



Emergency Department Locum Induction Information

Welcome to Emergency Department. You must read and sign this leaflet before starting work.

Please introduce yourself to the Middle Grade or Consultant in the Department before starting work. They will allocate you to work in a specific area and show you how the computer system works. At Solihull Hospital, please introduce yourself to the nurse in charge.

What do we expect of you?

To see, treat and discharge or refer patients within your clinical capability and to ask for advice about patients in whom you are uncertain. **There is always a Consultant or Middle Grade doctor available for advice.** To communicate clearly and politely with patients, relatives and other staff, to document each case clearly. All patients must be seen treated and admitted or discharged within 4 hours unless they are undergoing ongoing resuscitation. Our expectations are that there should be a plan for the patient management within 2 hours of arrival. These times are audited and it is vital that all times are accurately entered onto the departmental computer system.

Geography of the Department-

Birmingham Heartlands Hospital

The Department is divided into– Maitland is for resus and assessment-type patients. Blakesley is the minor injuries area, and a Paediatric area. The Tony Cross Observation Unit (TCOU) is our observation ward for minor head injuries, low risk ACS etc. The maximum length of stay is 24-hours and any admissions **must be** discussed with the Middle Grade on call for ED. Patients referred by ED to specialist teams will usually be seen in the Assessment Area (MAU/SAU/GAU) for clerking.

Goodhope Hospital

The Department is divided Resus, Majors, Minor injuries and Paediatric area. The Vera Holly Observation Unit is the observation ward for minor head injuries, low risk ACS etc. The maximum length of stay is 24-hours and any admissions **must be** discussed with the Middle Grade on call for ED. Patients referred by ED to specialist teams will usually be seen in the Assessment Area for clerking.

Solihull Hospital

Solihull Hospital does not accept ambulance-borne Trauma, Surgical, Paediatric or Gynaecological emergencies. The Department is divided into a Minor Injuries area and a Medical Assessment Unit. You will usually be working in the Minor Injuries area. All GP referrals and medical 999 cases will be seen directly by the medical team on call. Resus cases are jointly managed by ED staff and MAU medical staff.

Staff in the Department

In addition to the usual nursing and medical staff we also have Cardiac Triage Nurses, who assess all patients with chest pain; Advanced Care Practitioner; who are clinicians with a nursing background who have gone through training within in the ED, Emergency Nurse Practitioners, who treat minor injuries patients and, on some shifts, there will be a Registered Sick Children's Nurse. We also have trainee ACPs (t-ACP) who need all patients discussed/ reviewed.

We also have medical students in ED. It is Departmental policy that no patients will be seen by medical students before being seen by a doctor.

On Call Teams

Patients who are seen are seen in the resuscitation area should **only** be referred to a registrar level clinician or above. For most specialities your point of contact for referrals should be the relevant registrar. There are a number of specialist medical on-call teams, e.g., Chest Medicine, Cardiology, Infectious Diseases, and all referrals of a medical nature should be made directly to the RMO who will tell you which team should see the patient. We expect the speciality clinicians to review the patient within 30 minutes of referral; any delay should be informed to the MG for escalation.

Documentation

Please document all cases clearly. Ensure that you write your name and time clearly at the start of your notes for each patient and that you sign each set of notes.

ED Clinical Guidelines

Copies of our Departmental guidelines are available in the department. The guidelines can also be accessed electronically.

Investigations in ED

We expect our clinicians to do any investigations that are necessary for the emergency management of the patient, eg, X-rays, ECGs and blood tests.

X-ray cards and labels for blood tests are generated by the computer system. All requests for cross-matching of blood must be hand-written. Samples where labels are used will not be accepted.

Children in ED

If you have any concerns about possible Child Protection issues, the child must be referred to the Paediatric Registrar on-call, even if being admitted by another speciality, eg, Orthopaedics. If in doubt, discuss with the ED Middle Grade first. All deliberate self-harm cases (not accidental ingestions) under 16 must be referred to Paeds. All cases of possible fits or apnoeas in infants must be referred to Paediatrics, even if the child appears well when you see them. We have a Liaison Health Visitor who reviews the notes of all children. She can arrange specific Health Visitor follow-up in the Community. This is not for follow-up of child protection concerns, which must be dealt with at the time of the child's attendance.

Options for follow-up of ED patients

- None required.
- GP or Practice Nurse, eg, removal of sutures, dressings. All such patients must be given a hand-written letter on discharge
- Fracture Clinic – all #s except fingers and toes into the next # Clinic.
- ED Review Clinics - # fingers, wounds that need ED follow-up, eg, high likelihood of infection, clinically # scaphoids with normal X-ray, severe soft tissue injuries, child not using a limb where you have found no cause, burns which cannot be managed by a Practice Nurse. If you have a diagnostic dilemma over a patient, ask the middle grade/Consultant while the patient is in the department rather than bringing back to the review clinic.
- ENT Clinic – any # noses where you have concerns about alignment (book appt for about 5 days after injury) and all cases of otitis externa – next Clinic. Referral via RSO.

Clinic Appointments

Fill in the follow-up section on back of notes and send the patient, with any X-rays and the ED notes, to Reception. Other Out Patient Clinic follow-ups can only be arranged at the request of admitting teams

Useful Telephone Numbers

Maitland	42274, 40264, 43274
Blakesley	43326

TCDU	40273
Reception	42756
ED Secretaries	42258, 42257, 41257
GHH ED	47118
SHH ED	45181

Useful Bleep Numbers

BHH ED Middle Grade	2523 & 2076
GHH ED Middle Grade	2553

Bleep System: Dial 6 (8 for GHH)

Await answer message

Enter bleep no.

Followed by your extension

Await acceptance message

A list of bleep numbers for on-call teams is available in the department. The bleep system is automatic.

Getting Help

The nursing staff and clinicians will be able to answer your questions about organisational aspects of working in the Department. For clinical advice speak to the Middle Grade (SpR or Staff Grade) on-call for ED (**bleep 2523-BHH & 2553-GHH**), the ED Consultant or appropriate speciality doctors. We have 24-hour Middle Grade cover in the Department.

Locum Clinician's Signature:

(Please keep the original form for your record and give a copy to the ED Middle Grade on-call)

For ED MG: please return a copy of this signed form to the ED secretary