Worcestershire Acute Hospitals NHS Trust

Emergency Medicine Standard Operating Procedures

Operating Policy Amendment Following Closure of the Clinical Decision Unit

Written by	Dr James France
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

Following the closure of the WRH emergency department (ED) Clinical Decision Unit (CDU) to enable the provision of primary care streaming and an Ambulatory Emergency Care (AEC) facility to be opened in its place this document describes the actions the ED team will take to ensure clinical responsibility for the appropriate patient groups are transferred in line with the 4hr Emergency Access Standard (EAS). Some basic principles are set out and some specific pathways are also described.

Patient Pathways

All patients who require on-going treatment / investigation / observation beyond 4hours must be referred to an appropriate in-patient specialty team.

The ED Consultant team no longer have any clinical responsibility for any admitted patients and therefore patients may not be admitted onto any ward under their care. All patients requiring admission need to be referred to an in-specialty patient team.

The Rapid Response Team and physiotherapist should be utilised as much a s possible for those patients likely to be appropriate for assessment within the ED and rapid discharge from the ED.

Below is a guide (but not exhaustive) to which patient groups should be referred to which in-patient specialty teams if they require care beyond 4hours:

Head Injury	Trauma & Orthopaedics (T&O)
Deliberate Self harm / Overdose	Medicine / AEC
Anaphylaxis / Allergy	Medicine / AEC
Seizure	Medicine / AEC
Elderly Fall requiring no acute orthopaedic input (eg. #pubic rami, #NoH)	Medicine
Elderly Fall requiring orthopaedic input	T&O
Alcohol intoxication	Medicine
Abdominal pain	Surgery / AEC
RTC with no apparent injuries but requiring observation due to mechanism	Surgery
Upper GI Bleed	Medicine / AEC
Food Bolus	ENT / AEC
Tonsillitis	ENT / AEC
Pyelonephritis	Medicine / AEC
Hypoglycaemia	Medicine / AEC
Cellulitis	Med / AEC / T&O

Individual clinical cases should be discussed with the duty ED consultant, when present in the department, if there is doubt about appropriateness of referral.

There is absolutely no expectation that the ED team will be involved in ‘clerking’ those patient who may previously have been admitted to the CDU and who are now having to be referred to an in-patient specialty team; this role resides with the in-patient specialty team.