anti-emetic if appropriate as per PGD's. Contact A&E WRH Transfer as appropriate</p>

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26. Haematological Disease

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Administer intravenous fluids if indicated. 999 transfer</p>
<p>Severe pain? Significant haematological history? Uncontrollable major haemorrhage? Altered conscious level? Very hot adult? Hot child?</p>	<p>Record resps, temp, pulse, blood pressure, oxygen saturation, B/P and GCS Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Attempt to control haemorrhage if possible. Administer intravenous fluids if indicated. 999 transfer</p>
<p>Moderate pain? Uncontrollable minor haemorrhage? Known immunosuppression? Hot adult?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Attempt to control haemorrhage if possible. Obtain intravenous access if time allows Contact A&E WRH Transfer as appropriate</p>
<p>Warmth? Pain?</p>	<p>Record resps, temp, pulse and B/P Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Contact A&E WRH</p>
<p>Recent problem?</p>	<p>Record resps, temp, pulse and B/P Contact GP Contact A&E WRH as appropriate</p>

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27. Head Injury

(Treat as per NICE Clinical guideline for Head Injury)

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Unresponsive child? Currently fitting? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer.</p> <p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose, GCS and pupils. Administer rectal diazepam if indicated.</p>
<ul style="list-style-type: none"> • Glasgow Coma scale <15 at any time since injury • Any loss of consciousness as a result of the injury • Any focal neurological deficit since the injury (e.g. problems speaking / understanding/ loss of balance) • Any suspicion of skull fracture or penetrating head injury(e.g. clear fluid from nose or ears, black eye with no trauma around eyes, visible trauma to scalp or skull of concern to the professional, new deafness in one or both ears, bleeding from one or both ears) • Amnesia for the events before or after the injury (this assessment will not be possible in pre-verbal children and unlikely possible in children <5yrs) • Persistent headache since injury • Any vomiting episodes since the injury (clinical judgement should be used regarding the cause of vomiting in the <12yrs, and whether referral is necessary) • Any seizure since the injury • Any previous cranial neurosurgical interventions • A high energy head injury (e.g. pedestrian struck by motor vehicle, occupant ejected from motor vehicle, fall from a height > 1 metre or more than 5 stairs, diving accident, roll over motor accident) A lower threshold for height of falls should be used when dealing with infants and young children • History of bleeding or clotting disorder • Current anticoagulant therapy such as warfarin • Current drug or alcohol intoxication 	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose, GCS and pupils. Administer 100% oxygen.</p> <p>Attempt to control haemorrhage.</p> <p>Administer analgesia if appropriate as per PGD's.</p> <p>Administer anti-emetic if appropriate as per PGD</p> <p>Contact A&E WRH</p> <p>Transfer as appropriate.</p>

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<ul style="list-style-type: none"> • Age > 65yrs • Suspicion of NAI • Continuing concern by professional about diagnosis 	
<p>If any of following present and sufficiently severe in the judgement of the clinician</p> <ul style="list-style-type: none"> • Irritability or altered behaviour, particularly in infants and young children • Visible trauma to the head not covered in list above but still of concern to the professional • Adverse social factors (no-one able to supervise them at home) • Continuing concern by the patient or carer about the diagnosis 	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose, GCS and pupils. Administer 100% oxygen. Attempt to control haemorrhage. Administer analgesia if appropriate as per PGD's. Administer anti-emetic if appropriate as per PGD Contact A&E WRH Transfer as appropriate.</p>
<p>If none of the above present</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose, GCS and pupils. Administer simple analgesia if appropriate as per PGD Manage according to clinical findings. Discharge only if responsible supervision arranged. Provide Written and verbal HI Advice.</p>

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28. Headache

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive child? Currently fitting? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows. Administer rectal diazepam if indicated</p>
<p>Severe pain? Abrupt onset? Altered conscious level? Sudden complete loss of vision? Signs of meningism? Unrecognised rash? Purpura? Hot child? Very hot adult?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS 999 Paramedic transfer. Contact A&E WRH Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Obtain intravenous access if time allows. Administer antibiotic if indicated</p>
<p>Moderate pain? Inappropriate history? History of unconsciousness? Focal or progressive loss of function? Reduced visual acuity? Scalp tenderness? Hot adult?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose, GCS and visual acuity Contact A&E WRH Transfer if indicated. Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate.</p>
<p>Pain? Warmth?</p>	<p>Record resps, temp, pulse, B/P, GCS and visual acuity Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Contact A&E WRH if indicated Contact GP</p>
<p>Pre-existing problem?</p>	<p>Record resps, temp, pulse, B/P, and visual acuity. Contact GP Contact A&E WRH if indicated.</p>

