

## Locum Information Pack and Guidance

Welcome to the Emergency Department (ED) and thank you for working for us. If at any time you have any questions, problems or concerns please talk to the Emergency Physician in Charge (EPIC) or the Nurse in Charge (NIC).

This document will highlight some of the key pointers to ensure that your time in the ED is as safe and supported as possible.

There is also a junior doctor handbook available with useful information and pathways.

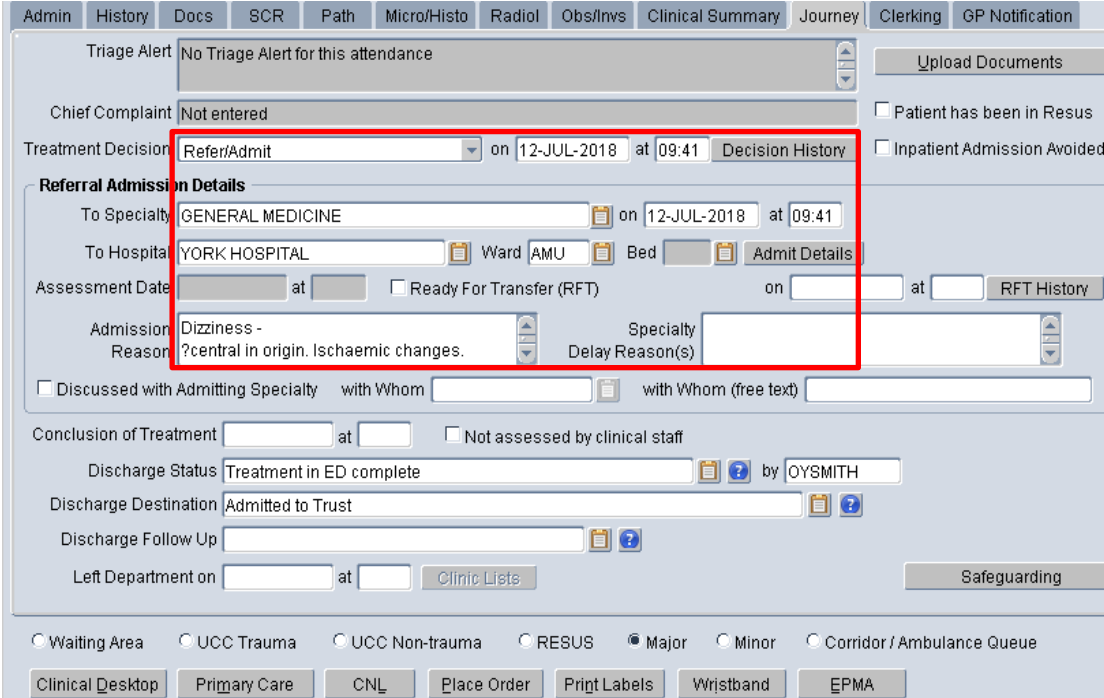
### CPD

CPD is the in-house patient record, ordercomms and tracking system. Please adhere to the following rules:

When you pick up a card ensure you click on clinical summary tag and fill in the first seen by and responsible doctor boxes so we know you are seeing the patient.

If you decide to admit the patient please fill in the journey screen boxes as highlighted and let the nursing station receptionist know.

As soon as the patient is ready for admission (investigations and initial treatments completed the Ready for transfer box (RFT) should be completed).



The screenshot shows a patient journey system interface with several tabs at the top: Admin, History, Docs, SCR, Path, Micro/Histo, Radiol, Obs/Invs, Clinical Summary, Journey, Clerking, and GP Notification. The 'Journey' tab is active. The interface includes fields for Triage Alert (No Triage Alert for this attendance), Chief Complaint (Not entered), and Treatment Decision (Refer/Admit on 12-JUL-2018 at 09:41). A red box highlights the 'Referral Admission Details' section, which contains: To Specialty (GENERAL MEDICINE on 12-JUL-2018 at 09:41), To Hospital (YORK HOSPITAL), Ward (AMU), Bed, and Admit Details. Below this, there are fields for Assessment Date, Ready For Transfer (RFT) checkbox, Admission Reason (Dizziness - ?central in origin. Ischaemic changes.), Specialty, and Delay Reason(s). Other sections include Conclusion of Treatment, Discharge Status (Treatment in ED complete by OYSMITH), Discharge Destination (Admitted to Trust), Discharge Follow Up, and Left Department on. At the bottom, there are radio buttons for Waiting Area, UCC Trauma, UCC Non-trauma, RESUS, Major (selected), Minor, and Corridor / Ambulance Queue, along with buttons for Clinical Desktop, Primary Care, CNL, Place Order, Print Labels, Wristband, and EPMA.

Ideally you should have made a decision on discharge or admission by 2 hours into the patient journey and patient should be RFT by 3 hours. If there

is a delay please make an entry in the '**add a journal note**' box which is accessible on all patient screens.

It is imperative that you do your own coding – need to complete the clinical summary boxes and the GP notification and ensure you sign off your coding – this should be done as you go along and not left till the end of the shift.

