REGISTRAR ORIENTATION

TSH ED

February 2023


WELCOME!!

Expectations

- See 8-10 patients per shift on average
- Aim to see patients within a 4h time frame - when safe to do so
- See a full mix of presentations
  - *Paeds*
  - *Cat 1s and 2s*
  - *Admissions vs discharges*
- Provide supervision
  - *But remember FACEM should be junior's first port of call when possible*
- Keep FACEM in the loop about all patients
  - *Yours* and *those you have supervised*

Senior Responsibilities

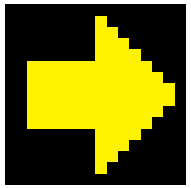
ED senior in charge is the onsite consultant (FACEM)
8am to 12 midnight
7 days a week

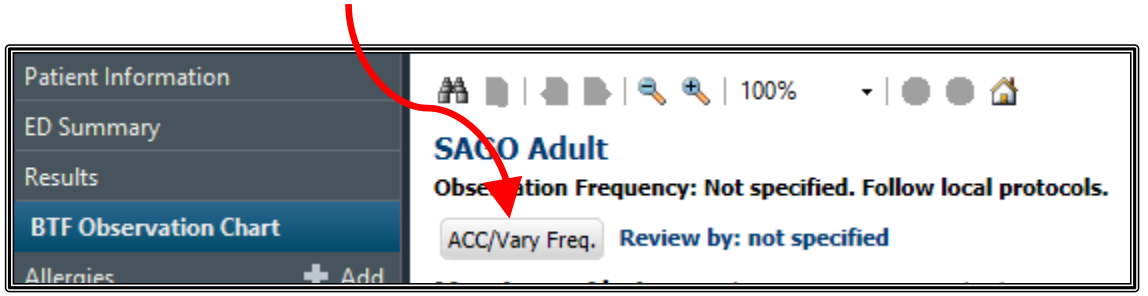
After midnight, the acute registrar is senior in charge but a FACEM is on call from home overnight and happy to be called

- ECGs 
  - *Senior registrars can review ECGs*
  - *Signature, date and time*
  - *AND review patient as indicated*
- Imaging & Investigations
  - *Senior registrars can authorise advanced imaging & pathology (orange tests)*

Senior responsibilities (cont.)

- Safe for transfer
  - *Senior registrars can authorise transfer to the ward when FACEM not available*
  - *Failsafe check: ensure documentation complete, results checked and plan actioned*
  - *Ensure patient is "between the flags" or calling criteria altered appropriately*