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29. Hand/Wrist Injury

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Attempt to control haemorrhage. Splint limb. Elevate hand if possible Administer intravenous fluids. Remove rings</p>
<p>Severe pain? Vascular compromised? Uncontrollable major haemorrhage? Critical skin? Dislocation?</p>	<p>Record resps, temp, pulse, distal pulses and B/P. 999 transfer. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Reduce dislocation if indicated. Splint limb. Administer intravenous fluids if indicated. Remove rings</p>
<p>Moderate pain? Inappropriate history? Uncontrollable minor haemorrhage? Gross deformity? Open fracture?</p>	<p>Record resps, temp, pulse, distal pulses and B/P. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Splint limb if appropriate. Apply dressing Contact A&E WRH Consider x-ray prior to transfer Obtain intravenous access if time allows. Consider NAI. Remove rings Transfer as appropriate</p>
<p>Pain? Deformity? Swelling?</p>	<p>Remove rings X-ray as appropriate. Manage according to clinical findings Contact A&E WRH if indicated Arrange appropriate follow up</p>
<p>Recent problem?</p>	<p>Remove rings X-ray as appropriate. Manage according to clinical findings Contact A&E WRH if indicated Arrange appropriate follow up</p>

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30. Irritable Child

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. 999 transfer.</p>
<p>Severe pain? History of overdose or poisoning? Responds to voice or pain only? Unrecognised rash? Purpura? Hot child?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS 999 transfer. Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Administer antibiotic if indicated. Contact A&E WRH</p>
<p>Moderate pain? Not distractible? Prolonged or uninterrupted crying? Inappropriate history? Not feeding?</p>	<p>Record resps, temp and pulse. Contact A&E WRH Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Administer antibiotic if indicated. Consider NAI Transfer as appropriate</p>
<p>Pain? Atypical behaviour? Warmth?</p>	<p>Record resps, temp and pulse. Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Administer antibiotic if indicated. Contact A&E WRH Contact GP if appropriate</p>
<p>Recent problem?</p>	<p>Record resps, temp and pulse. Contact GP Contact A&E WRH if appropriate</p>
<p>Pre-existing problem?</p>	<p>Record respirations, temperature and pulse. Contact GP</p>

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31. Knee Problem

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Attempt to control haemorrhage. Splint limb. Elevate leg if possible Administer intravenous fluids.</p>
<p>Severe pain? Vascular compromised? Uncontrollable major haemorrhage? Critical skin? Dislocation?</p>	<p>Record resps, temp, pulse, distal pulses and B/P. 999 transfer. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Splint limb. Administer intravenous fluids if indicated. Contact A&E WRH</p>
<p>Moderate pain? Inappropriate history? Uncontrollable minor haemorrhage? Gross deformity? Open fracture?</p>	<p>Record resps, temp, pulse, distal pulses and B/P. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Splint limb if appropriate. Apply dressing Contact A&E WRH Consider x-ray prior to transfer Obtain intravenous access if time allows. Consider NAI. Transfer as appropriate</p>
<p>Pain? Deformity? Swelling? Recent problem?</p>	<p>X-ray if indicated Manage according to clinical findings Contact A&E WRH if indicated Arrange appropriate follow up</p>

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32. Limb Problem

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Attempt to control haemorrhage. Splint limb. Administer intravenous fluids if indicated.</p>
<p>Severe pain? Vascular compromised? Uncontrollable major haemorrhage? Critical skin?</p>	<p>Record resps, temp, pulse, distal pulses and B/P. Transfer. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Splint limb. Administer intravenous fluids if indicated. Contact A&E WRH</p>
<p>Moderate pain? Inappropriate history? Uncontrollable minor haemorrhage? Gross deformity? Open fracture? Dislocation?</p>	<p>Record resps, temp, pulse, distal pulses and B/P. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Splint limb if appropriate. Contact A&E WRH Consider x-ray prior to transfer Obtain intravenous access if time allows. Consider NAI.</p>
<p>Pain? Deformity? Swelling? Recent problem?</p>	<p>X-ray if indicated Manage according to clinical findings. Contact A&E WRH if indicated Arrange appropriate follow up</p>

