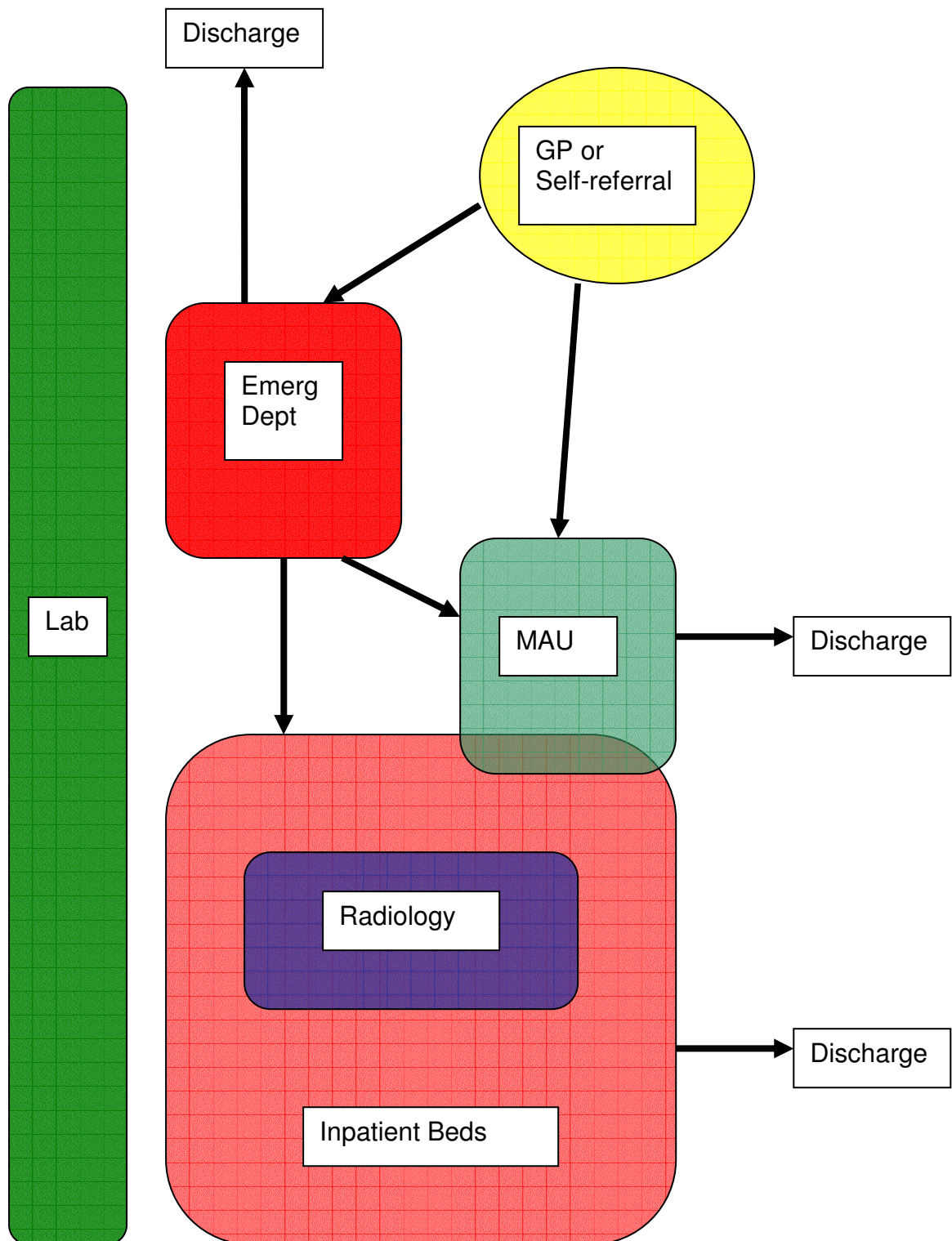


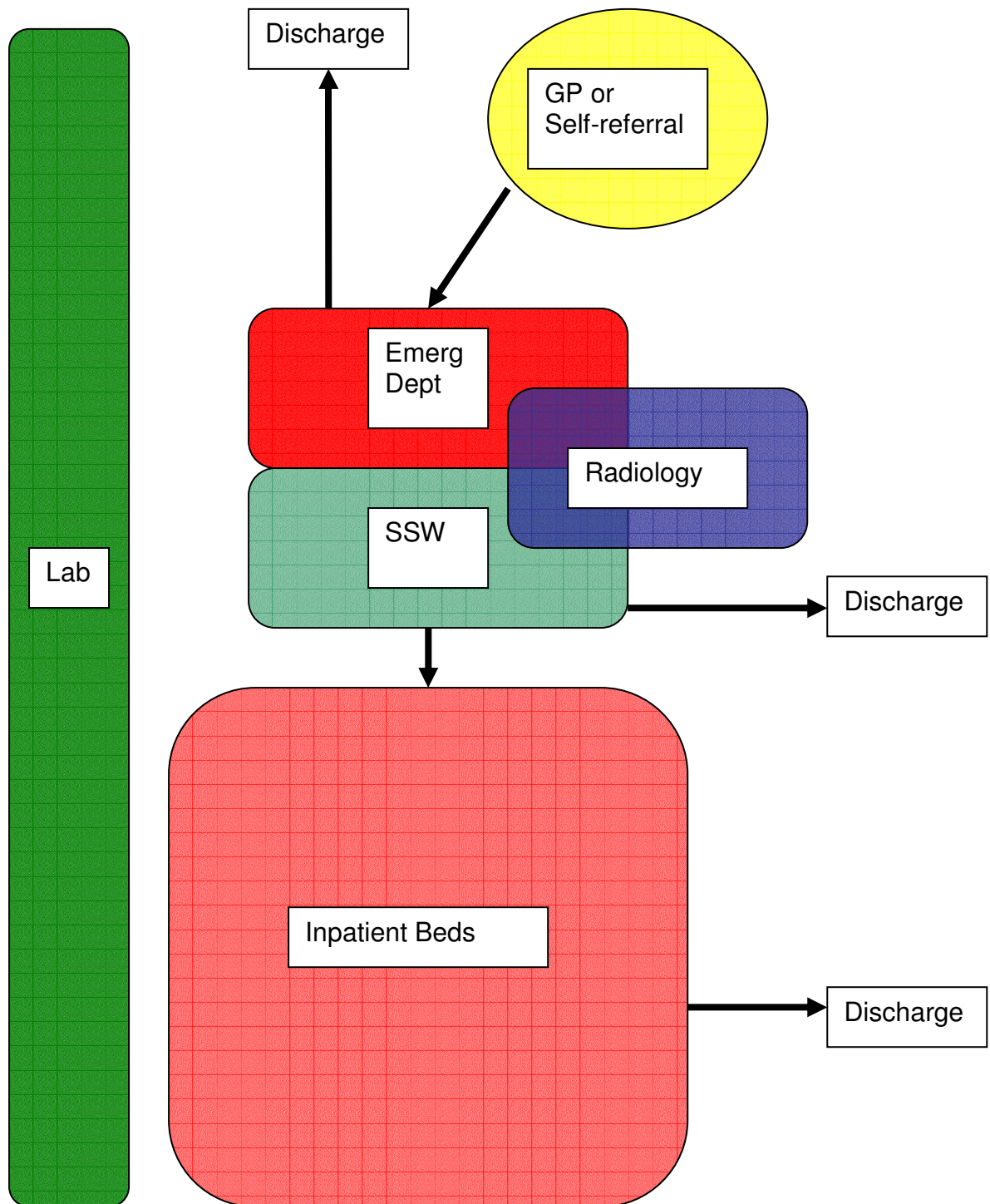
EAU Assessment Process

Current Model for Patient Flow

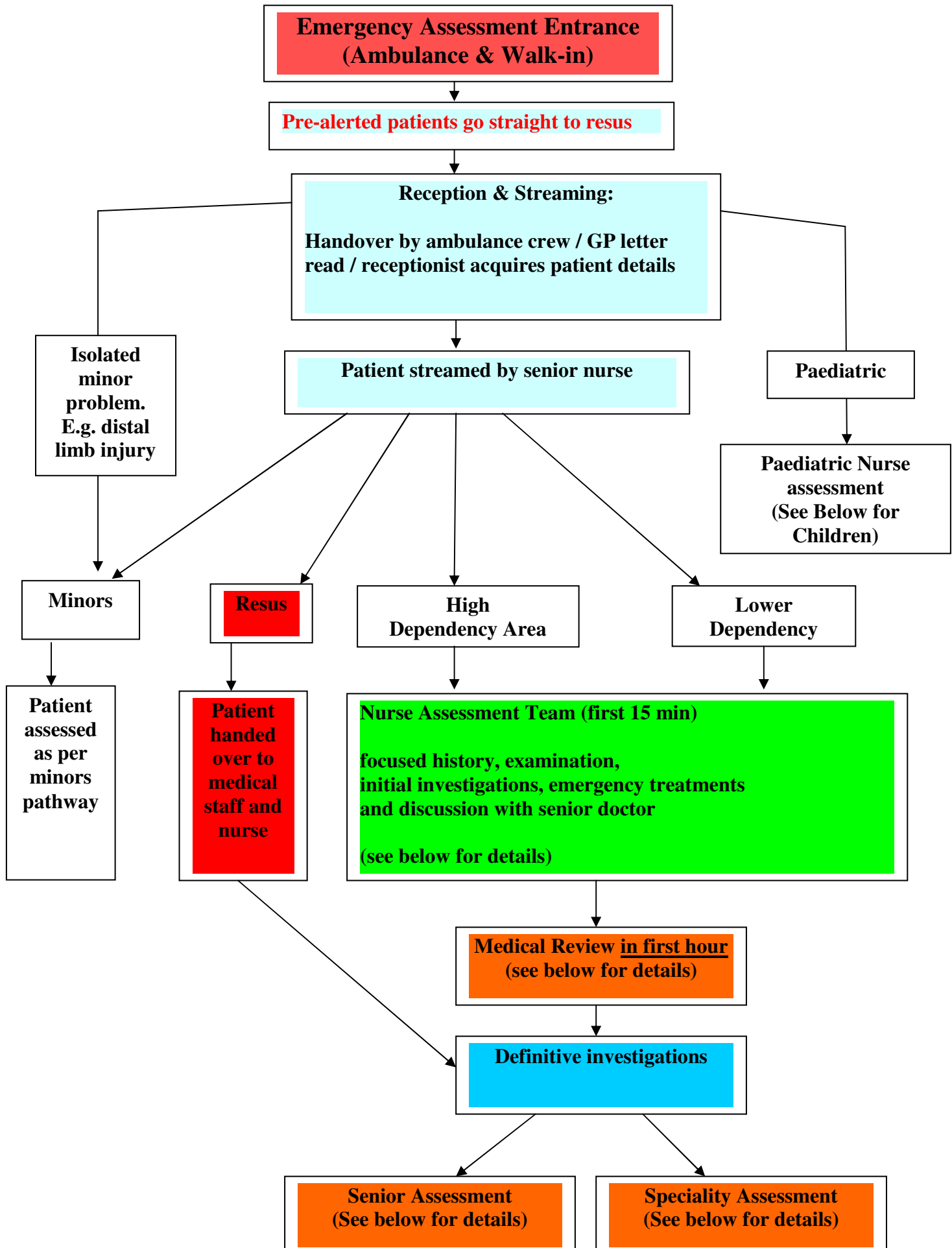


EAU Assessment Process

Proposed Model for Patient Flow (based on EAU)



EAU Assessment Process



EAU Assessment Process

EAU¹: Continuing Assessment in the ED resuscitation and assessment areas

Resuscitation Area:

All patients will be seen immediately by the resus team (nurse and doctor +/- PA). A senior ED doctor will be informed immediately

Assessment Areas:

Nurse Assessment

All patients in the low dependency and high dependency areas (LDA/HDA) will have a Nurse Assessment in the first 15 minutes. This includes a focused history, examination, initial investigations, emergency treatments and discussion with senior doctor.

