



ED SSU: A GUIDE FOR ED REGISTRARS

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 inpatient 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 duration between 4 to 24 hours. Currently, these patients may contribute to access block in the emergency department, receive inpatient treatment for a duration longer than what is required, or discharged prematurely at the risk of clinical 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 or ACAU telemetry beds.

To improve the efficiency of the SSU and its overall impact on patient care and flow, there is now a focus and further utilisation of the SSU as an assessment unit as well as a treatment area. This means patients who are clinically stable and likely to be discharged who are awaiting advanced imaging (eg CT or ultrasound) or sub-speciality consultation for outpatient management plans may also be suitable for SSU admission. In our experience these patients often have a length of stay >4



hours in the emergency department and hence are most suitable for SSU. An admission by a senior doctor is a clinical decision and often can be made prior to obtaining serology and radiology results.

The Registrar's Role

The night registrar will be the most senior doctor within the emergency department overnight, and will be responsible for admissions and supervision of the SSU.

During the day and evening shifts, decisions for admissions should be deferred to the duty consultant. This includes both the registrar's patients and cases discussed with the JMOs. This is to ensure there is consistent accountability and responsibility for patient flow and safety.

Useful tips for deciding on the suitability for SSU:

Identifying a suitable patient:

- The patient must be clinically stable
- A provisional diagnosis should be established
- The length of stay in ED is expected to be longer than 4 hours, but less than 24 hours

Senior review

- Suitable patients must be reviewed by the night registrar prior to an SSU admission
- Please ensure that there is clear documentation of this review and approval for admission in the notes by the JMO or the registrar
- Review available investigation results
- Provide a management plan and suggest outstanding tasks to be completed by the day team if patients are admitted overnight.

Admission steps performed by the treating doctor

- Inform the patient of the admission into the SSU
- Inform the nurse-in-charge of the admission
- Ensure there is available bed space (max 8)
- Ensure the JMO has completed the medical notes and eMEDs
- Ensure there is a documented treatment plan and goals
- Refer to SSU Clinical Management Pathways where appropriate
- Complete Criteria/Nurse Led Discharge forms where appropriate
- Transferring a patient to SSU awaiting investigation results is appropriate provided that the patient is clinically stable, and that the patient is unlikely to require an admission regardless of the investigation result. For example:



- Admitting a patient into SSU for a d-dimer in a patient with low risk PE who is stable is appropriate. In this case, even if the patient has a PE found on a subsequent CTPA, they may be managed in the outpatient setting.
- Admitting a patient into SSU for a d-dimer in a patient with possible PE who is tachypnoeic and requiring oxygen is not appropriate. In this case, regardless of the result, the patient will require an admission due to hypoxaemia and unlikely to be discharged within 24 hours

Common presentations suitable for SSU

- Low risk chest pain
- Stable abdominal conditions
- Ureteric calculus
- Gastroenteritis
- Musculoskeletal injuries/back pain
- Tonsillitis
- Migraine
- Elderly falls awaiting allied health assessment and transportation back home

There are many other presentations 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
- Patients who are unable to mobilise independently
- Patients with an acute mental health condition
- Patients with an anticipated length of stay >24 hours

Tips and Traps

- Always assess the patient at the bedside before admitting into SSU.
- Undifferentiated abdominal conditions: especially in the elderly. If a patient with abdominal pain has a high opioid analgesia requirement, a surgical consult should be sought with a view for inpatient investigation and management.
- Patients who cannot mobilise independently and are unlikely to be discharged within 24 hours. These patients are not suitable for SSU and often creates access block. Of note low risk back pains may be suitable for



an ED SSU admission for analgesia and physiotherapy review within 24 hours.

Assessment of SSU patients

Once a patient is admitted into the SSU during the night shift, subsequent assessments and interpretation of investigations should be performed by the treating doctor with guidance from the night registrar. A designated RMO should be allocated for each shift as the first port of call for all patients if the initial treating doctor is not available or off duty.

Any deterioration or clinical concerns must be escalated to the night registrar. The overnight ED consultant on call for the emergency department will also be available to advise on SSU patients.

If there is a critical deterioration in any patient's condition, the patient will need to be transferred back to the acute hall for further assessment, and likely admission under the relevant inpatient service.

In many cases, the treatment plan will be simple and straight forward. Once these treatment goals are achieved, discharge will then be appropriate. If a patient is unsuitable for discharge during a night shift, it is advised to continue care in SSU and to await for the morning ward round and discharge in daylight hours.

Clinical Handover

At the beginning of the night shift, there will be a handover of the SSU along with the rest of the department. The evening consultant will advise of the treatment plans and goals of the patients, and to allocate tasks to the SRMO to perform overnight. Any issues may also be raised at the night shift team Huddle.

A walk through the SSU is advised for all clinical handovers.