### **Proformas**

In the doctors' office there are a large number of proformas that cover a wide variety of conditions including:

Sepsis and paediatric sepsis  
Asthma (different ones for different ages)  
COPD  
DKA  
Fever in children  
Fractured neck of femur  
Overdoses/self-harm  
Syncope  
Trauma  
TIAs

### **Clinics**

We are able to access the following clinics from the ED:

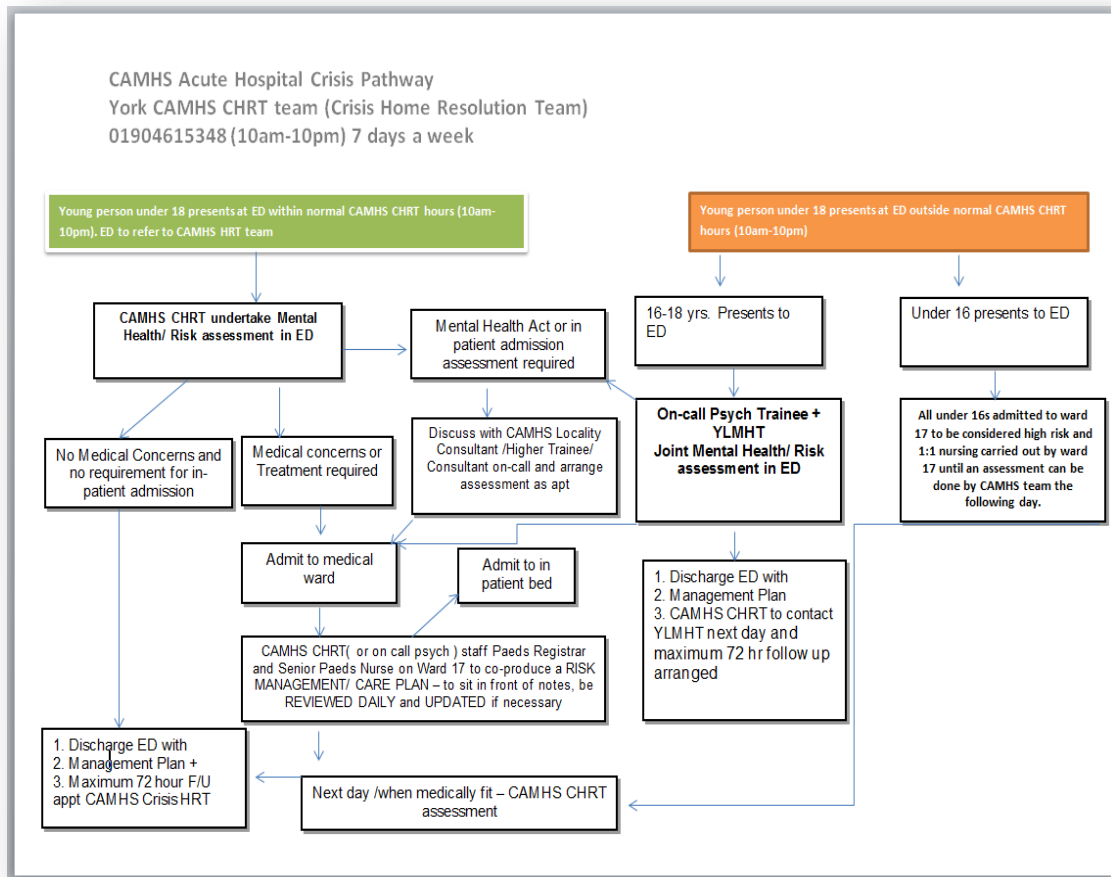
Fracture clinic – via front desk  
ENT clinic– via front desk  
Max-fax– via front desk  
First FIT clinic - via front desk  
TIA clinic (fill in form and hand to receptionist at nurses' station)  
TWOC clinic – hand notes to receptionists and ask them to send to the urology department.

Most other clinics are accessed by letters to GP to book. If you are thinking cancer please do the referral yourself to expedite appointment and inform GP to chase and ensure completed.

There are also many patient information leaflets available e.g., 1<sup>st</sup> fit, needlestick.

### **Psychiatry access**

We have a 24/7 psychiatric liaison team who will see patients who are medically fit for assessment. CAMHS work from 10:00 - 22:00 to assess patients in the department. Out of these hours children will need an assessment by the liaison team and admission to paediatrics for CAMHS assessment in the morning. See the flowchart in the department and below.



## Safeguarding

Alerts are visible on CPD on the ED start up screen

1:04	P		
1:12			1
1:22			1
1:14		!	0
1:30	P		4
1:21			0
1:30			
1:33			0

When you log on to see the patient please check for alerts by looking at the top banner – if there is an alert please read it and act upon it as required.