Nurse Assessment Team members:

- Assessment Nurse & PA/HCA

Responsibilities:

- Prepare patient for examination (inc. put wristband on)
- Perform a focused history/examination of patient
- Initiate care pathway (if applicable)
- Order tests/investigations/cannulate/ECG/radiology as per protocols
- Prescribe / initiate treatment via PGDs
- Determine Triage category
- Seek senior medical assistance/opinion if required
- Specify assessment specialty (e.g. ED, Acute Medicine, Surgery)
- Initiate early speciality nurse involvement (e.g. Diabetic Nurse)
- Predict likely outcome at assessment – home (4 hrs) / CDU (12 hrs) /short stay (48hrs)/ speciality bed (> 48hrs)
- Make referral to START team if appropriate
- Instigate level of monitoring required , including regularity of obs

Patients who have been identified for treatment in a care pathway will be treated according to that pathway.

1. EAU: Emergency Assessment Unit; ED: Emergency Department (EAU level 2); Acute Medicine, currently MAU; Senior doctor: Specialist registrar or consultant; PA: Physician's Assistant

EAU Assessment Process

Medical Assessment

Otherwise, all patients will be reviewed by an ED, Acute medicine or specialty doctor in the ED. Patients will be seen in order of clinical need, however all patients should be reviewed by a doctor within 1 hour of arrival. This review may involve further in-depth history/examination, as well as review of initial investigations.

If the patient is not discharged at this stage, then the following should be completed by the treating doctor:

1. Clear management plan (discuss with senior doctor)
2. Appropriate disposal/placement of patient
3. Completion of inpatient drug and fluid prescription charts
4. Handover to receiving team (as per placement)

Patients should be seen in the order of need as indicated by the triage category determined during the initial assessment. A decision regarding admission or discharge should be complete within 3 hours of the patient's arrival time.

Patients in the "Minors" and Paediatric areas of the ED will be assessed according to separate pathways appropriate to each area. "Minors" patients may be transferred to other assessment areas when required.

Medical Staff and Senior/Speciality Review

Doctors working in the ED should work as a team under the direction of the supervising senior ED doctor.

This assumes the ongoing presence of acute specialty doctors (emergency medicine, acute medicine, paediatrics, surgery, & orthopaedics) in the ED, and the availability of sub-speciality doctors to attend on request. These doctors must be of a grade consistent with the ability to make admission, discharge and definitive treatment decisions.

There should be 24 hour emergency medicine and acute medicine senior cover based in the ED. These doctors will have admitting decision rights for all EAU short stay beds.

During normal working hours (0900-1700) and when clinically required out of hours, appropriate patients should be referred directly to medical specialities for speciality review rather than being admitted to the EAU under acute/general medicine. Senior and speciality review should occur within 3 hours of arrival of the patient.

Investigations:

The initial assessment process is dependent upon rapid completion of appropriate early investigations. This includes laboratory tests, X-rays, ultrasound and CT scanning.

The principle of key early investigations to make early diagnosis and appropriate early discharge or treatment is central to this process. This is a major change from the previous practice of admitting to investigate.