Senior registrars can review patients and make admitting decisions

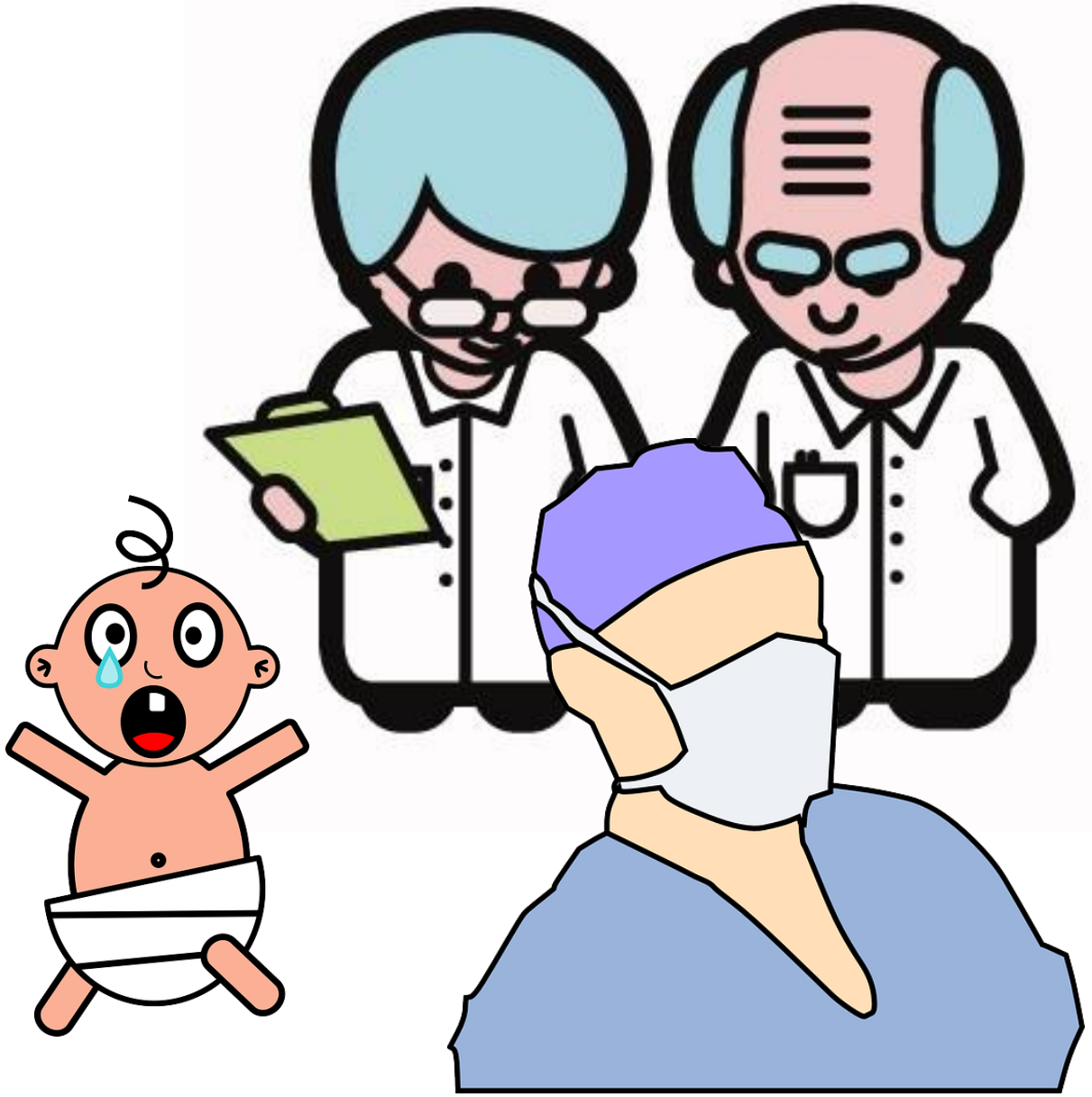
High risk patients requiring senior review

- Infants under 12 months
- “Representers”: patients representing to ED with the same condition
- “Boarders”: patients remaining in the ED through multiple shift handovers
- Patients requiring parenteral opiates for abdominal pain (E.g. IV morphine, IN fentanyl)
- Abnormal vital signs that persist
- Nursing concern
- Patients displaying aggression or escalating behaviours

Admissions

Refer to TSHED intranet for policy details

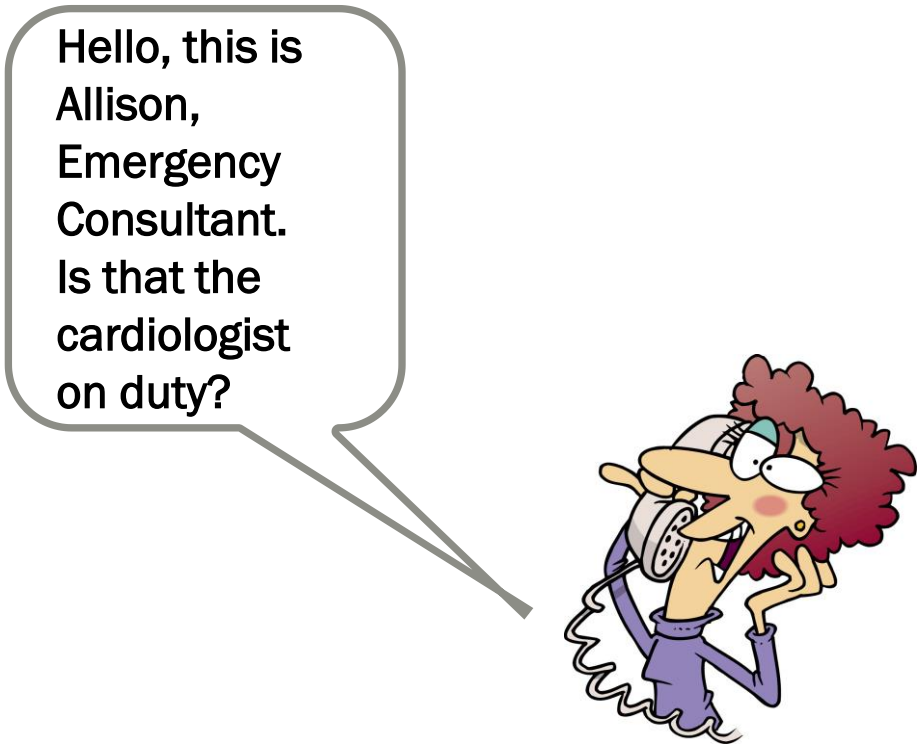
- Senior registrars can review patients and make admitting decisions
- One way referral policy
- Admitting team guideline
- Inpatient specialties at TSH
  - *Medical*
  - *Surgical*
- Referrals to StG/elsewhere