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33. Limping Child

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose.</p>
<p>Severe pain? Vascular compromise? Unrecognised rash? Purpura? Hot child?</p>	<p>Record resps, temp, distal pulse and B/P. Contact A&E WRH Transfer as appropriate Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate.</p>
<p>Moderate pain? Pain on joint movement? Inability to bear weight? Inappropriate history? Hot joint?</p>	<p>Record resps, temp, distal pulse and B/P. Administer analgesia if appropriate as per PGD's. Consider NAI. X-ray if indicated. Contact A&E WRH Transfer as appropriate</p>
<p>Pain? Warmth? Recent problem?</p>	<p>Record resps, temp and distal pulse. Administer analgesia if appropriate as per PGD's. X-ray if indicated. Contact A&E WRH Arrange appropriate follow up</p>
<p>Pre-existing problem?</p>	<p>Record resps, temp and distal pulse. Contact A&E WRH if appropriate Contact GP Arrange appropriate follow up</p>

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34. Local Infection or Abscess

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows.</p>
<p>Severe pain? Subcutaneous gas? Vascular compromise? Hot child? Very hot adult?</p>	<p>Record resps, temp, pulse, B/P and blood glucose. Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Contact A&E WRH Transfer as appropriate</p>
<p>Moderate pain? Pain on joint movement? Hot joint? Hot adult? Not superficial Abscess located on: Breast Peri-anal Face Neck Labia Pulp or Palmer</p>	<p>Record resps, temp, pulse, B/P, and blood glucose. Test urine for glucose Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Contact A&E WRH Transfer as appropriate.</p>
<p>Pain? Warmth? Recent problem? Small and superficial?</p>	<p>Record resps, temp, pulse and blood glucose Test urine for glucose. Local anaesthetic as per PGD Incise transversely. Express all pus, curette gently. Irrigate with saline Pack/dress appropriately. Provide analgesia as per PGD's. Provide antibiotics if indicated. Arrange appropriate follow up.</p>

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35. Major Trauma

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Unresponsive child? Shock?</p>	<p>Maintain airway. Assist breathing. Administer 100% oxygen. Maintain spinal immobilisation 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Attempt to control haemorrhage. Administer intravenous fluids if indicated.</p>
<p>Severe pain? Significant incident history? Mechanism of injury? Acutely short of breath? Uncontrollable major haemorrhage? Altered conscious level?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS. Maintain spinal immobilisation. 999 transfer. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Administer intravenous fluids if indicated.</p>
<p>Moderate pain? Significant medical history? Uncontrollable minor haemorrhage? History of unconsciousness? New neuro symptoms / signs?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS. Maintain spinal immobilisation. Contact A&E WRH Transfer. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Obtain intravenous access if time allows.</p>

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36. Mental Health Problem

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows.</p>
<p>Altered conscious level?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Contact A&E WRH Arrange transfer to A&E</p>
<p>Risk of self-harm? Risk of harm to others? Significant history of mental health problems? Disruptive behaviour? Marked distress?</p>	<p>Protect patient from self-harm. Protect staff and others from potential harm. Maintain constant observation. Contact police if required. Discuss patient with GP if appropriate. Treat any wounds appropriately if safe to do so.</p> <p>If transfer required: If know to local mental health services consider contacting - D Block If no known mental health problems then WRH A&E</p>

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37. Nasal Problem

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Administer intravenous fluids if indicated.</p>
<p>Severe pain? Uncontrollable major haemorrhage? Altered conscious level?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS 999 transfer. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Administer intravenous fluids if indicated. Contact A&E WRH</p>
<p>Moderate pain? Significant history? Inappropriate history? Gross deformity? Spetal haematoma? Bleeding disorder? Uncontrollable minor haemorrhage</p>	<p>Record resps, temp, pulse and B/P Administer analgesia if appropriate as per PGD's. Consider NAI Contact A&E WRH Transfer appropriately</p>
<p>Simple fracture? Deformity?</p>	<p>Administer analgesia if required as per PGD Treat on clinical findings – advice sheet to be given re contacting GP for ENT referral if appropriate</p>
<p>Pain? Minor haemorrhage?</p>	<p>Provide analgesia if required as per PGD's. Treat epistaxis. Advise about the treatment of swelling. Advise about the first aid treatment of epistaxis. Arrange suitable follow up if required</p>

