

Emergency Department

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| Service Name : | Policies and Procedures for Emergency Department |
| Date Approved : | 01.07.2017 |
| Approved By : | <i>Principal</i> SCB Dental College & Hospital Name :Prof J K Dash Signature : |
| Reviewed By : | Name :Dr. Signature : |
| Issued By : | |
| Responsibility of Updating : | |

AMENDMENT SHEET

| No. | Section and Page | Date | Amendment | Signature |
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ADMISSION AND DISCHARGE PROTOCOL IN CASUALTY

SCB Dental College is situated in the campus of SCB Medical College , the casualty facility of SCB Medical College is utilized by Patients for Dental and maxillofacial treatment in case of emergency. There is no separate casualty at SCB Dental College and Hospital,

Goals :

The idea of Casualty is to cater to the need of public who need urgent Dental treatment especially in trauma cases . This help could be in form of having to along with dentofacial care

- Resuscitate a road accident victim, or a person who has sustained trauma to his body as a result of fall from height or sustained penetrating injuries, due to knife, or fire arm or has sustained head injury, burn injury or blast injury in an explosion affecting the oral and Maxillofacial part.
- Treat emergency surgical condition
- Treat acute medical condition
- Treat other urgent health problems related to the oral cavity and maxillofacial part.

Casualty area has been designated as the most vital part of any hospital. Keeping in view the above vision Casualty in our hospital has been allocated to an area of hospital, which is accessible, by a major road inside the campus of SCB Medical College which units both Mangalabag and Ranihat side gate. Dentist's appointments are on roster basis. The road within hospital has adequate number of signboards showing way to the Casualty.

Principle

All patients needing urgent help for dental health problems will be looked after and taken care of in Casualty department of SCB Medical College and Hospital. Patients are getting admitted as per need basis.

Scope

The scope of this document is to broadly define the policy to be adopted in Casualty department regarding dental patient care with Special attention to triage of the patient once he/she enters the casualty.

Policy and Procedures

- 1 Since casualty department is for resuscitation, first aid of patients & urgent therapy for stabilization of patients, therefore patients will be cared for in casualty department for above purpose and emergency slip will be made for registering the patient.

- 2 Casualty area is resuscitative and first aid area, where patients walk in/ come in their own vehicles, or are brought in an ambulance, after being referred from other hospitals and nursing homes.
- 3 It has an area demarcated for resuscitation/ first aid/ urgent therapy for stabilization of patients with beds designated for such purpose.
- 4 One minor OT with mobile light / bed with oxygen cylinders, suction machine, spot light, washing area etc available.
- 6 All emergency drugs, defibrillator, mutiparameter monitor, O₂ cylinders, suction (Vaccum) machine are available.
- 7 Medico Legal Case will be registered in all cases of road traffic accident and poisoning and where there is suspicion of foul play leading to medical/ surgical condition.

Triage

- 1 After initial resuscitation, assessment will be made about the condition of the patient and possible diagnosis of the condition
- 2 Depending on the diagnosis, Resident doctor on duty from respective department will be called /paged/Telephoned.
- 3 Further evaluation by Resident doctor from a particular department will be done, who will modify or endorse the ongoing treatment.
- 4 Resident doctor will send a call to the Consultant doctor on duty informing him/her about the condition of patient.
- 5 If the patient needs admission, then after his vital parameters are stabilized, the patient will be either shifted to intensive care unit, OT or ward depending upon whether patient needs monitoring /urgent operation/ mechanical ventilation / or continuation of treatment with further investigations to arrive at final diagnosis in ward.
- 6 After making necessary admission document the patient will be transported according to transfer protocol to the ward or intensive care unit.
7. If however patient's condition improves after initial treatment and has become stable and patient has stable parameters, then patient may be advised by clinicians to come out patient department of a particular specialty on designated date & time.

Emergency department Related Process

A. Purpose

To provide guideline instructions for Emergency Department Related Process with the aims that

- ❖ Needs and expectations of patients are established,
- ❖ Patient satisfaction is enhanced on continual basis, and
- ❖ Feedback loop is established for continuous improvements.

B. Scope

It covers all patients who enter the emergency suite for treatment

C. Responsibility

Casualty Medical Officer and Consultants

D. Quality Objectives

| S.No. | Quality Objectives | Performance Indicators | Measurement Criteria | |
|-------|-----------------------|---|--|-----------|
| | | | Criteria | Frequency |
| 1 | Service Level | Staff availability (Doctors, Nurses & Support) | Duty Roster / Attendance Record | ½ yearly |
| | | Bed availability & Turnover time | ER Records – Patient in time and out time | ½ yearly |
| | | Service time | ER Records (Door to Doctor under 30 mins) | ½ yearly |
| | | | Number of defaults to be recorded (Response time 3 mins) | ½ yearly |
| | | Interventional procedures / treatment (Complications, infection at site, haematoma, thrombophlebitis) | Patient Medical records / Patient feedback form | ½ yearly |
| 2 | Customer Satisfaction | Access to care | Customer feedback form | ½ yearly |
| | | Courtesy level | Customer feedback form | ½ yearly |
| | | Wait time | Customer feedback form (Not more than 10 mins) | ½ yearly |
| 3 | Clinical Excellence | Accuracy of Diagnosis | Charted out initial treatment plan in patient file (with possible & provisional diagnosis) Type of investigations sent and correlation with investigation results – From patient medical record | Quarterly |
| | | Appropriateness of Treatment | Patient medical record | Quarterly |