Referrals

Consider: LAN page
Comms clerk

- Please state your name and designation when making (or answering) a phone call or page.



Let us know if a call leaves you feeling like this:

Mustering additional resources

Remember: There is a FACEM on call 24/7

- Registrars in the hospital overnight:
  - *Paeds*
  - *Med*
  - *Surg*
  - *O&G*
  - *Anaesthetics*
  - *ICU*
- On call from home:
  - *Anaesthetist*
  - *Intensivist*
  - *All inpatient specialties*
  - *Social work*
- Available by phone:
  - *Executive*
  - *Retrieval*
  - *Trauma*
  - *Toxicology*
  - *ID*

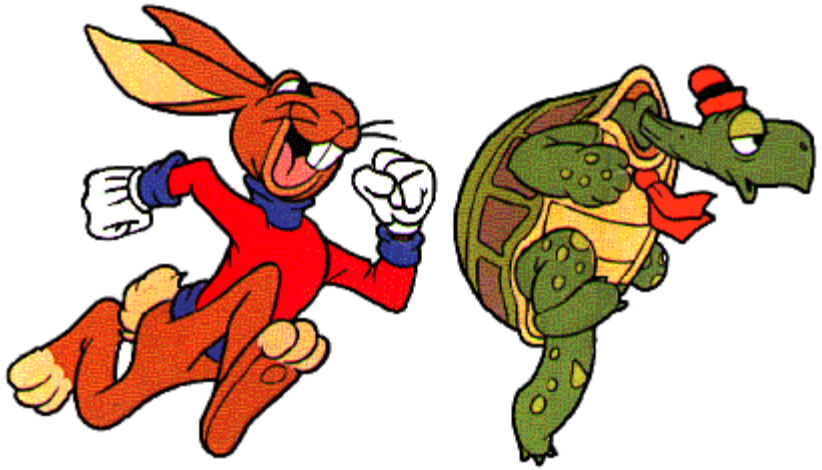
POLICIES AND PROCEDURES AT TSH ED

Emergency Treatment Performance

formerly known as “NEAT” or “the Four-hour rule”

- Acute patients
  - *2h for ED assessment ->*
    - 30-60 min for JMO to workup and discuss with ED senior
    - 60 min turnaround time for bloods & imaging
    - decision regarding need for admission and appropriate team
  - *1h for inpatient assessment*
  - *1h to arrange ward transfer*

- Fast Track patients
  - *Aim to see and treat within 2 hours*



ED Protocols are on the intranet

Key inpatient pathways

- Chest pain (PACSA)
- STEMI (PCI – 24h cathlab access)
- PAPA
- Sepsis
- Stroke call (thrombolysis)
- # NOF pathway
- **NEW** CHIMP rib fractures

Key outpatient pathways

- DVT Southcare pathway
- Cellulitis Southcare pathway

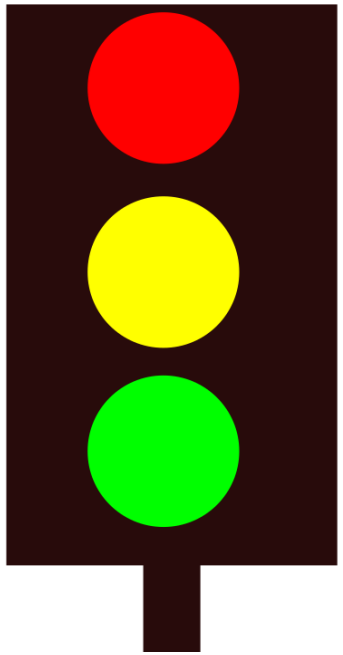
Paediatric pathways

NSW health now uses the Royal Childrens Hospital (Melbourne) guidelines.

