

George Provincial Hospital Emergency Unit

Guidelines - 2009

Screening

- This has been stopped totally.
- All clinics in George close after 16h00 in the week, and no state health facilities exist outside George hospital over weekends. Furthermore, some patients travel from outlying farms and communities in the district, often with hired transport.
- Consequently, there is a convergence of clients on the hospital after hours.
- The hospital accommodates all the after hours community health needs.
- No patient can be turned away, and all patients are asked to open a file.
- The PHC clinics have undertaken to see ALL patients up to 16h00 who present to them. Therefore, patients with clear PHC complaints, who is not an emergency, can be advised to report to their nearest clinic. There is a referral letter for this purpose. All clinic complaints can be directed to Sr Joana Stevenson, at Sentrum/George clinic.
- Take into account the patients with e.g. TB symptoms/signs from outlying areas/farms in the district, where the "padsuster" only visits twice a month. We must not turn these people away.

Triage

- The Triage system triages patients according to basic observations and pathology into red, orange, yellow, green, and blue categories.
- The nurses do the basic triaging, assisted by the doctors.
- Patients are seen in order of priority, i.e. red before green, etc.

Handing over rounds

- The team, including the intern on call for the night must hand over to the casualty medical officers at 07h30 the next morning during the week. On weekends the medical officer and the interns must hand over to the next team at 07h45. A nursing sister accompanies the round.
- **The team leader, medical officer, plus the intern on call must assume duty for call at 16h30.**

Referrals

- Departments accepting patients from outside must inform the casualty MO in good time to ensure appropriate action.
- Casualty doctors must inform nursing staff of incoming referrals.
- Patients referred directly to a specific department without consultation with the casualty MO will be directed there without examination by the casualty MO.
- NB. Request the referring doctor to address the referral letter directly to the specific doctor at George Hospital with whom arrangements were made e.g. "Arranged with Dr" and not just "Dept xxx".
- All departments must please accept referrals with due concern to the chronic bed shortage. Please confirm bed availability with Ms Struwig (Bed-booking manager) before accepting cases.
- Admissions for cold surgery such as femur or ankle fractures, amputations, etc. must be admitted directly into the ward from outside and not via Casualty. This is only possible if a bed is available. The same goes for inter-hospital transfers.
- All procedures and examinations which can be done at the referring hospital e.g. ET Tubes, catheters, IV lines, ECG, CXR, blood samples must be done prior to arrival and not in Casualty.
- All departments must manage their overnight referrals daily at 8am and periodically during the day attend to any new referrals.
- **When referring a patient during the day to a specific department the case must be discussed with a doctor in the department. Also indicate by name and time in the notes with whom the patient was discussed.**

Over night patients

- No patients should be allowed to “overnight”. This is a death trap, due to overcrowded beds, nurse shortages after hours, and poor patient observation in the so-called “Family Medicine Ward” in the back of the Emergency Unit.
- Rather admit a patient for a specific reason to the Family Medicine Ward, or to a specific departmental ward (remember to always hand the patient over to the relevant departmental doctor).
- There are only 16 designated “overnight” or “short-stay” beds in the unit. Once they are full, no more patients can be retained. The doctor on duty needs to critically appraise which patients must stay, and who can rather be seen at their clinics the next day, or even come back to a specific department the next day.
- Write a differential diagnosis, provisional diagnosis as well as a specific (discharge) plan of action, according to the SOAP system. This is not optional.
- The night shift Medical Officers and intern must sort out their patients before hand over at 07h30 e.g. X-Ray forms, Sonar forms, transport forms, medical certificates must be written and discharge medication must be written up, the blue admission books must be completed and ward medication must be written up, blood must be drawn, etc. The shift doctor cannot go home before all his/her work from the night is done.
- A lot of symptoms and signs, followed by blood tests and X-rays, followed by overnight stay in casualty for opinion in the morning, is unacceptable and causes extra work.

Follow Ups

- **Restrict follow up cases to a minimum in the Emergency Unit.** Do not say “follow up in casualty in 1 week or 1 month”.
- Most patients must be followed up at an outside clinic e.g. Thembalethu or a specialised clinic inside the hospital e.g. Wound Clinic, Fracture Clinic or a specialist OPD (Out Patients) clinic [by appointment]. There are referral letters for this purpose.
- Mondays are busy in the Unit, rather give follow-up dates for Tuesday or Wednesday.
- Give the patient a specific time to return to the Unit. E.g. if the doctor knows he/she will only be available after 14h00 in the Unit arrange for the patient to come at 14h00. Take into account academic ward rounds, clinics, theatre lists and staff shortages. **(as previously mentioned only in exceptional circumstances).**
- No follow up medication may be prescribed from the Emergency Unit. The unit can normally only prescribe medication for 5 days. Private Patients may only receive 24 hour medication. Supply the necessary private prescription (prescription papers are available).

