

Patient Information in the Emergency Department

Authors

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Introduction

This section covers the basic requirements for provision of information to patients in Emergency Departments in the United Kingdom. It covers advice that should be available both when the patient attends, during their time in the department, and when they leave the ED. Other relevant RCEM guidance includes **Discharge to General Practice, Emergency Department Care, ED Patients in Police Custody, Management of Domestic Abuse, Chaperones in the Emergency Department**

Standards

1. Patients who are waiting in a waiting room to be seen, must be able to access update information regarding estimated waiting time which is relevant to them (ie. stream specific).
2. Written advice must be freely available and it is helpful to have standard advice openly accessible to everyone on the organisation's internet site, as well as openly available in printed format within the department. Departments must not assume all patients are able to access online material.
3. The treating clinician is responsible for providing the discharge advice (whether verbal, written, online) and ensuring it is in an accessible format for the patient.
4. When altering or adding medication, this must be written down for the patient as well as being communicated to the GP in the ED discharge letter.

Recommendations

1. 'Welcome to the Emergency Department' information should be available.
2. All patients should be given regular verbal advice during their time in the Emergency Department (e.g. of the interventions that are occurring, and the rationale for these).
3. Patient information should be available in a format that is appropriate for the patient, and quality of the writing and production should be high (i.e. printed and legible).
4. The clinical record should include whether discharge advice was provided and in which format(s).
5. When altering or adding medication; this should be written down for the patient as well as being communicated to the GP in the ED discharge letter.
6. All EDs should be able to provide patients with written information on how to register with a General Practitioner (GP) and be able to provide a list of GP surgeries relevant to their catchment area.
7. All EDs should be able to provide patient advice leaflets for the following; Homelessness or risk of being made homeless, Drug and Alcohol Services, Sexual Health Clinics, Domestic Violence / Intimate Partner Violence Support.
8. Initiatives which aim to provide help and resources to patients who may not be willing or able to disclose the real reason for their attendance e.g. intimate partner violence, should be considered by EDs.
9. For patients being discharged into police custody EDs should have procedures in place to ensure the patient has appropriate discharge information and that information which is central to ensuring the patient's safety whilst in custody is shared with the Police service after the patient has given the necessary consents.

Background

An ED can be a disorientating place for patients, and it is important that they are not only able to navigate easily around the physical environment but also know where they are in terms of their 'journey' through the various processes that occur during their visit to an ED. Keeping the patient informed about why they are waiting and what they are waiting for; is both courteous and also likely to lead to increased patient satisfaction as well as reduce levels of anxiety and possibly reduced violence and aggression ^[1]. When considering how and what information is provided to patients it is important to choose an appropriate medium (verbal, paper, signage, display screen, online etc.) based not only on the type of information but the needs and ability of the patient to be able to access, this may entail having material available in multiple languages.

A significant proportion of this guidance relates to paper-based information, particularly patient advice leaflets regarding specific conditions. Much of this will be relevant to online guidance as well; however, care must be taken to ensure that patients are able to access any online advice and are not inadvertently affected by digital health inequality. There are very sound pragmatic and environmental reasons to provide links (e.g. OCR codes) to online advice but departments should have the ability to provide advice that is directly available to the patient at the point of discharge if required. The ability to document the provision of discharge advice is important from both a quality of care, as well as a medico-legal standpoint.

References

1. *Reducing Violence and Aggression in A&E. Design Council. 2011.*
<https://www.designcouncil.org.uk/our-resources/archive/articles/reflections-design-led-approach-reducing-aggression-ae/>.
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