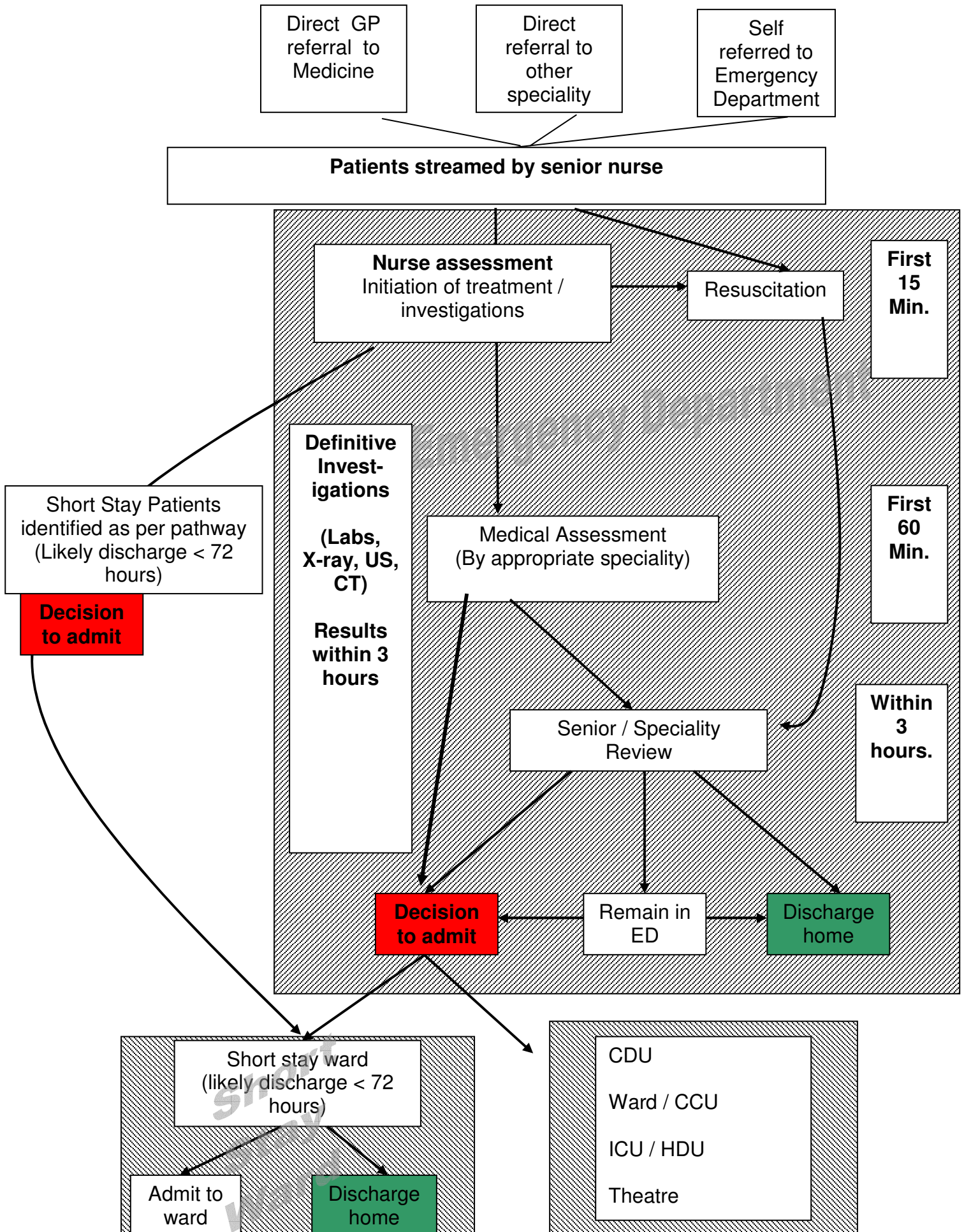
EAU Assessment Process

Allocation of adult patients to each specialty (A summary guideline):

Assessment Stage	Location	Specialty Team	Patient groups (examples)
Initial 15 min	ED Assessment Areas	Nurse Assessment team	<ul style="list-style-type: none"> ALL patients in assessment areas (HDA/LDA)
Medical Review within 1 hour (as per triage)	ED	ED	<ul style="list-style-type: none"> Trauma Critical Care / Resus Undifferentiated patients As per pathways (e.g. low risk chest pain) All other as per caseload
	ED	Acute Medicine	<ul style="list-style-type: none"> GP referred As per medical pathways (e.g. high/mod. risk chest pain) Other medical as per caseload
	ED	General Surgery	<ul style="list-style-type: none"> GP referred As per surgical pathways (e.g. lower GI bleeding) Other surgical as per caseload
	ED	Orthopaedics	<ul style="list-style-type: none"> GP referred Care pathway e.g. #NOF) Other orthopaedic as per caseload
	ED	Plastics / Neurosciences	<ul style="list-style-type: none"> GP referred Other as per caseload
	Short Stay Wards (SSW)	Acute Medicine / General Surgery / Orthopaedics	<ul style="list-style-type: none"> As per pathway: transferred directly from initial assessment in ED
Senior Assessment Within 3 hours	ED / SSW	Acute Medicine / General Surgery / Orthopaedics / ICU Plastics / Neurosciences	<ul style="list-style-type: none"> Patients identified in ED as requiring further assessment/admission
Specialty Review Within 3 hours	ED / SSW / Ward	Cardiology, Respiratory medicine, Gastroenterology, Neurology, Stroke Team, Renal medicine, Haematology, Oncology & other specialty teams	<ul style="list-style-type: none"> As per pathways (e.g. Stroke Team) Clearly defined pathology (0900-1700 hrs) e.g. AMI, NIPPV required, Severe upper GI bleed; renal patients Urgent clinical requirement (at any time)

