

**UHW Emergency Dept Locum Guide *COVID-19 Era***

Welcome to Wishaw ED, this guide is intended to give you a general overview of the dept and its everyday workings. It is not exhaustive and if you ever find yourself stuck, just ask for help!

A few changes have been put in place due to the COVID-19 outbreak, including specific patient areas.

**Department Overview**

**Goldfish Bowl:**

The ED Handbook can be found in the Goldfish Bowl, along with other useful texts.

There is a Clinical Guidelines folder containing information regarding various admission/referral pathways. Further guidelines are also available in the small filing cabinet at the staff base.

There is a *Child Protection* folder with all information needed to report social work concerns.

There is also a *Death* filing box containing all documents necessary for the reporting of a death in department.

Medical team handover occurs here at 08:00 and in the Seminar Room at 16:00

There is at least one consultant present in the dept from 08:00-23:00 every day.

**IT Systems:**

NHS Lanarkshire makes use of four main IT systems, all of which are password protected and can be accessed via Firstport (Internet Explorer homepage) or via the desktop.

A temporary locum password will be provided at the start of your shift.

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| **TrakCare Live:** | **LIMS:** | **PACS:** | **Clinical Portal:** |
| - Track patients- moving them onscreen into a cubicle, requesting beds on all wards, discharging them.- Ordering radiological investigations | - Access laboratory results, but only those within NHS Lanarkshire | - Access the national database of radiological images *(the large black computer is reserved for the review of radiology and shouldn’t be tied up with other tasks if It can be avoided)* | - Access patient’s medical records e.g. clinic letters, OP investigations, scanned copies of paper notes |

The Paediatric Handbook is available on all the desktops under the Teddy Bear Icon

ToxBase Username and Password are stuck to the computer nearest the Clean Prep Room.

**Standby/Information Calls:**

* Prealerts are radioed through to the large black handset or red rotary phone in the Goldish Bowl. You need to press the black button on the side of the handset to speak and radio jargon should be used to clarify communication. There is a proforma beside the radio that should be completed.
* Anyone can receive a call and if you take a call, you should inform the doctor and nurse in charge
* The red phone is also used by SAS crews to ask for clinical advice regarding patient discharge/destination if COVID19 is a concern. Details of any conversation should be recorded in the small red folder next to the phone.

In the case of a Trauma call, there are stickers in a blue folder in Resus. These stickers denote every staff role (e.g. anaesthetics, doctor, orthopaedics, runner) and should be worn by every member of staff in resus to ensure good communication.

**Working in the Department**

There are male and female changing rooms beside resus, and scrubs in the corridor outside the tea room.

The changing rooms are protected by staff swipe card entry, but it’s wise to keep your valuables on you.

**Patient assessment:**

When you arrive on shift, ask the doctor in charge which patient needs to be seen next.

There are allocated roles in the department and they are written on the small whiteboard, with the doctor’s name beside them. Unwell patients or standbys always take precedent, regardless of role.

* Resus- review patients in resus including standbys, otherwise see Cat 4
* Paediatrics- review patients <16 years old, otherwise see Cat 4
* Cat 4- review all Cat 4 patients
* AGP Doctor- manage any patients who are ?COVID-19 cases and who may require aerosol generating procedures
* SDM- senior decision maker, who assists at triage with the initial assessment and commencement of investigations for stable patient via the REACT system.

There is a column of trays. The patient sheets in these trays are ordered according to triage. Their order can only be changed by the Consultant/Charge Nurse. Simply take the patient at the top of the pile.

If the patient is already in a cubicle, their documents (ambulance PRF, NEWS chart) will already be in that cubicle’s tray and they will have been moved on TrakCare.

Otherwise, you should find a free cubicle, move the patient icon on TrakCare into that cubicle, and bring the patient through from the waiting room.

You also need to click the *Clinician* tab at the top of the screen and fill in the boxes with your login details.

**Patient Management:**

The nursing staff and CSW’s are helpful and skilled. They will support you whatever way is needed. However, anything that you can do yourself (e.g. bloods, IV access, ECG) will free them to use their skills elsewhere.

There are urine dipsticks in both Sluices.

There is a Pregnancy Test machine in the sluice near the workstation which also requires a password.

There are 2 ABG machines, one in the Clean Prep Room and one opposite the Relatives Room, which require training and a password. The machine opposite the Relatives’ Room is for ?COVID-19 patients.

Blood samples are sent to the lab via the Pod system in the pillar in the middle of the Workstation:

* Blood samples should be sent via blue pod only
* The destination is pre-set to the Labs- pods are delivered automatically to the labs without a code being entered.

If you wish to refer to another specialty, you can use the bleep or DECT phone systems if they’re on site (medicine, surgery, orthopaedics, paediatrics, Obs and Gynae) or contact off site specialties:

* Bleep- Dial 81- three-digit bleep number- four digit phone extension
	+ The bleep numbers are displayed on the large whiteboard, and the extension number is written on the phone you are using
* DECT phone- Dial the four digit number
* Dial 100 to contact switchboard, and ask to be put through to the outside hospital
	+ Monklands- ENT, MaxFac, urology
	+ Hairmyres- Vascular, ophthalmology
	+ Glasgow Queen Elizabeth University Hospital- neurology, neurosurgery
	+ Glasgow Royal Infirmary- Plastics, Burns

If you are unsure to which specialty a patient should be referred, consult the Acute Adult Referral Guidelines on the window of the goldfish bowl, or ask a colleague.

