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).

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., 1st 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

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

- Frequent attender of emergency department
- Delay in seeking medical advice
- 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.

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.

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.
**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).