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38. Neck Pain

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Immobilise spine if indicated. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows. 999 transfer.</p>
<p>Severe pain? Signs of meningism? Unrecognised rash? Unblanching rash? Purpura? Hot Child? Very hot adult?</p>	<p>Record resps, temp, pulse and B/P. Immobilise spine if indicated. Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Administer antibiotics if indicated. Obtain intravenous access if time allows. 999 transfer.</p>
<p>Moderate pain? Direct trauma to the neck? New neuro symptoms / signs? Hot adult? Altered sensation in arms? Cervical bony tenderness? Previous RTC/neck problems? Sensory/motor disturbances?</p>	<p>Record resps, temp, pulse and B/P. Immobilise spine if indicated.- using spinal mattress Administer analgesia if appropriate as per PGD's. Apply cooling measures if appropriate. Obtain intravenous access if appropriate. Contact A&E WRH Transfer appropriately</p>
<p>Recent problem? Muscular pain only? No history of trauma? Torticollis?</p>	<p>Record resps, temp, pulse and B/P. Ensure full recording of history. Record all details of RTC if relevant. Provide analgesia as required. Provide verbal and Written neck care instructions. Arrange follow up if appropriate</p>

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39. Overdose or Poisoning

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive child? Currently fitting? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer.</p> <p>Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Administer rectal diazepam if indicated. Obtain intravenous access if time allows.</p>
<p>Altered conscious level?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS 999 transfer. Obtain intravenous access if time allows. Contact A&E WRH</p>
<p>Risk of self-harm? Inappropriate history? Marked distress?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Contact A&E WRH Treat symptoms as appropriate. Transfer as appropriate</p>
<p>Accidental poisoning?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Obtain advice from TOXBASE Contact A&E WRH if indicated. Treat symptoms as indicated. Consider NAI. Transfer if appropriate</p>

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40. Pregnancy

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Presenting foetal parts? Prolapsed umbilical cord? Currently fitting? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Administer intravenous fluids if appropriate.</p>
<p>Severe pain? History of fitting? In active labour? Heavy PV blood loss? Blood loss after 24 weeks pregnant? Altered conscious level?</p>	<p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Contact A&E WRH Obtain assistance if possible from Maternity Unit Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Administer analgesia if appropriate as per PGD's. Obtain intravenous access if time allows</p>
<p>Moderate pain? Shoulder tip pain? Inappropriate history? History of trauma? High blood pressure? PV bleeding?</p>	<p>Obtain assistance if possible from Maternity Unit 999 Transfer Contact A&E WRH Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Administer analgesia if appropriate as per PGD's. Obtain intravenous access if time allows</p>
<p>PV Bleed < 21 weeks pregnant Abdominal Pain < 21 weeks pregnant</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS If not confirmed pregnancy – pregnancy Test Obtain concise history Consider referral to Early Pregnancy Clinic Contact GP Arrange suitable follow up</p>
<p>Request for post-coital contraception?</p>	<p>Refer to GP</p>

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41. PV Bleeding

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Administer intravenous fluids if appropriate.</p>
<p>Severe pain? Heavy PV blood loss? More than 24 weeks pregnant?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Contact A&E Transfer as appropriate Administer analgesia if appropriate as per PGD's. Obtain intravenous access if time allows.</p>
<p>Moderate pain? Vaginal trauma? Inappropriate history?</p>	<p>Record resps, temp, pulse and B/P. Administer analgesia if appropriate as per PGD's. Consider NAI. Contact A&E WRH Transfer as appropriate</p>
<p>Pain? Possibly pregnant?</p>	<p>Record resps, temp, pulse and B/P. Pregnancy test Administer analgesia if appropriate as per PGD's. Contact A&E Contact GP Consider Early Pregnancy clinic if positive pregnancy test</p>
<p>Normal menstruation?</p>	<p>Advise Refer to GP if required.</p>

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42. Rash

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock? Stridor?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. Record resps, temp, pulse, B/P, oxygen saturation and blood glucose. Obtain intravenous access if time allows. 999 transfer.</p>
<p>Severe pain / itch? Significant history of allergy? Facial oedema? Oedema of the tongue? Acutely short of breath? Purpura? Hot child? Very hot adult? Unblanching rash?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation, blood glucose and GCS Administer analgesia if appropriate as per PGD's. Contact A&E WRH Administer epinephrine if appropriate as per PGD Administer hydrocortisone if appropriate as per PGD Administer anti-histamine if appropriate as per PGD Apply cooling measures if appropriate. Obtain intravenous access if time allows. Administer anti-biotics if indicated 999 transfer.</p>
<p>Moderate pain / itch? Inappropriate history? Widespread discharge or blistering? Hot adult? Signs of infection?</p>	<p>Record resps, temp, pulse and B/P. Consider NAI. Provide analgesia if appropriate. Provide anti-histamine if appropriate. Apply cooling measures if appropriate. Provide antibiotics if indicated. Dressings as required. Contact A&E WRH Transfer if appropriate. Arrange appropriate follow up as required.</p>
<p>Pain / itch? Recent problem?</p>	<p>Provide analgesia if appropriate. Provide anti-histamine if appropriate. Reassure. Refer to GP if required.</p>