Procedures

- Ward patients sent to the unit for a specific procedure by ward doctors must at all times be accompanied by a nurse from the ward concerned, for assistance. Emergency Unit personnel cannot be used for these clients. Please arrange beforehand with the sister in charge in the unit.
- Doctors must ensure that they personally throw away any sharp disposables after they have completed a procedure. Sharp objects are not to be left on the procedure area for nursing staff to clear up.
- Blood for HIV tests may only be drawn after the patient has received counselling and given permission for the blood to be drawn for this purpose. **Indicate clearly on the notes that this has been done. (This includes ward patients)**
- Please respect the suturing packs, as we constantly lose scissors and other parts of the packs.

Files and Forms

- Upon completion of a consultation, particularly patients not classified as H1, the file must be placed in the pigeon hole dedicated for the nursing sister.
- The “UPFS” forms are completed by the nursing staff and attached to the front of the folder (MVA, IOD, WCA, Private patients).
- All patients, including DOAs and drunken driving, need to be entered into the Casualty daily register, with the time and triage colour code, discharge diagnosis and the name of the attending doctor.
- NB All patients (including clients brought by the police for DNA Blood sampling, blood alcohol sampling, or J88 forms completion) **MUST** open a patient file, and be entered into the stats register.

Ethics/Professionalism

- Doctors and Nurses must at all times treat each other with respect. This is obviously even more important in this unit due to the high stress levels and given the fact that we are directly in the eye of the public. The Emergency Unit is the window through which the public views George Hospital.
- Patients must be treated with respect, even those that are unreasonable. Introduce yourself to the patient as well as to family.
- Verbal abuse will under no circumstances be tolerated (patients to staff, staff to staff, staff to patients).
- Preference must not be given to any patient, be it private patients or patients that have previously complained to the Medical Superintendent about waiting times. However clinical emergencies must always receive preferential treatment (According to Triage).
- Explain expected waiting times e.g. patients may wait 2-3 hours for blood test results or to see a specific doctor with whom they have an appointment. The patient may then choose to wait or return in the afternoon or the following morning.
- Should a private doctor refer a patient the attending doctor should inform him that there might be long waiting periods.
- Tidy up after yourself. Specifically the office, but also consulting areas 1-3.
- If there are no forms in the filing cabinets at the desks, feel free to refill it.
- If the curtain is closed, don't barge in. Patients have private parts and lives too.
- All of our staff are precious, endangered species, treat them with respect.
- If you don't know, ask. We are all on the same team.
- Leave the heads on the wall ENT/Ophthalmoscope sets alone. Report any dead heads.
- Keep Area 1 (next to Asthma area) clear of patients in beds. We must see new patients here.
- Watch out! There is TB everywhere. If somebody coughs, chase the sputum to the lab stat.
- Find the previous Patient Notes (Dept Emergencies) in the file. Don't restart every consult on new notes.
- It is very important that no doctor or nurse dispenses any medicine without a dispensing licence. Please do not be tempted to quickly give any patient (with or without a file) any medicines. All patients must receive a file, get a prescription, and be given their medicine via the dispensing sister or pharmacist.

Sexual Assault

- All doctors in the unit attend to survivors of sexual assault during daytime hours.
- After hours there is a roster with a doctor on call.
- The police are aware and must be reminded that at all times a councillor must be present and especially when a female police officer is not present.

M&M Meetings

Three-weekly Mortality and Morbidity meetings are held in the department. Please bring any potentially appropriate patient cases to the attention of Dr Jenkins or Gibson, and keep a patient sticker in order to trace the file. You will be asked to present a case occasionally. There is an M&M file that must be kept neat and chronologically completed at all times.

CME Meetings

Weekly continual medical education takes place by way of short discussions in the department. You may be asked to present a topic at times. Please ensure that you sign the attendance list in order to qualify for CEUs.

Lunches & Coffee

We have system of flexitime for the lunch break, which means that people take lunch breaks between 11h30 and 16h45. There must be a doctor on site at all times. Generally, the lunch break is between 30 minutes and 1.5 hours long. (We start work at 07h30 and end the day at 17h00). Coffee breaks are taken on the run in the unit.

Dr L Jenkins (HOD: Family Medicine)