E. Description.

| S.No. | Activity | Responsibility |
|------------|--|---|
| 1.0 | Receiving Patient in Emergency | |
| 1.1 | Patient brought to Emergency by <ul style="list-style-type: none"> Ambulance Other transport For Deployment of Hospital Ambulance Services refer work instruction WI/ER/01 | Ambulance attendant / Patient's attendant |
| 1.2 | Received at Emergency Entrance | Ward Attendant/ Sister |
| 1.3 | Patient wheeled into Emergency area | Ward Attendant |
| 2.0 | Initiation of Patient treatment | |

| S.No. | Activity | Responsibility |
|--------------|--|--|
| 2.1 | Patient history taken (if possible) | CMO |
| 2.2 | Patient's vital signs taken and recorded – Nursing procedures in ER as per nursing protocols drawn up | Nurse |
| 2.3 | Thorough examination of patient done | CMO |
| 2.4 | Valuables on patient removed and handed over to the patient's attendant | Nurse |
| 2.4 | Patient categorized as having minor / moderate / major problems as per ER treatment protocols set. Treatment given again as per Treatment protocols. | CMO |
| 2.4 | Treatment for minor problems: <ul style="list-style-type: none"> Minor problems – treated and patient sent home Small surgical intervention / suturing done in Minor OT in ER itself | CMO / Nurse |
| 2.5 | Treatment for moderate problems: <ul style="list-style-type: none"> Patient assessed and first aid given Consultant on call / Registrar from necessary specialty (s) identified called Patient is kept under Observation. | CMO / Nurse |
| 2.6 | Treatment of major problems: <ul style="list-style-type: none"> Critical patients are shifted to ICU/ OT after emergency treatment Consultant on call / Registrar from necessary specialty (s) identified called | CMO / Nurse / Anaesthetist |
| 3.0 | Investigations performed | |
| 3.1 | <ul style="list-style-type: none"> Emergency investigations instituted for critical patients Other investigations done as advised by Consultant / Specialist | CMO / Nurse Consultant / CMO |
| 3.2 | All Lab / blood samples taken at patient bed side. | Nurse |
| 3.3 | Radiology investigations <ul style="list-style-type: none"> Mobile patient sent to Radiology department for investigations Critical patients needing X-ray/ Ultrasound/ CT / MRI taken to Radiology department | Ward Attendant/ Nursing Aid / Radiology Tech + Anaesthetist |
| 3.4 | Samples taken to Labs | Lab Attendant |
| 3.5 | Reports sent to Ward/ICU/OT/TICU wherever the patient is shifted. | Lab / Radiology attendant |
| 3.6 | Billing done for investigations in ER | OPD Cashier |
| 4.0 | Admission | |
| 4.1 | Admission request filled and signed | CMO |
| 4.2 | Admission procedure formalities completed | Reception |
| 4.3 | Hospital consent form explained and signed | CMO / Patient or patient attendant |
| 4.4 | Payment made | OPD Cashier / Patient attendant |
| 5.0 | Shifting of Patient | |
| 5.1 | Bed availability checked in required area, i.e. <ul style="list-style-type: none"> Ward ICU OT Depending on the condition of the patient | CMO / Concerned department Doctors on call |
| 5.2 | Concerned ward / ICU / OT informed about shifting of patient | CMO / Ward nurse/Ward Attendant of |

| S.No. | Activity | Responsibility |
|------------|--|---|
| | | Concerned Department |
| 5.3 | Patient shifted | Ward Boy / Casualty nurse / CMO / Respective Resident |
| 5.4 | If patient treatment complete and patient fit, then patient sent home from ER itself | CMO |
| 6.0 | Pharmacy replacement | |
| 6.1 | List of drugs and consumables used on a particular patient drawn up from casualty Stock. | Nursing in-charge |
| 6.2 | Patient attendant informed that drugs and consumables not stocked to be purchased from Pharmacy | Nurse |
| 6.3 | The required drugs supplied by the Niramaya and purchased from the emergency requirement by SCB Medical store. In case of non availability patient attendant instructed to purchase from outside. | Patient's attendant |
| 7.0 | Handling Medico Legal cases / procedure | |
| 7.1 | Conclusion of medico legal case is made based on patient's condition / unnatural cause of injury, etc. | CMO |
| 7.2 | Medical details of patient recorded in 'MLC' register | CMO |
| 7.3 | 'MLC' stamped in RED on patient file | Nurse |
| 7.4 | 'MLC' forms filled and dispatched to the local police station to notify them. | CMO |
| 7.5 | In case of an MLC from another hospital / outside, the MLC number is obtained from patient attendants. In case the MLC number is not known, then the police station at which the case is registered is obtained from the patient attendant and this informed to the local police station present inside the Hospital Campus. | CMO |
| 7.6 | Other procedures as routine ER activities. | CMO / Nurse |
| 8.0 | Cleaning of patient cubicle | |
| 8.1 | Drugs and consumables cleaned up | Nurse |
| 8.2 | Bed made up | Ward Boy/ Nurse |
| 8.3 | Dirty linen and floor cleaning | Sanitary worker |
| F | Records Generated | |
| | <ul style="list-style-type: none"> ▪ ER Patient register ▪ Patient registration form ▪ Unique ID number ▪ Patient case file ▪ ER Treatment protocol Investigations requisitions Nurses' vitals and progress chart (and progress in case of observation patient) <ul style="list-style-type: none"> ▪ Nursing protocols for ER ▪ Patient admission form (in case of admission) ▪ Hospital consent form Discharge form in case of discharge | |