STOP – sensible test ordering practice

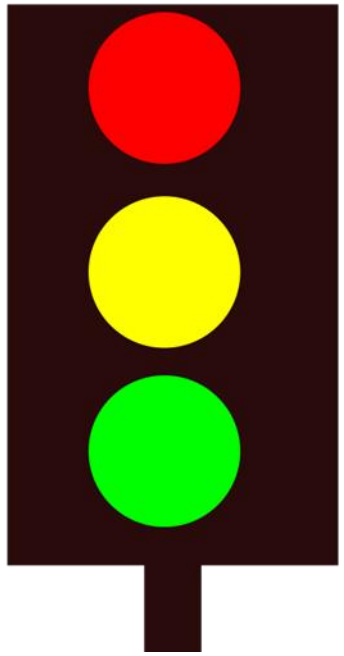
Radiology green light tests:

- *CXR*
- *single limb x-ray*
- *pelvic x-ray*



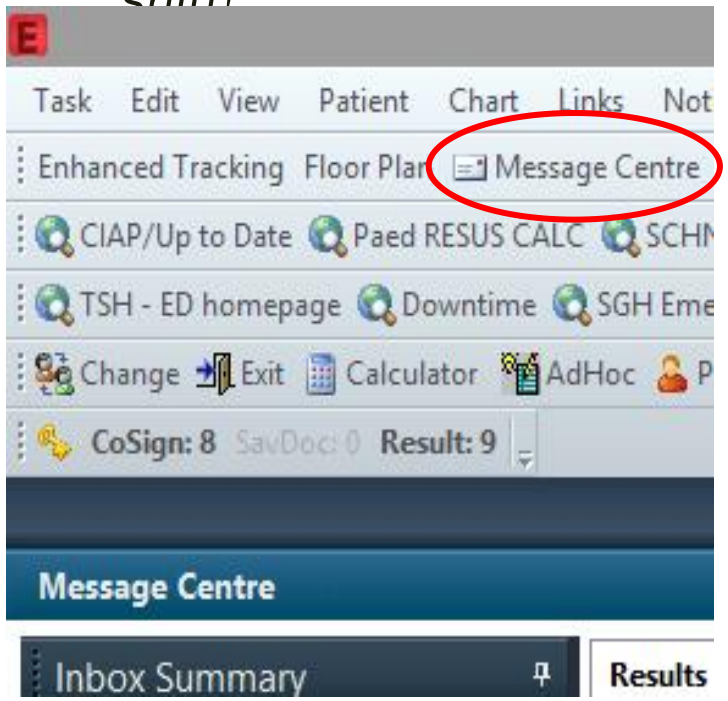
Pathology green light tests:

- EUC
- FBC
- VBG for lactate OR *if* urgent results required
- BSL *if* abnormal bedside BSL
- LFTs, Lipase *if* abdominal pain
- INR *if* on warfarin
- APTT *if* to monitor heparin
- bHCG, G&H *if* first trimester pregnancy
- Paracetamol *if* overdose

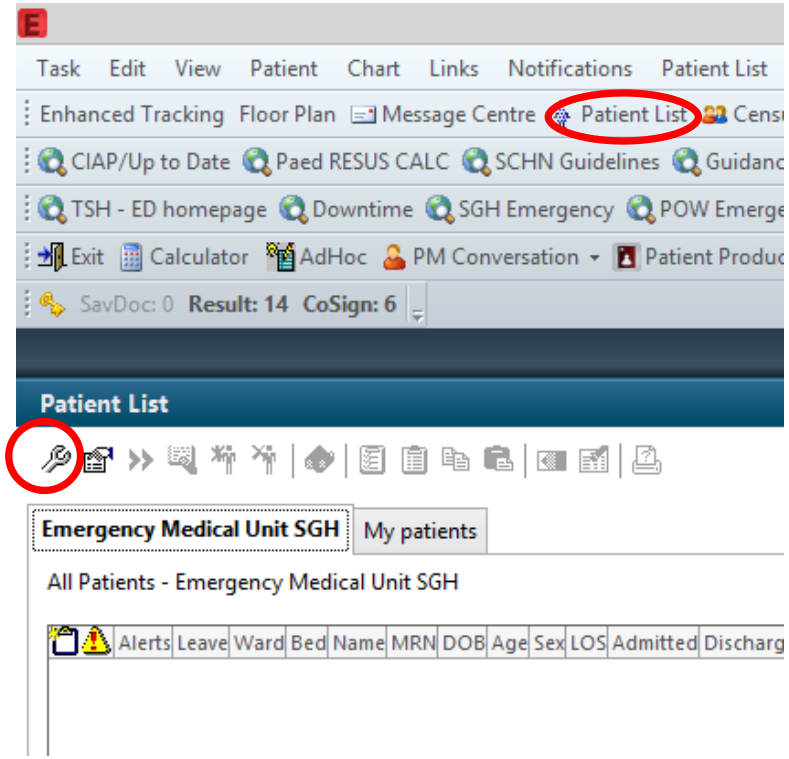


Results follow up

- FirstNet Message Centre
  - *Make it a habit to check your message centre at the beginning and end of each shift!*