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43. Sexually Acquired Infection

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing. Administer 100% oxygen. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. ECG monitoring. 999 transfer.</p>
<p>Severe pain? Altered conscious level? Unrecognised rash? Purpura? Very hot?</p>	<p>Record respirations, temperature, pulse, blood pressure, oxygen saturation, blood glucose and GCS. ECG monitoring. Administer analgesia if appropriate as per PGD's. Cooling measures if appropriate. IV access if appropriate. 999 transfer.</p>
<p>Moderate pain? Testicular pain? Known immunosuppression? Widespread cutaneous discharge/blistering? Hot?</p>	<p>Record respirations, temperature, pulse and blood pressure. Administer analgesia if appropriate as per PGD's. Cooling measures if appropriate. Contact A&E WRH Arrange transfer as appropriate</p>
<p>Pain? Warmth? Recent problem?</p>	<p>Administer analgesia if appropriate as per PGD's. Cooling measures if appropriate. Contact A&E WRH. Advice referral to GUM if appropriate.</p>

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44. Shortness of Breath

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing. Administer 100% oxygen. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. ECG monitoring. 999 transfer.</p>
<p>Cardiac pain? Acute onset after injury? Unable to talk in sentences? PEFR < 50% Predicted Normal Value? SaO₂ < 92%? Abnormal pulse? Altered conscious level? Exhaustion? Silent chest? Cyanosis? Respirations >25/min Confusion?</p>	<p>Maintain patent airway. Assist breathing. Administer 100% oxygen. Record PEFR - calculate Predicted Normal Value Record resps, temp, pulse, BP, oxygen saturation and blood glucose. ECG monitoring. Contact A&E WRH 999 transfer.</p>
<p>Pleuritic pain? Significant history of asthma? PEFR 50% - 75% of PNV? Low SaO₂?</p>	<p>Record PEFR, calculate PNV Record resps, temp, pulse, BP, oxygen saturation. Administer 100% oxygen. Analgesia if appropriate as per PGD. Consider pulmonary embolus Follow Suspected Asthma Clinical Pathway - Moderate - if indicated. Contact A&E WRH Transfer as appropriate</p>
<p>Pain? Wheeze? Chest infection? Open Chest injury? PEFR > 75% PNV</p>	<p>Record PEFR and calculate PNV Record resps, temp, pulse, BP and oxygen saturation. Analgesia if appropriate. Follow Suspected Asthma Clinical Pathway - Mild - if indicated. Contact A&E Transfer as appropriate</p>
<p>Closed chest injury?</p>	<p>Record resps, temp, pulse, B/P, oxygen saturation and PEFR Record 12 lead ECG if indicated. Contact A&E if appropriate</p>

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45. Shortness of Breath in Children

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive? Drooling? Stridor? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing. Administer 100% oxygen. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. ECG monitoring. 999 transfer.</p>
<p>Acute onset after injury? Increased work of breathing? Unable to talk in sentences? Responds to voice or pain only? PEFR <50% PNV? SaO2 <92%? Exhaustion? Confusion? Tachycardia/Bradycardia? Silent Chest? Hypotension? Significant history of asthma? Inappropriate history?</p>	<p>Maintain patent airway. Assist breathing. Administer 100% oxygen. Record PEFR, calculate PNV Record resps. temp, pulse, BP, oxygen saturation and blood glucose. ECG monitoring. Follow Suspected Asthma Clinical Pathway - Severe- if indicated 999 transfer. Contact A&E WRH Contact on-call paediatricians if appropriate</p>
<p>Pain? Wheeze? Chest infection? Chest injury? PEFR 50%-75% PNV</p>	<p>Record resps. temp, pulse, BP, and oxygen saturation. Analgesia if appropriate. Follow Suspected Asthma Clinical Pathway - moderate - if indicated Contact A&E WRH Transfer as appropriate</p>

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46. Shoulder problem

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain airway. Assist breathing. Administer 100% oxygen. 999 transfer. Record resp. temp, pulse, B/P, oxygen saturation and blood glucose. Attempt to control haemorrhage. Splint limb. Administer intravenous fluids.</p>
<p>Severe pain? Vascular compromised? Uncontrollable major haemorrhage? Critical skin? Dislocation?</p>	<p>Record resp. temp, pulse, distal pulses and B/P. 999 transfer. Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Splint limb. Contact A&E WRH Administer intravenous fluids if indicated.</p>
<p>Moderate pain? Inappropriate history? Uncontrollable minor haemorrhage? Gross deformity? Open fracture?</p>	<p>Record resp. temp, pulse, distal pulses and B/P. Contact A&E WRH Administer analgesia if appropriate as per PGD's. Attempt to control haemorrhage. Splint limb if appropriate. Apply dressing Consider x-ray prior to transfer Obtain intravenous access if time allows. Consider NAI. Transfer as appropriate</p>
<p>Pain? Deformity? Recent problem? Swelling?</p>	<p>X-ray as indicated Manage according to clinical findings Contact A&E WRH if indicated Arrange appropriate follow up</p>

