



ED SSU: A GUIDE FOR ED JMOs

Background

The purpose of the ED Short Stay Unit (SSU) is to provide a clinical area to treat patients that require care of less than 24 hours. It is anticipated that 10-15% of all presentations to the emergency department will be admitted to ED SSU for short term care.

The SSU is an 8 bed inpatient ward located next to the resuscitation area within the Emergency Department.

The staffing of the SSU is as follows:

- Medical: SSU Consultant and JMO 0800-1800
- Nursing: 2 nurses are allocated to the SSU each shift
- Clerical staff: rostered on during daytime hours
- Allied health: available via the paging service

During the day shift, an ED SSU consultant is rostered to conduct a ward round with the assistance of an ED SSU JMO. The team will review the patients and assess the suitability for discharge, or arrange for formal in patient admission. It is anticipated that greater than 85% of ED SSU admissions will be discharged home. At the completion of the ward round and tasks, the SSU medical team will be relocated to other areas of the emergency department.

The SSU will serve an important role to bridge the needs of patients that are clinically stable, but require assessment and treatment greater than 4 hours in the emergency department. Currently these patients may cause bed block in the emergency department, receive inpatient treatment for a duration longer than what is required, or discharged prematurely at the risk of deterioration.

The decision to admit into SSU should be made by the duty ED consultant, or the ED registrar during a night shift. Requests for admissions into the SSU by inpatient teams must be approved by an ED consultant or the night registrar.

Cardiac monitoring is not available in the SSU. Patients requiring continuous monitoring will need to be admitted under cardiology/ACAU.

SSU Admission Process

Identifying a suitable patient:

- The patient must be clinically stable
- A provisional diagnosis or clinical issue should be established



- The length of stay in ED is expected to be longer than 4 hours, but less than 24 hours
- Patients who require advanced imaging (eg CT, ultrasound) or awaiting subspecialty review and is likely to be discharged for outpatient management post assessment

Senior review:

- Suitable patients must be reviewed by a senior doctor (ED consultant or night registrar) prior to the patient admitted into the SSU
- Please document the senior doctor who has reviewed and approved an SSU admission

Admission steps

- Refer to the EDSSU admissions checklist
- All admissions into SSU must be approved by an ED consultant or night registrar
- Documentation of this approval
- Inform the patient of the admission into the SSU
- Inform the nurse-in-charge of the admission
- Complete medical notes
- Complete eMEDs: Both Medical History **and** Admission reconciliation
- Refer to SSU Clinical Management Pathways where appropriate
- Complete Criteria/Nurse Led Discharge forms where appropriate
- Prepare a discharge summary if a discharge plan has already been established
- Clerical staff will organise the required admission papers

Common presentations suitable for SSU

- Low risk chest pain
- Ureteric calculus
- Gastroenteritis
- Musculoskeletal injuries/back pain
- Tonsillitis
- Migraine
- Hyperemesis gravidarum
- Elderly falls awaiting allied health assessment and transport back to usual residence

There are many other presentations are suitable for SSU, and the above list is not exhaustive.

Presentations NOT suitable for SSU

- Unstable patients that breach PACE criteria



- Patients <16 years of age
- Patients with delirium or dementia who are at risk of falls or aggression
- Patients who are unable to mobilise independently
- Patients with acute mental health issues
- Intoxicated patients

Assessment of SSU patients

All patients admitted into the SSU will remain under the care of the initial treating doctor from the emergency department. There will be no formal handover to the SSU medical staff.

Subsequent assessments, investigation interpretation and discharge planning should be performed by the initial treating doctor in consultation with the senior doctor who had approved of the admission.

If there is any doubt about the management plan, further decision making will default to the senior doctor.

In many cases, the treatment plan will be simple and straight forward. Once these treatment goals are achieved, discharge will then be appropriate.