- Create a personalised "patient list"
  - *(ask a regular JMO for help)*



Antimicrobial stewardship

Restricted antibiotics commonly prescribed in the ED:

- Ceftriaxone
- Gentamicin
- Vancomycin
- Azithromycin
- Aciclovir
- Metronidazole

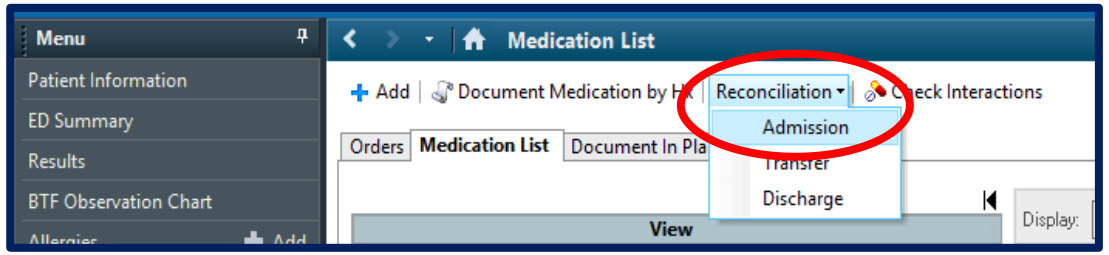
Medication reconciliation

Document Home Meds for ALL patients

- NB. Please update pre-existing medications recorded in the system, including removing medicines no longer being taken by the patient.

Admission and discharge medications

- Admission reconciliation



- Discharge reconciliation
  - *This function will auto-populate your "ED discharge summary – EMEDS"*

EMR documentation

Initial note –>

General exam note - eMEDS

- This is the preferred initial note type
- Title your notes “ED medical”
- Many fields can auto-populate
- Contemporaneous entries are important: “sign and submit” every time.
  - *You can “correct” your original note if needed*

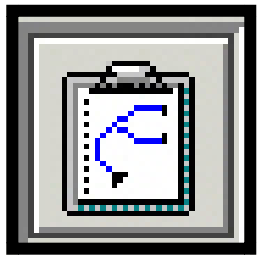
Subsequent notes –>

Progress or Consult Notes

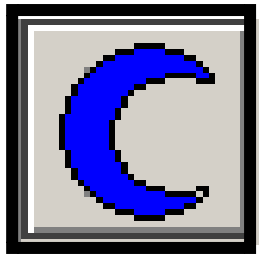
- Update the medical record regularly,
- use a new “progress note” for:
  - *Results checked and documented*
  - *Response to treatment*
  - *Discussions with ED senior (include name of senior doctor)*
  - *Referrals made (including the doctor’s name and the time of referral and outcome of subsequent discussions)*
  - *Changes to patient status or updates to management plan*

EMR tips and tricks!

