

Emergency Department

Antrim Hospital

Doctor's Handbook



August 2018

PREFACE

Message from the Emergency Department Consultants about this book.....

As we bear overall responsibility for the treatment that patients receive throughout their time in the Emergency Department, we want to make sure that you know how to provide the best care possible. We revise this handbook once a year and distribute copies to all emergency department medical staff in Antrim Hospital.* We expect all clinical staff to read, learn and follow the guidance in this book at all times. We will circulate written policy updates throughout the year and these should be noted in the blank table supplied at the end of the book for this purpose.

This will be a very valuable resource for you irrespective of your previous experience because it is tailored to this department. Advice is also available at all times by speaking to the Emergency Department Consultant on call.

The handbook is divided into four sections:

General Information Section – Blue Pages

Major Incident Section – Green Pages

Adult Clinical Section – White Pages

Paediatric Section- Yellow Pages

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***Doctors working in other Emergency Departments may find our Handbook useful, particularly if working within the Northern Area Trust. However the Emergency Department Consultants assume no responsibility for the contents of this book apart from its application in the Antrim Hospital setting. Many protocols in this book definitely do not apply elsewhere.**

SECTION ONE – GENERAL INFORMATION

The General Information Section describes how the Emergency Department service at Antrim works and how doctors are expected to work within the Emergency Department team.

There is a lot of important information in this section and Emergency Department Doctors need to know it all, so they are expected to study this section in depth during their two week Induction Period.

Getting Help

- * **Cardiac Arrest** : If necessary, contact the hospital's crash team *by dialling 6666* to access the switchboard operator. Specify "ADULT" or "PAEDIATRIC" crash team and give the location clearly. (*if there are sufficient people in the Emergency Department you may not require the Adult team)
- * **Critical illness / injury in a child**: Contact switchboard *by dialling 6666*. Specify "PAEDIATRIC" team and give the location clearly.
- * **Major trauma**: Contact the trauma team in an emergency *by dialling 6000* and saying "activate the trauma team to resus"
- * **Fast Bleep the Anaesthetist** *by dialling switchboard ext 6000* or bleep 5442.
- * **Fast Bleep Obs and Gynae** by dialling switchboard ext 6000. Consider them when faced with a collapsed pregnant lady or an imminent delivery
- * **Other life-threatening emergencies**: bleep the anaesthetic, medical, surgical, paediatric, obstetric SHOs on call as appropriate. Inform the senior doctor "EPIC" of the situation.

Contacting the Emergency Department Consultants

If you require advice you can contact the consultant on call at any time (doctors are asked to discuss with middle grade Emergency Department doctor first if in department). Antrim Switchboard have all our contact numbers although these are also available in the Emergency Department. The Consultant on call is listed on the daily allocation sheet. If after trying the phone, mobile and bleep no answer has been received you must contact a different ED consultant. You **MUST NEVER** leave messages on an answer machine when trying to contact the consultant.

These are the situations in which the Emergency Department Consultant on call *must* be contacted urgently

- Major Incidents (including alerts)
- Multiple Casualty incidents
- Problems with the resuscitation of any seriously ill patient
- Serious violent incidents
- Problems with Child Protection issues
- *And any other situation that seriously compromises patient care!*

About the Emergency Department

- "Senior help and advice is always available."

The Emergency Department at Antrim Hospital treats just over 75,000 new patients each year, i.e. it is a medium-sized department in UK terms. The hospital provides a wide range of inpatient services including medicine, cardiology, surgery, paediatrics, obstetrics & gynaecology, ENT and intensive care. As well as this there are outpatient-only services that include fractures, orthopaedics, ophthalmology, maxillofacial surgery and plastics. There are resident F1, and resident F2s in medicine, surgery, obstetrics, paediatrics and anaesthetics. A liaison psychiatry service is provided by the neighbouring Holywell hospital.