Patients may have eCare alerts beside their TrakCare profile:

*  MAPPA (Multi Agency Public Protection Arrangement) Alerts- *red circle with white bar through it*, signifying possible safety risk to staff and other patients
*  Medical Alerts e.g. MRSA, allergies, although this is not exhaustive
* Frequent Attendances (*human icon with a red X in the right corner*)

* Social Work Alerts-signifying ceased or ongoing social work input. These patients should be discussed with Social Work on-call.

* COVID-19 Testing-  *test performed, result pending,* *green- test negative,*  *over 70’s, routine screening negative,*  *positive*

Always click on the E-Care tab to double check as sometimes alerts are delayed going on to the system

**Patient Referral/Discharge:**

Patient Referral:

1. Inform the nurse in charge, including special requirements e.g. side room
2. At the top toolbar click *Nurse*, and write a note e.g. “referred to medicine 21:55”
3. At the top toolbar click *ED Request Bed*, then at *Likely to Admit?* Enter *Yes*, then at *Specialty* and *Ward* enter the specialty and ward
* Main wards:
	+ WECU-Medical Receiving
	+ W13- Gynaecology
	+ W15- Orthopaedics
	+ W18- General Surgery
	+ W19/20- Paediatrics
1. Complete a discharge letter (at the top toolbar click *Clinical Summary*, code an appropriate diagnosis using the ICD-10 list and complete a short discharge letter).

Patient Discharge:

1. Inform the nurse in charge.
2. At the top toolbar click *Clinical Summary* and fill out the information needed using the three tabs at the right of the screen. Ensure you include details of any follow-up required by the GP
3. At the top toolbar, click ED Discharge Summary, and fill out the Patient Safety questionnaire and details of discharge. If the patient is flagged as a breach, clarify with the Charge Nurse the reason for the breach
4. Place their notes in the discharge tray which is beside the standby radio in the Goldfish Bowl

The following patients must be discussed with an ST4 or above **before** they are discharged:

* Chest pains > 17 years old
* Abdominal pain >70 years old
* All children <1-year-old
* All patients who did not wait for assessment

Reattendances should also be discussed with a senior

**Important Points**

You are due a 30min break for every 6hrs of work.

Food can be purchased from:

* The restaurant on Level 0, open 07:30-19:00
* WHSmith at the hospital entrance, open 08:00-20:00
* Aroma Coffee at the hospital entrance, open 08:00-20:00
* ED Tuck shop, there are crisps, drinks and chocolate bars available in the break room for 50p-£1
* The coffee machine has hot drinks available for 50p

The dept. has a website at *www.wishydocs.wixisite.com*

If you create an account on the website you will also be able to view shifts which are outstanding:

* Log in and click on *Locum Shifts* at the top of the screen
* Have a look at the shifts still needing filled and write a comment in the feed on the right
* A consultant will leave a comment confirming you for these shifts and remove them from the site

**COVID-19 Precautions:**

A face mask must be worn whilst on shift, and they are available by the pod system in the centre of the workstation.

They should be changed after using the W/C, every 3 hours, and after contact with a confirmed/suspected COVID-19 patient.

Hand washing standards and social distancing should be maintained on the departmental floor.

A maximum of 6 people are allowed in the break room at any one time, otherwise we are expected to overspill into the seminar room. Social distancing should be maintained in the break room.

Suspected/Confirmed COVID-19 patients should be initially directed to the RRAA at triage (outlined below), but if you suspect that a patient may have COVID-19 and is in the main ED, adopt barrier precautions, inform the nursing staff and charge nurse/consultant, who will transfer to isolation room if possible.

The ED has a quota of 10 rapid COVID-19 swabs per day. There is a sticker that must be authorised and physically signed by a consultant and attached to the sample bag, if deemed to be an appropriate use. The sample must not be podded, but hand delivered to the lab. These samples should only be rapidly processed if it will affect patient management/IP destination. The result is available in 1-2hours usually.

**Rapid Respiratory Assessment Area/RRAA:**

This area is next to ED and is accessible via the Plaster Room or the main Waiting area.

It has 11 side rooms and is set aside for the assessment and treatment of patients with suspected/confirmed COVID-19, due to previous testing or the presence of low SaO2, pyrexia, new cough or new change in taste or smell.

However, even with these symptoms, patients may still be assessed here following attendance for other issues.

Patients may also be assessed in Cubicles 1, 10, 11, 12 or Resus if they are not stable enough for the RRAA. If you have concerns about a patient’s stability in RRA speak to a consultant/Charge nurse about transfer to the main ED.

The patient load is shared between the medical team (GP expects) and ED (walk-ins and ambulance transfers).

If a patient needs to be assessed by ED, the nurse in charge of RRAA will place a pink card with patient details in the triage trays in the main ED, according to triage category.

Due to the need to handle samples and transport patients using PPE, there tends to be a delay in the performance of investigations, so speedy decision making is imperative.

If a patient in the RRAA requires radiological investigations, you must contact the radiography team, who will arrange for the patient to be transported to the department when they have an area available