

Emergency Medicine Standard Operating Procedures

Emergency Gynaecology Assessment Unit Operational Policy

Written by	Miss M Pathak Tracey Baldwin
Approved by	Gynae Governance Meeting
Date of Approval	
Date of next review This is the most current document and is to be used until a revised version is available	

Aim and scope of Standard Operating Procedure

This policy is for the pathway for emergency Gynae care for women who enter the pathway either via Emergency Department, Primary Care or self-presentation. This operational policy has been developed to provide guidance to the day to day running of the Emergency Gynaecology Assessment Unit (EGAU) at Worcestershire Royal Hospital (WRH) It includes acceptable patient referral pathways and escalation criteria.

Target Staff Categories

INTRODUCTION

This operational policy has been developed to provide guidance to the day to day running of the Emergency Gynaecology Assessment Unit (EGAU) at Worcestershire Royal Hospital (WRH)

It includes acceptable patient referral pathways and escalation criteria.

Emergency Gynaecology Unit

The Emergency Gynaecology Assessment Unit is a specialised area developed to provide an appropriate area in which to review women with gynaecological conditions as an alternative to the Emergency Department (ED). Patients will be assessed by the Gynaecology team on call. EGAU incorporates in one pathway both Early Pregnancy Unit (EPU) and Gynaecology Assessment Unit (GAU)

EPU will continue to run in WRH, AGH and KTC on an appointment basis.

The patients must be clinically stable to attend EGAU. Clinically unstable patients should be admitted via the ED and Gynae team to attend within 15 minutes of the patient's arrival in the ED.

Referral processes

Patients can be referred via the GP, ED WRH, self-referrals following recent attendance or admission and other departments. All new referrals will be channelled to the emergency gynaecology registrar. Patients will be triaged and sent out appointments to attend the EGAU or reviewed on the referring ward depending on the clinical urgency.

ED AGH and inpatient ward referrals that need a gynaecology review should be discussed with the gynaecology consultant on-call in WRH. The consultant will then advise if the patient should be transferred immediately or booked a review in the following 36 hours in EGAU. The gynaecology consultant will then ask the EGAU to contact the referring department with an appointment time. It may be possible to book review on the ward in AGH by gynaecology consultant but the availability is very limited.

Please refer to appendix for referral pathways and EPU booking sheet.

A record of gynaecology telephone advice / assessment will be recorded (refer to appendix).

Indications for referral to the Gynaecology Assessment Unit (not exhaustive)

- Pregnancy < 20 weeks gestation should be assessed in EGAU
- If clinically well avoid scanning <6 weeks especially if reassurance scan
- Acute pelvic pain to rule out ovarian torsion
- Suspected PID
- Patient opting for outpatient medical management of miscarriage
- Patients with hyperemesis gravidarum initial assessment
- Post-operative patients up to 4 weeks after surgery to avoid unnecessary admission with provision of senior clinician input and pelvic USS when necessary.
- Patient requiring trial without catheters (TWOC)
- Inpatient referrals from other wards may be reviewed by the EGU team in the referring ward
- In case of delayed clinic availability due to bank holiday etc. 2 week wait referrals can be seen in EGAU. These referrals should be controlled by the consultant on call. This

would only be done if there will be significant delay in their management by waiting for outpatient appointment.

- PV Bleed

Exclusion Criteria for EGAU

- $\geq 16/40$ patient should be referred to Obstetric Triage
- Clinically unstable should be assessed in ED i.e. hypotensive, pain requiring strong opioid analgesia, signs of severe clinical sepsis, bleeding excessively, suspected ruptured ectopic pregnancy
- > 1 month postoperative patient who are well can be seen by the GP or be sent a follow up appointment to the outpatients department
- Patient who are under 16 weeks and are admitted for primarily non gynaecological symptoms i.e. acute shortness of breath, neurological symptoms should be assessed by the specialist team. Gynaecology on call team would be available for input if necessary and would be happy to review the patient when requested.