The Emergency Department forms a vital link between the community and the hospital –in fact it could be described as the hospital’s “ shop window”. Around 75% of patients ‘self-refer’, 13% come by emergency ambulance and 12% are referred by their GP. The main purpose of the Emergency Department service is to treat major trauma, minor trauma and all sorts of emergencies. As well as fulfilling this main role, we can help people to gain access to a wide range of services in primary care (general practice), community care and hospital outpatient departments. Our catchment area extends from the northern outskirts of Belfast, to towns like Antrim, Magherafelt, Ballymena and Larne. We also serve a large rural population and the villages along the Antrim Coast. The result is endless variety! We have to cope with classical ‘inner city’ patients including the socially deprived. This will include drunk and aggressive patients at times as well as a large number of patients who probably should have gone to their general practitioner but found the hospital more convenient! We also see the classical rural patient who only seeks medical attention as a last resort; often with florid pathology.

This is a very challenging environment in which to practice medicine but it is an excellent place to learn. There is a good mixture of minor and major cases in medicine, paediatrics, surgery, general practice, psychiatry etc. and an opportunity to follow up the patients who you have seen.

The Emergency Department medical team has seven consultants, , two associate specialist, two staff grades, four ST4+ and twelve doctors in training.... **SENIOR HELP AND ADVICE IS ALWAYS AVAILABLE.**

The department has three senior nursing sisters (main department & observation ward), over 65 nurses and a plaster technician. The senior nursing staff have extensive experience as well as a knowledge of how things are usually done in the hospital. This will be particularly helpful for doctors who are new to the department. There is always a ‘Triage Nurse’ on duty. He/she sees all patients within fifteen minutes of arrival and prioritises them according to medical need. (the Triage Scale is described later in this book). Many of the nurses have extended skills such as cannulation, venepuncture and suturing. There are Nurse Practitioners who independently treat patients with a range of minor conditions. A nurse practitioner is on duty from 9am - 9pm or later each day.

Working in Emergency Department

- *“It is essential that you always look like a doctor”*
- *“Treat patients and their relatives in the way that you would like to be treated in the same situation”*
- *“If you are having difficulty with the treatment of a seriously ill patient get help immediately.”*

In order to become a good ED doctor you need to develop the ability to deal with patients very rapidly and to never appear to rush them, while making sure that you make the right decisions about their management. This is, of course, virtually impossible! If you don't learn to work quickly when there are a large number of patients in the department, you may rapidly become overwhelmed by the queues waiting for your attention. At the same time, it is important that you are tolerant with your patients and that you always appear to have time for them - even when you don't.

Emergency medicine is very challenging. Many of your patients will be so ill that you will have to start resuscitative treatment before you have any idea what is wrong with them. Others will have symptoms which sound very serious but which are due to relatively harmless conditions. One of the best ways of saving time is to work on your clinical skills so that you can make reasonably accurate diagnoses without ordering unnecessary blood tests and x-rays. The CLINICAL section of this book will be invaluable. There is more information about how to approach emergency medicine problems and about common diagnostic pitfalls later in this section. Practical sessions on resuscitation during the Induction Course should give you the confidence required to commence resuscitation in every situation. *If you are having difficulty with the treatment of a seriously ill patient get help immediately*

- *It is essential that you always look like a doctor* - unfortunately this means dressing professionally -hospital “scrubs” are preferred. Be sure to introduce yourself to every patient and their relatives as well as wearing your identity badge. If you involve junior or senior colleagues in a patient's care, introduce them as well.
- *Treat patients and their relatives in the way that you would like to be treated in the same situation-* patients appreciate this more than anything else. Remember that you are going to make mistakes - your patients will usually forgive a great deal provided you have treated them considerately.
- Be careful about people who are ‘just visiting’ the Emergency Department. Please do not bring unauthorised visitors into an area where patients are being treated. The medical students in the department are your responsibility and remember that any patient is entitled to refuse to be seen by students.
- Students must never *treat* children (e.g. by suturing, taking blood etc)
- Doctors who are not part of the Emergency department's staff cannot come and work here without the Emergency Department consultants' permission.
- NO doctor in the hospital should use the Emergency Department to self-treat or self-medicate except for minor ailments