Gender **Female** NHS No [ ] Casenote [ ]

**Active alerts**

Safeguarding Children 20-Jun-2017

[View all alerts](#)

Type of Alert	Description	Active From
Safeguarding Children	Child Protection or Safeguarding Concern	20-JUN-2017

**Notes**

There are current safeguarding concerns relating to this child / young person / unborn baby. Consider the current attendance in view of this information and document your assessment and actions taken. Always inform Children's Social Care (or the Emergency Duty Team out of hours) in the area where the child normally resides of their attendance. Always inform the child's School Nurse, Health Visitor and/or Midwife. Children's Social Care : City of York 01904 551900 (Emergency Duty Team out of hours service 0845 034 9417) North Yorkshire 01609 780780 (Emergency Duty Team out of hours service 01609 780780) East Riding 01482 395500 (Emergency Duty Team out of hours service 01377 241273). If further

**Patient Alert Notes**

This child/young person has a Child Protection Plan under the category of Neglect which commenced on the 30/06/2017. The Children's Social Care area where this plan is held is North Yorkshire. The current Child Protection Plan is available to view on CPD Clinical Desktop/ CNL

Close

All safeguarding concerns should be escalated to the nurse in charge (NIC) and also the EPIC.

**Safeguarding Concerns**

Are there any Safeguarding Issues ?  Yes  No

Are there any Child Safeguarding Issues ?  Yes  No

Safeguarding Issues / follow-up required

	+	-	X
	+	-	X
	+	-	X

Comments

Safeguarding Issue

- Frequent attender of emergency department
- Delay in seeking medical advice
- Child is cause for safeguarding concern**
- Adult safeguarding concern
- Family is cause for concern
- Carer behaviour is cause for safeguarding concern
- Unborn child is cause for safeguarding concern
- At risk for deliberate self harm
- At risk of physical abuse
- At risk for other-directed violence
- Child at risk
- Vulnerable adult
- At risk of financial abuse
- At risk of discriminatory abuse

You will notice that there are various tick box options in the safeguarding coding which has to be done all patients; adults and children. Depending on the answers certain advice options become available. For example if you tick self-harm with suicidal intent (as the image below demonstrates) – A message to remind you to refer to CAMHS come up.

**Child Safeguarding - any concerns must be reported to the Nurse in Charge**

**Contributing Factors\***

- Alcohol
- Drugs
- Bullying
- At risk of deliberate self harm with suicidal intent
- At risk of deliberate self harm WITHOUT suicidal intent
- Domestic Abuse

Other Safeguarding Issues\*

Other Concerns / Comments

Does the child have a disability?  Yes  No

Is the injury consistent with explanation?  Yes  No

Any concerns with parental / child interaction?  Yes  No

Has Child Protection Plan (CPP) or Looked After Child (LAC) alert?  Yes\*  No

Was there a delay in seeking medical advice?  Yes  No

Cause of delay?  Explained  Unexplained\*  Not clear

Are there any Safeguarding Issues?  Yes  No

Entered by: GTANNER

**Suggested Action**

Refer to CAMHS as per policy (Child and Adolescent Mental Health Services)

OK

Key: \* = Safeguarding Issue

Save and Close Close Save

If for example the child has an alert, and Yes is ticked, the pop up box prompts to inform the Social Care team regardless of whether the attendance is due to child protections concerns or not.

Does the child have a disability?  Yes  No

Is the injury consistent with explanation?  Yes  No\*

No Injury

Any concerns with parental / child interaction?  Yes  No

Has Child Protection Plan (CPP) or Looked After Child (LAC) alert?  Yes\*  No

Was there a delay in seeking medical advice?  Yes  No

Are there any Safeguarding Issues?  Yes  No

Suggested Action

Inform Children's Social care of ED attendance

OK

You will note that certain messages may come up depending on what options you have selected and also write what actions have been taken in the box provided.

Are there any Safeguarding Issues?  Yes  No

Entered by: GTANNER

Suggested Actions

- Refer to CAMHS as per policy (Child and Adolescent Mental Health Services)
- Inform Children's Social care of ED attendance

Actions Taken

Save and Close Close Save

## Guidelines and prescriptions

There are numerous guidelines on the intranet along with the ED handbook of which there are several copies on the shop floor- if in doubt please seek advice.

Antibiotics can be found in resus and the clean utility (drug cupboard), please follow these – they may differ from elsewhere but represent local policy and best practice.

In-house prescription forms should be completed in full including address and hospital number, and out of hours drugs are dispensed from the ED drug cupboard which also involves completing the TTO book. FP10s should only be completed when absolutely necessary- before using one consider can patient come back in morning for drug or can they await and see their GP in morning – each one costs >£80 to the department.

If prescribing controlled drugs please ensure you sign the CD book as required – this is a legal requirement.

## Bloods

Bloods are ordered using ordercomms in the path section of CPD. Please ensure you print labels before taking bloods and label the bloods in the cubicle after positively identifying the patient.

All Group and save samples need handwriting and 2 samples should be sent taken 15 minutes apart- must have name, DOB, NHS or hospital number.

All urgent blood transfusion requests should be sent to the lab via a porter rather than via the pod system.

## At end of shift

At the end of your shift please ensure you have handed over your patients to a colleague and documented this fact in the patient notes. **Ensure that your coding has been completed.** You must have completed your coding before your Patchwork App is signed off (APP not applicable to HCL locums).