At the end of the night shift, a handover should be performed with the day ED SSU consultant. The focus is to highlight any critical changes in the patient's management plans.

During the day and evening shifts, the treating doctor (from intern to consultant) will continue the patient's care even when the patient is admitted into SSU. There is no formal handover to the SSU team, as they are likely to have been relocated to another part of the department.

At the conclusion of your clinical shift, please handover the care of your patient in ED SSU to a registrar or consultant on the next shift to continue care.



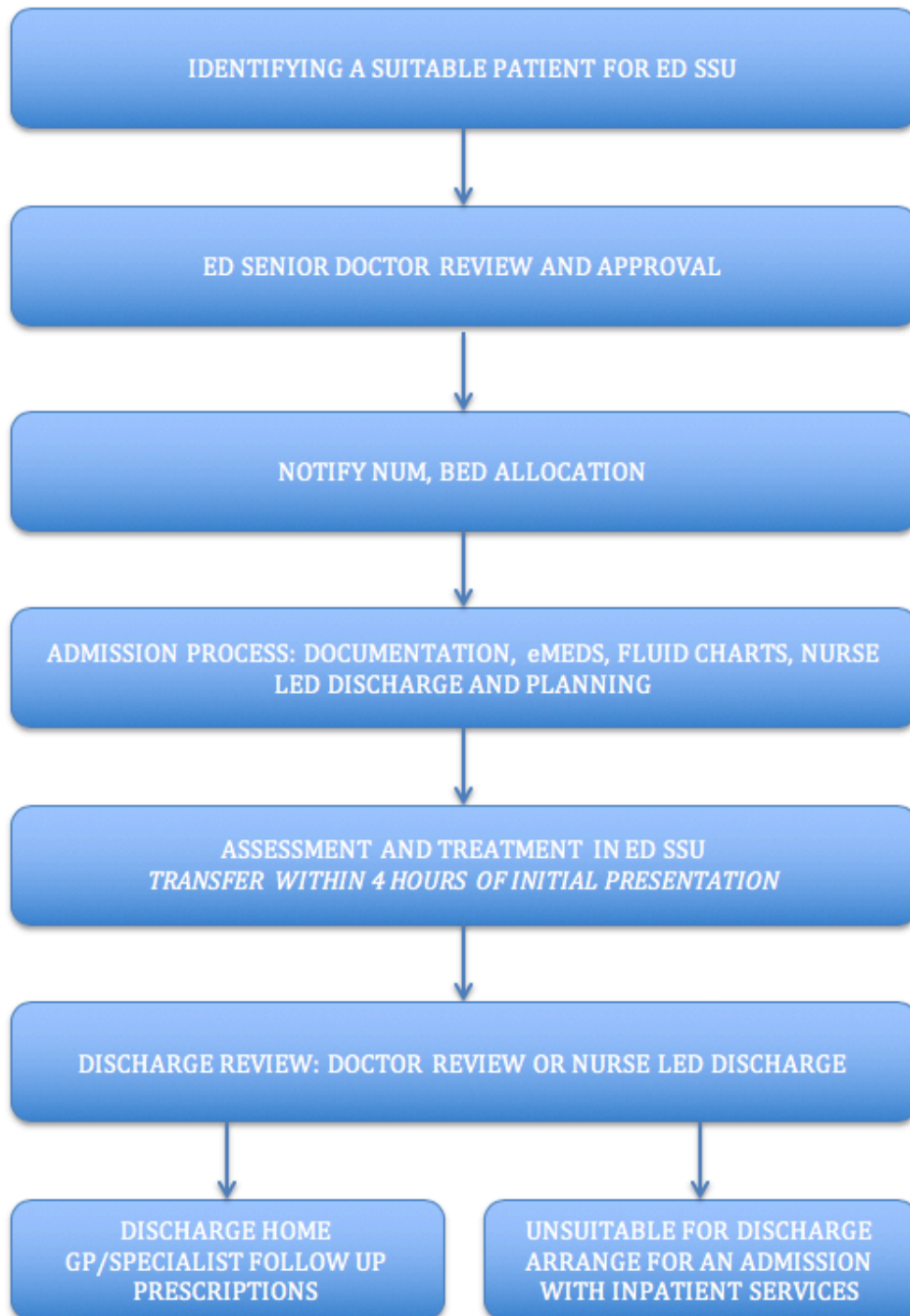
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The ED SSU consultant will review the ward at the end of the day shift and handover any outstanding issues to the evening acute consultant. The registrars generally are not be required in this process.

Feedback

Feedback on your performance will be provided together with your end of term assessment. Any comments about the ED SSU are welcomed.

Please forward them to william.siu@health.nsw.gov.au



JOURNEY COMPLETED WITHIN 24 HOURS OF PRESENTATION