Clinical Handover

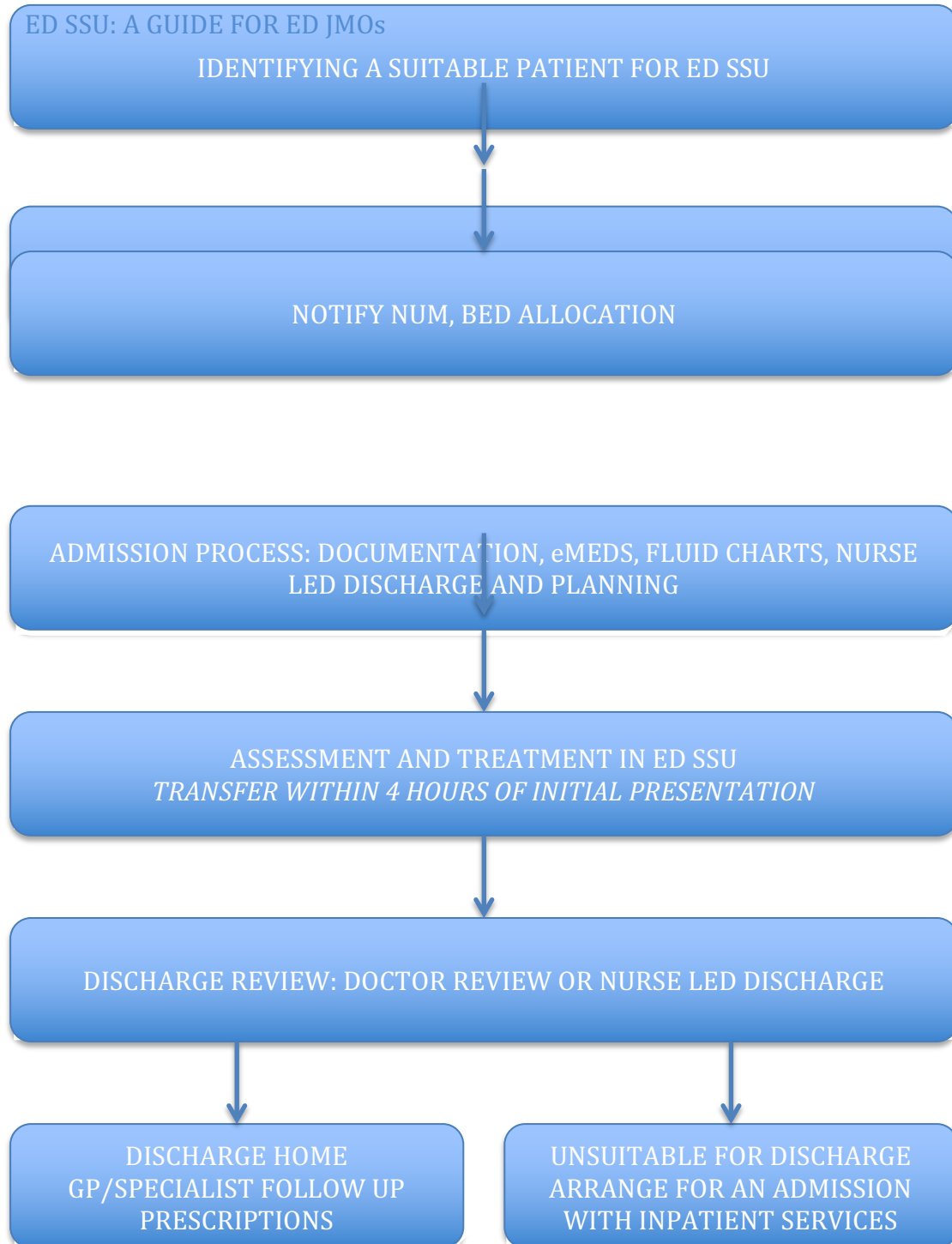
At the end of your clinical shift, please hand over the care of the patient(s) that remain in the SSU to a doctor of the same seniority or higher. The treatment plan and the doctor who is continuing care should be clearly documented. This should occur at the end of the day, evening and night shifts.

At the end of the day shift, the SSU consultant will also hand over the ward to an evening ED consultant.

At the end of the evening shift, the evening consultant will perform a brief ward round with the night registrar to ensure appropriate care plans are in place.

During the night shift, the night Registrar will be the first port of call for any patient review. The registrar may delegate tasks and the review of patients to other ED medical staff. Patients may be discharged overnight if there is a safe plan in place. If there is any deterioration or clinical concern, the night registrar should then assess the patient.

The ED consultant on call for the emergency department will also be on call for all SSU patients during the night shift period.



JOURNEY COMPLETED WITHIN 24 HOURS OF PRESENTATION