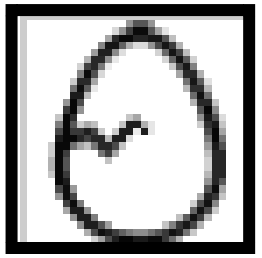
- Physician exam icon



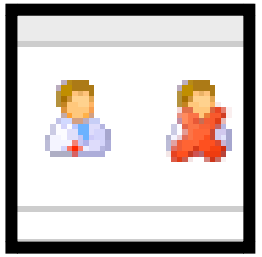
- Consult icons

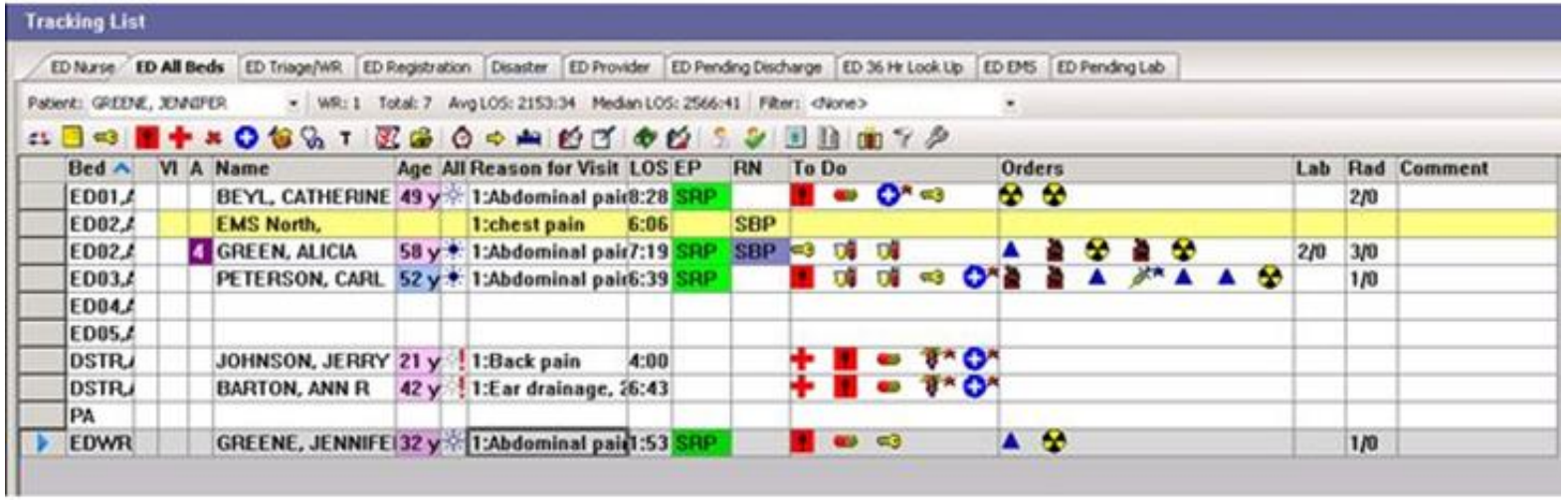


- EDSSU egg/emu



- Handover





Holistic care

- Social Work
  - *In Hours: Alessandra*
  - *Child protection MRG/Child Story*
- Mental Health
  - *ACTT*
  - *RMA proforma*
  - *Indiviudal patient management plans on EMR*
  - *SHIP pathway– self harm in intoxicated patients*
- Drug & Alcohol
- Chaplain

POCUS

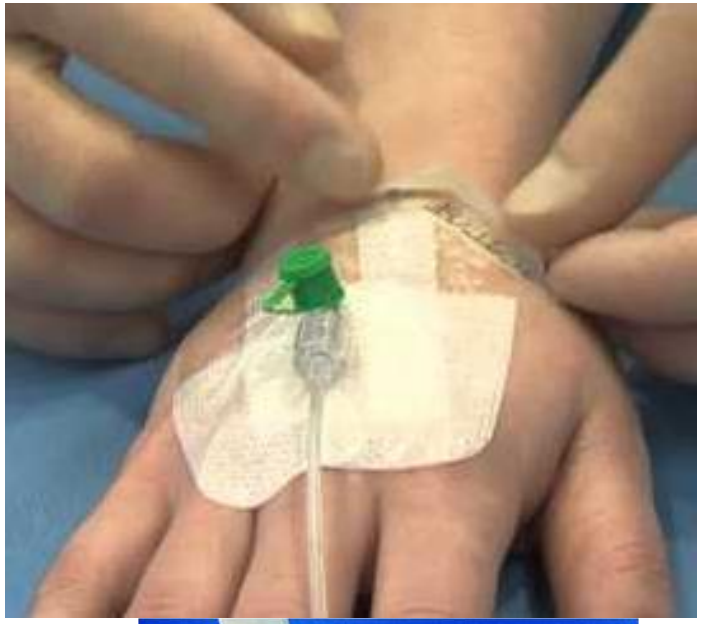
https://www.sutherlanded.com/pocus/sutherland-ed-us-guidelines