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47. Sore Throat

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Drooling? Stridor? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing. Administer 100% oxygen. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. ECG monitoring. Obtain intravenous access if time allows. Think epiglottitis. 999 transfer.</p>
<p>Severe pain? Altered conscious level? Very hot adult? Hot child?</p>	<p>Record respirations, temperature, pulse, blood pressure, and oxygen saturation. Administer 100% oxygen. Obtain intravenous access. ECG monitoring. Administer analgesia if appropriate as per PGD's Administer cooling measures if required Contact A&E WRH Transfer as appropriate.</p>
<p>Moderate pain? Hot adult? History of foreign travel? Rapid onset?</p>	<p>Record respirations, temperature, pulse, and blood pressure. Administer analgesia if appropriate as per PGD's. Apply cooling measures if indicated. Contact A&E Contact GP if appropriate Arrange appropriate transfer</p>
<p>Pain? Warmth? Recent problem?</p>	<p>Record respirations, temperature, pulse, and blood pressure. Administer analgesia if appropriate as per PGD's. Apply cooling measures if indicated. Contact GP Contact A&E WRH if indicated. Arrange appropriate follow up</p>

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48. Testicular Pain

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing. Administer 100% oxygen. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Obtain intravenous access if time allows. ECG monitoring. 999 transfer.</p>
<p>Severe pain? Hot child? Very hot adult? Less than 25 years old? Scrotal gangrene?</p>	<p>Record respirations, temperature, pulse, blood pressure, and oxygen saturation. Administer 100% oxygen. Obtain intravenous access if time allows. ECG monitoring. Administer analgesia if appropriate as per PGD's Administer cooling measures if required Contact A&E WRH – consider Alex (Urology based Redditch)</p>
<p>Moderate pain? Colicky pain? Hot adult? Scrotal cellulitis? Persistent vomiting?</p>	<p>Record respirations, temperature, pulse, and blood pressure, Urinalysis Administer anti-emetic if indicated. Administer analgesia if appropriate as per PGD's. Apply cooling measures if indicated. Obtain IV access if time allows. Contact A&E WRH – consider Alex (Urology based Redditch) Transfer as appropriate</p>
<p>Vomiting? Scrotal trauma? Recent problem?</p>	<p>Record respirations, temperature, pulse, and blood pressure. Administer anti-emetic if appropriate as per PGD's. Administer analgesia if appropriate as per PGD's. Obtain urine sample if appropriate. Contact A&E WRH – consider Alex (Urology based at Redditch)</p>

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49. Truncal Injury

Clinical Presentation	Action
<p>Inadequate breathing? Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing. Administer 100% oxygen. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. ECG monitoring. Administer IV fluid 999 transfer.</p>
<p>Severe pain? Mechanism of injury? Significant incident history? Acutely short of breath? Uncontrollable major haemorrhage? Externalisation of organs?</p>	<p>Administer 100% oxygen. Record respirations, temperature, pulse, blood pressure, and oxygen saturation. Administer analgesia if appropriate as per PGD's Apply wound dressing if indicated. ECG monitoring. Administer IV fluid. 999 transfer.</p>
<p>Moderate pain? Inappropriate history? Uncontrollable minor haemorrhage?</p>	<p>Record respirations, temperature, pulse, blood pressure, and oxygen saturation. Apply wound dressing if indicated. Administer analgesia if appropriate as per PGD's. Contact A&E WRH Transfer as appropriate</p>
<p>Pain? Local inflammation? Local infection?</p>	<p>Record respirations, temperature, pulse, and blood pressure. Contact A&E WRH if indicated Administer analgesia if appropriate as per PGD's. Provide antibiotics if indicated. Dressing as appropriate Arrange follow up by GP if required.</p>

