

Emergency Medicine Standard Operating Procedures

Review Clinic Operational Policy

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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

The review clinic is held in the emergency department (ED) between 09:15-10:00 each morning, it provides a valuable safety net allowing the review of a small number of patients who cannot be appropriately managed by any other services eg. GP or fracture clinics. All patients who can reasonably be sent to another clinic (eg. eye) or outpatient setting should be, rather than being referred to the review clinic. Consultant time is valuable and needs to be targeted effectively and the priority is managing the 'shop-floor' and the ED will utilise existing services to maximise consultant shop-floor time.

STAFFING

SN / ENP who will be managing 'minors' stream at the same time
 Consultant (or delegated to Senior experienced doctor)

PATIENT FLOWS

Maximum 4 slots per day Monday to Friday.

Book in at reception desk and wait to be called through to the 'minors' area.

X-ray department journey, to and from.

PATIENT GROUPS

Referrals – WRH ED - ideally discussed with senior doctor on duty, accepting already well - established pathways for burns and scaphoid fractures.

Referrals - Other Sources (other MIUs, GPs, including those working in the ED) need to be discussed directly with an ED Consultant, no discussion no appointment.

TYPES OF PATIENTS WHO MAY BE SUITABLE FOR REVIEW CLINIC

- Severe or dirty wounds requiring review
- Suspected scaphoid fractures at 10-14 days post injury
- Moderate burns (minor burns follow-up with GP)
- Simple pneumothorax who is sent home and reviewed at 1 week (CXR OA)
- Children not walking.
- Some soft tissue injuries eg. knee or elbow effusions and severe sprains at 14 days; and other conditions at individual consultant discretion as long as they are responsible for follow-up

ALTERNATIVES TO REVIEW CLINIC

Trauma Clinic / Fracture Clinic eg. fractures, knee injuries with significant clinical concern

Eye Clinic eg. rust rings

GP eg. traumatic swollen knee with minimal concern

AEC eg. PE, pneumothorax with agreement

ENT Clinic eg. fractured nasal bones

DEALING WITH DNAs

Given that the clinic is used as a safety net and patients are often told at the time of booking 'if it gets better, feel free to phone up and cancel your appointment'; a high DNA rate is expected.

If the DNA is unexpected and the patient is a child (<18yrs) then the following action should be taken:

You are not clinically concerned -write the patient's name and details in paediatric liaison nurse book and state "not concerned clinically"

You are clinically concerned - try to contact parent / patient by telephone and/or letter
-write the patient's name and details in paed liaison nurse book
and state "concern regarding clinical condition"; patient contacted by letter / telephone; unable to contact patient by letter / telephone

If the DNA is unexpected and an adult, use clinical judgment regarding whether further appointment or contact is necessary based on level of clinical concern.