Management of miscarriage

If the patient opts for surgical management of miscarriage and they are stable enough to return home they should be booked on to the next available elective list, preferably in KTC or AGH

KTC phone booking office on number x55145 x55286 x55276 Teresa
AGH phone a Gynae secretary on either x44078 or x44577

If the patient is not stable to return home they should be admitted to the inpatient ward for medical review

If the patient opts for medical management of miscarriage or termination for fetal anomalies

$< 16/40$

- initial investigations should be carried out via EGAU
- book side room in the ward for return in 36 hours, liaise with the delivery suite if no beds available to accommodate patient in the Faye Turner suite
- mifepristone should be given in EGAU
- on admission assessment by the gynaecology nurse administer misoprostol

$\geq 16/40$

- initial investigations should be carried out via EGAU
- book Faye Turner suite on delivery suite for return in 36 hours
- mifepristone should be given in EGAU
- on admission assessment by the midwife administer misoprostol

Please refer to medical management of miscarriage [Medical guidelines page](#)

Results for EGAU patients

All EGAU requests from the ward for pathology will be requested on ICE as ward area "WRH Emergency Gynaecology Assessment Unit" regardless of the physical location where they are taken.

All inpatient gynaecology pathology requests will be for the ward area "WRH gynaecology inpatients" and the request left on the ward clipboard as usual.

Radiology requests for gynaecology patients on wards other than EGAU or Chestnut will be for the ward the patient is admitted to e.g. "WRH Beech" etc.

A book will be kept in EGAU recording all investigations requested, this will be reviewed daily by the Junior doctor on duty for gynaecology at the end of the ward round.

Appointments for EGAU

All referrals will be triaged by the emergency gynaecology registrar on bleep 654, an appointment will be offered to attend EGAU within 36 hours.

- Patients who are referred from another inpatient ward will go back to referring ward following assessment with the EGAU report. Patients who do not need pelvic ultrasound scan may be assessed in the ward where referred from.
- A diary system with appointment times will be held in the EGAU
- All cases seen in the EGAU would leave with a summary of management and follow-up plan as necessary, recorded on the Bluespier Electronic Discharge System (EDS) and patient record as appropriate
- An outcome sheet to be filled in for all patients assessed in EGAU

Capacity

The current capacity of the EGAU when fully open is 2 trolley spaces for assessment and 5 patients in a dedicated waiting area.

Divert

The decision to divert expected patients to the ED can only be taken by the on-call Gynaecology Consultant and matron together.

If the spaces are not available for admission and assessment of EGAU patients the patients should be diverted to ED.

When on divert the attender will be asked to attend ED and will be reviewed there by the gynaecology middle grade and treatment plan devised. If the attender requires admission following this assessment, the usual process via hospital bed management will be employed.

EGAU requirements

- Appointment system should be used for patients in EGAU, this diary will be held in the EGAU
- Any patients who need a senior review would be responsibility of the consultant on call for gynaecology. Most admissions should be reviewed by on call consultant within 14 hours of admission with view to discharge and management plan
- Before discharge complex patients should be reviewed by the middle grade doctor or consultant
- On call consultant for gynaecology will be responsible for any admissions via emergency gynaecology unit for the day. The on call consultant may be required to review complex cases and should always be available for advice and consultation.
- All the beta HCG results should be reviewed by the on call middle grade and any difficult cases should be discussed with the on call consultant.

Staffing Levels

- Staffing EGAU should be sufficient to ensure smooth running
08:00-20:00 Two nurses and an HCA
20:00-08:00 Two nurses and an HCA
- If staffing is not as the above the EGAU may be put on divert.
- The divert status must be reviewed on a shift by shift basis.