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50. Unwell Adult

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Currently fitting? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing. Administer 100% oxygen if indicated. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Administer rectal diazepam if indicated. Obtain intravenous access if time allows. 999 transfer.</p>
<p>Severe pain? Abnormal pulse? History of special risk of infection? Altered conscious level? Signs of meningism? Unrecognised rash? Purpura? Very hot?</p>	<p>Record respirations, temperature, pulse, blood pressure, oxygen saturation, blood glucose and GCS. Administer 100% if indicated. Obtain intravenous access if time allows. Administer analgesia if appropriate as per PGD's. Initiate cooling measures if appropriate. 999 transfer.</p>
<p>Moderate pain? Rapid onset? History of foreign travel? Widespread discharge or blistering? Hot?</p>	<p>Record respirations, temperature, pulse and blood pressure. Administer analgesia if appropriate as per PGD's. Initiate cooling measures if appropriate. Obtain intravenous access if appropriate. Contact A&E WRH Arrange appropriate transfer</p>
<p>Warmth? Pain? Recent problem?</p>	<p>Record respirations, temperature, pulse and blood pressure. Administer analgesia if appropriate as per PGD's. Contact A&E WRH if appropriate. Provide appropriate management and advice.</p>
<p>Pre-existing problem?</p>	<p>Record respirations, temperature, pulse and blood pressure. Contact GP Contact A&E WRH if appropriate. Provide appropriate management and advice.</p>

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51. Unwell Child

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Currently fitting? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing. Administer 100% oxygen if indicated. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Administer rectal diazepam if indicated. Administer paracetamol suppositories if indicated. 999 transfer.</p>
<p>Severe pain? Responds to voice or pain only? Fails to react to parents? Unrecognised rash? Purpura? Hot? Cold?</p>	<p>Administer 100% oxygen if indicated. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Administer analgesia if appropriate as per PGD's. Administer antibiotic if indicated. 999 transfer.</p>
<p>Moderate pain? Inappropriate history? Not passing urine? Not feeding?</p>	<p>Record respirations, temperature, pulse and blood pressure. Check nappy if appropriate. Administer analgesia if appropriate as per PGD's. Contact A&E WRH Arrange appropriate transfer</p>
<p>Pain? Warmth? Atypical behaviour?</p>	<p>Record respirations, temperature, pulse and blood pressure. Administer analgesia if appropriate as per PGD's. Contact GP Contact A&E WRH if indicated. Provide appropriate management and advice.</p>
<p>Recent problem?</p>	<p>Record respirations, temperature, pulse and blood pressure. Urinalysis. Administer analgesia if appropriate as per PGD's. Contact GP Contact A&E WRH if appropriate Provide appropriate management and advice.</p>
<p>Pre-existing problem?</p>	<p>Record respirations, temperature, pulse and blood pressure. Urinalysis. Contact GP- arrange follow up. Provide appropriate management and advice.</p>

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52. Urinary Problem

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing. Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Administer 100% oxygen. Obtain intravenous access. 999 transfer.</p>
<p>Severe pain? Priapism? Very hot adult? Hot child?</p>	<p>Record respirations, temperature, pulse and blood pressure. Urinalysis if appropriate Administer analgesia if indicated as per PGD's. Obtain intravenous access. Provide cooling measures if indicated. 999 transfer – consider which Site (urology at Redditch)</p>
<p>Moderate pain? Colicky pain? Frank haematuria? Retention of urine? Persistent vomiting?</p>	<p>Record respirations, temperature, pulse and blood pressure. Administer analgesia if indicated as per PGD's. Administer anti-emetic if indicated. Obtain intravenous access. Urinalysis Catheterise if appropriate. Contact A&E WRH – consider Alex (Urology based at Redditch) Transfer as appropriate</p>
<p>Pain? Vomiting? Swelling? Dysuria? Recent problem?</p>	<p>Obtain urine sample. Administer analgesia if appropriate as per PGD's. Administer anti-emetic if appropriate as per PGD's. Administer antibiotic if appropriate as per PGD's. Contact GP Contact A&E WRH – consider Alex (Urology based at Redditch)</p>

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53. Vomiting

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive child? Currently fitting? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing.</p> <p>Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Administer rectal diazepam if indicated. Administer 100% oxygen if indicated. Obtain intravenous access. 999 transfer.</p>
<p>Severe pain? Acutely vomiting blood? Acutely passing fresh or altered blood PR? Altered conscious level?</p>	<p>Record respirations, temperature, pulse, blood pressure, oxygen saturation and blood glucose. Administer 100% oxygen if indicated. Administer analgesia as indicated. Administer anti-emetic as indicated. Obtain intravenous access. Insert naso-gastric tube if appropriate. 999 transfer.</p>
<p>Moderate pain? History of vomiting blood? Signs of dehydration? Persistent vomiting?</p>	<p>Record respirations, temperature, pulse, blood pressure, and blood glucose. Administer analgesia as indicated. Administer anti-emetic as indicated. Obtain intravenous access. Contact A&E WRH Transfer as appropriate</p>
<p>Pain? Recent problem?</p>	<p>Record respirations, temperature, pulse, blood pressure, and blood glucose. Provide analgesia as indicated Contact GP. Contact A&E WRH if appropriate Arrange appropriate follow up</p>