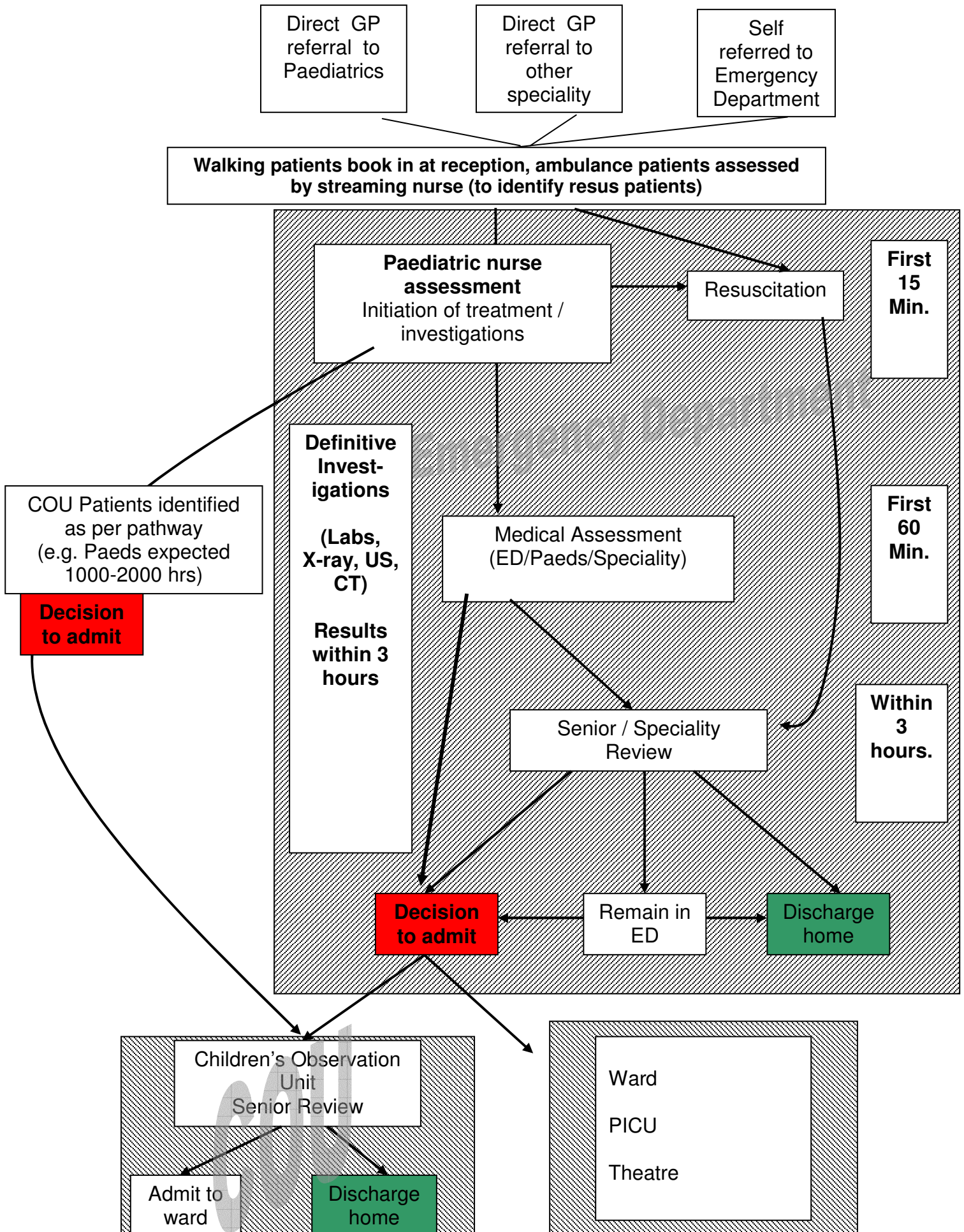
EAU Assessment Process

EAU Assessment Overview (High & Low Dependency Areas)



EAU Assessment Process

EAU Assessment Overview (Children)



EAU Assessment Process