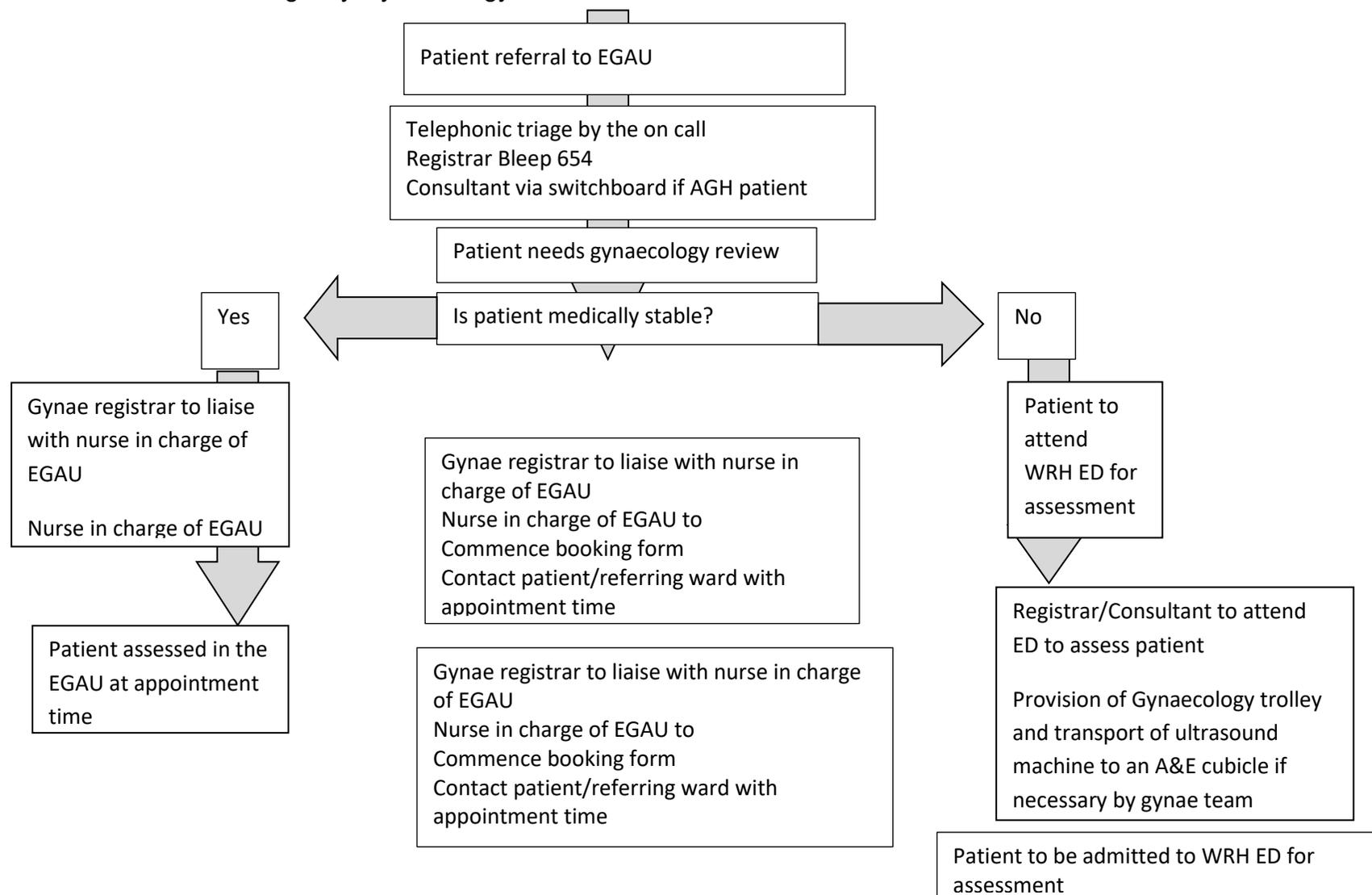
Monitoring EGAU

EGAU activity needs to be accurately captured on the booking form see appendix. The minimum dataset includes:

- Date & time of referral
- Mode of referral
- Appointment date & time
- Date & time of EGAU attendance
- Time of assessment by nurse
- Time of assessment by doctor
- Date & time of decision to admit/ discharge
- Reason for delay of cancellation of review in EGAU
- Seniority of assessing doctor

Appendix 1

Patient for Assessment, Emergency Gynaecology Assessment Unit



Appendix 2

For relevant guidelines see

[Medical guidelines page](#)

The flowcharts will be accessible via the link Gynaecology soon.

Management of ectopic WAHT-Gyn-002

Medical management of miscarriage / TOP

WAHT-TP-027

WAHT-Gyn-009

TOP midtrimester WAHT-GYN-001

OHSS WAHT-GYN-006

PID WAHT-Gyn-008

Appendix 3

Tel: 01905 763 333, Extn.39329

EPAU REFERRAL FORM

DATE	PATIENT NAME OR HOSPITAL LABEL	HOSPITAL NUMBER	D.O.B	CONTACT NUMBER	REASON FOR REFERRAL	REFERRED FROM	NOTES ✓

Only to be used for referrals out of normal EPAU hours. **A CONTACT NUMBER MUST BE GIVEN FOR ALL REFERRALS.**

Appendix 3
EPAU REFERRAL FORM

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Appendix 4

EGAU results to be chased

Date	Initials / number	Summary	Investigation	Action if result not normal