

Emergency Medicine Standard Operating Procedures

Ambulance – ‘Fit to Sit’

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Approved by	
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

Target Staff Categories

INTRODUCTION

'Fit to Sit' is an initiative supported by the Emergency Care Improvement Programme which aims to put a stop to patients lying down on trolleys or stretchers if they are well enough to sit up or walk. The ambulance service aims to allow as many patients as possible to be 'Fit to Sit' by implementing: allowing patients to be fully clothed –encouraging patients to walk if they can, to prevent deconditioning; using the wheelchair first, rather than a stretcher or trolley; recording the time it takes to move a patient onto a bed; having a clear plan for when and how the patient can be mobile.

There are clear benefits for the ED in reducing the number of patients who are on trolleys and who do not need to be on a trolley for either treatment or assessment. However, this needs to be balanced by ensuring patients are cared for in a safe as possible environment, including during times of significant ED crowding when both safety and assessment space maybe compromised.

PROCESS

Patients should be deemed 'Fit to Sit' if they are capable of sitting in the waiting room without any support and are capable of registering & taking part in the triage process themselves.

The decision to make a patient 'Fit to Sit' should either be made by the triage nurse or senior doctor in the SIAN area and the patient must sit in the main ED waiting room to await assessment by either an ENP or GP or doctor in the 'Majors' area of the department.

The paramedic crew may also wish to make a patient 'Fit to Sit' prior to 'off-loading' the patient from their vehicle and escorting them directly to the ED waiting room, not using the ambulance entrance to the ED.

The decision to make a patient 'Fit to Sit' should not be taken by a member of the Operations team merely as a way of fitting more patients into the 'Resus corridor' area and can only be may by a member of the ED clinical team.

The 'Sit' area will be the ED Waiting Room, it will not include the 'Resus Corridor' area without express permission of the duty senior doctor.