EMERGENCY DEPARTMENT OBSERVATION WARD

- *There MUST be a single focused goal*
- *The goal should be achievable within 24 hours.*

The Emergency Department Observation Ward is a ten-bedded ward that is an integral part of the Emergency Department. The unit has a dedicated ward manager and nursing staff, while medical staffing is provided by the ED doctors on duty.

The purpose of the Observation Ward is to extend the time available for investigation and treatment of selected ED patients from 4 to 24 hours thereby reducing the emergency admission rate to the inpatient wards. Its ultimate goal is to improve the quality and effectiveness of care for patients.

a) Admission Criteria

There are set criteria and proformas for admission to the Observation ward, these must be accurately completed and Kardex filled before admission to the ward. Any urgent treatment must be completed in the ED prior to admission to the ward. The admission must be vetted by ED ST4 or above.

Only patients aged fifteen or over may be admitted to the Observation Ward. A list of suitable conditions for Obs care is given later, however this is for guidance only and doctors must use their clinical judgement in every case while applying certain general principles:

The following is the current admission list:

1. Diagnostic
    a. DVT
    b. Low risk PE
    c. Low risk chest pain
    d. Ureteric colic
    e. ? hip fracture (xray negative)
2. Observation and risk stratification
    a. Head injury
    b. Seizure (not status)
    c. Self harm / suicidal ideation
    d. Post procedural sedation
    e. Alcohol intoxication requiring medical re-assessment once fit
    f. Pneumothorax post aspiration
    g. SVT post treatment
    h. Anaphylaxis

3. Therapeutic
    a. Self harm
    b. Cellulitis
    c. Tonsillitis
    d. Awaiting defined procedural sedation procedure “in hours”
    e. Pharmacy education for enoxaparin administration, warfarinisation or novel oral anticoagulants.

This list is not exhaustive; it is for guidance only. Not all patients with the conditions above will be suitable for Observation Ward care – general admission / exclusion criteria apply.

b) Specific Exclusion Criteria

Patients with the following conditions must not be admitted to the Observation Ward without the ED consultant’s permission:

- Low back pain (unless due to acute extrinsic injury)
- Post-Chemotherapy complications
- Patients with complex or multiple medical needs are generally not suitable for Observation ward

c) Admission Procedure

When the ED doctor has decided to admit a patient to the Observation Ward he/she should:

- Tell the patient and relatives or carers that he or she will be kept in the Observation Ward for a period of observation/treatment and that discharge home is likely within 24 hours
- Enter “ADMIT OBSERVATION WARD” on the Emergency Department notes and on Symphony
- Must complete a properly labelled Observation ward proforma and ensure all tasks have been completed in accordance to each individual condition.
- Must write up the patient’s regular medication (where appropriate) on a properly labelled drug kardex and prescribe iv fluids if required.
- Analgesia must be prescribed regularly.
- Ask the Emergency Department nursing staff to arrange admission to the Observation ward
- There can be NO OBSERVATION WARD OUTLIERS if no bed is available refer on to medical/ surgical team.

d) Medical Re-assessment

It is essential that patients’ progress in the Observation Ward is reassessed regularly. There is a named Consultant responsible for this area throughout

the day. However if you admit to the ward it is YOUR responsibility to ensure that the patient receives the correct investigation/ management. For some conditions Nurse led discharge may be appropriate if certain criteria are met (see proformas)

e) Emergencies in the Observation Ward

Emergencies in the Obs Ward will be managed in exactly the same way as those arising elsewhere in the Emergency Department. Clinical guidelines and policies are available in the Emergency Department Handbook. If necessary patients who become critically ill can be escorted by a doctor to the Emergency Department resuscitation room immediately for further care (it should not normally be necessary to move the patient from a bed onto a trolley for this purpose). Patients may require onward referral to the appropriate inpatient speciality, contact the SHO for admissions via the on call bleep.

f) Mental Health Presentations

Patients on the combined medical and mental health pathway should be managed according to the pathway. We are fortunate to have an urgent psychiatric service on site. Please phone ext336208.

g) Discharging Patients

Patients should be discharged home according to the Trust's Discharge Policy. The discharging doctor is responsible for completing a handwritten discharge coding and medication record and filling out the relevant details (Diagnosis, DADT and relevant details) on the Symphony system. Nurse led discharge should be facilitated where possible.