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54. Worried Parent

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Unresponsive? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing. Administer 100% oxygen. 999 transfer.</p>
<p>Floppy? Severe pain? Responds to voice or pain only? Fails to react to parent? History of overdose or poisoning? Unrecognised rash? Purpura? Hot child?</p>	<p>Administer 100% oxygen. Record respirations, temperature, pulse, blood pressure, oxygen saturation, and blood glucose. Intravenous access. Contact A&E Contact poison centre if appropriate. Administer cooling measures if indicated. Administer antibiotics if indicated. 999 transfer.</p>
<p>Moderate pain? Prolonged or uninterrupted crying? Inconsolable by parent? Inappropriate history? Not passing urine? Not feeding?</p>	<p>Record appropriate observations. Check nappy if indicated. Administer analgesia if indicated as per PGD's. Contact A&E WRH Transfer as appropriate</p>
<p>Pain? Warmth? Atypical behaviour?</p>	<p>Record appropriate observations. Apply cooling measures. Administer oral fluids. Administer analgesia if indicated as per PGD's. Contact GP Contact A&E WRH if indicated. Manage and advice as appropriate</p>
<p>Recent problem?</p>	<p>Record appropriate observations. Contact GP Contact A&E WRH if indicated Manage and advise as appropriate</p>

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55. Wound

Clinical Presentation	Action
<p>Airway compromised? Inadequate breathing? Ensanguine haemorrhage? Shock?</p>	<p>2222 call if appropriate</p> <p>Maintain patent airway. Assist breathing. Administer 100% oxygen. Apply pressure dressing. Administer intravenous fluids Record respirations, pulse, blood pressure, and distal circulation status. 999 transfer.</p>
<p>Severe pain? Uncontrollable major haemorrhage? Distal vascular compromise?</p>	<p>Administer 100% oxygen. Apply pressure dressing. Administer intravenous fluids Record respirations, pulse, blood pressure, and distal circulation status. Administer analgesia as per PGD 999 transfer. Contact A&E</p>
<p>Moderate pain? Inappropriate history? Uncontrollable minor haemorrhage? New neuro symptoms / signs?</p>	<p>Record respirations, pulse, blood pressure, and distal circulation status if appropriate. Record neuro observations if appropriate. Administer 100% oxygen if indicated. Provide analgesia if indicated as per PGD Apply pressure dressing if indicated. Contact A&E WRH Transfer as appropriate</p>
<p>Pain? Local inflammation? Local infection? Recent injury?</p>	<p>Record respirations, pulse, blood pressure, and distal circulation status if appropriate. Treat according to clinical findings as per Trust Tissue Viability Policy Consider x-ray Arrange appropriate follow up</p>
<p>Old injury?</p>	<p>Record respirations, pulse, blood pressure, and distal circulation status if appropriate. Treat according to clinical findings. Refer to appropriate follow up services.</p>

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Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	All staff aware of guidelines. Accessible via Intranet and copy kept in department.	Discuss compliance at PDR Direct observation	Random checks on two of the guidelines per ENP (monthly)	Joy Powell	Matron	6 times a year

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REFERENCES

- Mackway-Jones. K. (Ed) *Emergency Triage: Manchester Triage Group*. London BMJ Publishing Group.
- Nursing and Midwifery Council (2002) *Code of Professional Conduct*. London.
- National Institute for Excellence (2003) *Head Injury – Triage, assessment, investigation and early management of head injury in infants, children and adults*. Clinical practice algorithm no. 2 (Referral of patients with head injury by community medical services e.g. general practice, paramedics, NHS walk-in centres, dental practitioners or NHS minor injury clinics).

CONTRIBUTION LIST

Key individuals involved in developing the document

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Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	NO	
	• Ethnic origins (including gypsies and travellers)	NO	
	• Nationality	NO	
	• Gender	NO	
	• Transgender	NO	
	• Religion or belief	NO	
	• Sexual orientation including lesbian, gay and bisexual people	NO	
	• Age	NO	
	• Disability - learning disabilities, physical disability, sensory impairment & mental health problems	NO	
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	NO	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

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Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.