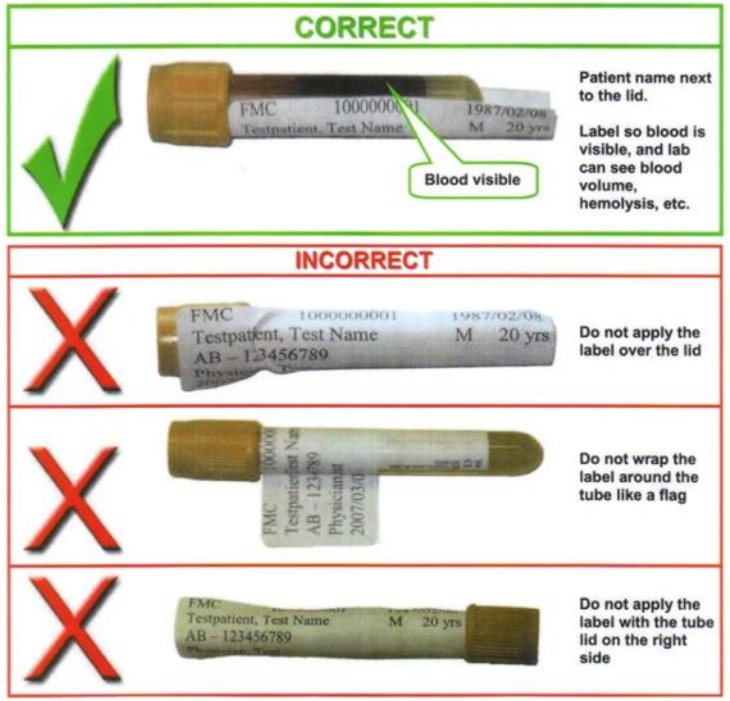
- Please care for the machines & probes
- Trainee US agreement to be completed
  - *Including US hygiene & disinfection*
  - *US checklist*
- Documentation of scans in EMR as ***Point of Care Ultrasound Examination***
  - *use EMR Proformas*

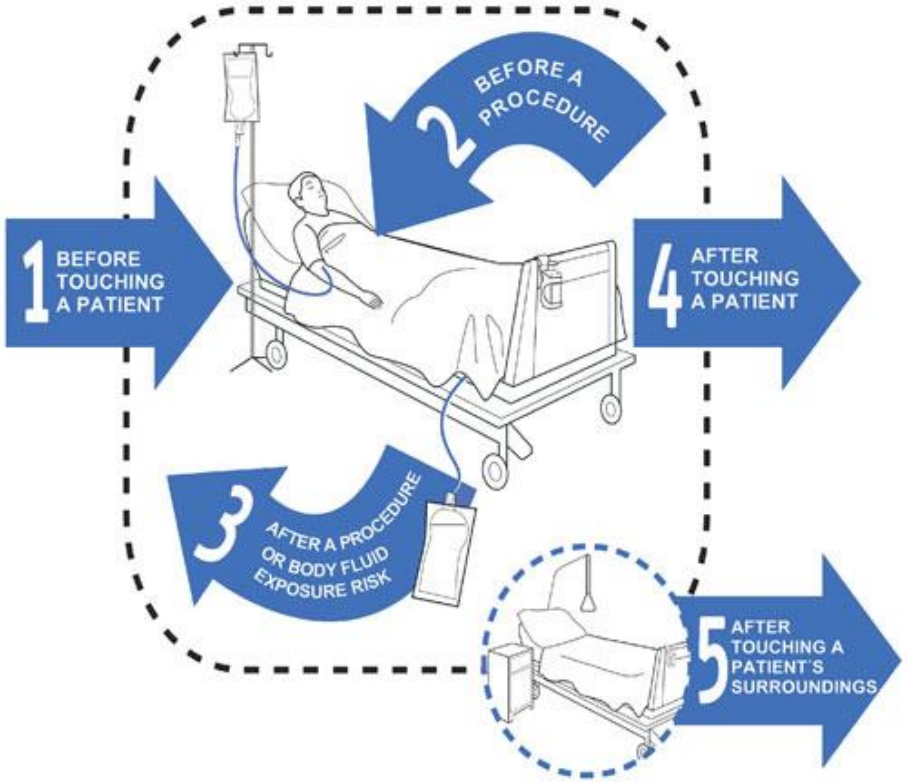
Further skills development:

- FACEM ultrasound lead: Dr Katrina Tsacalos
- UTEC online courses
- Review of scans with accredited provider

IVCs, Bloods, hygiene







Extended practitioner roles

- Nurse Practitioner
- Emergency Journey Co-ordinator
- CIN and ACN
- ASET nurse and team
- Physio
- Technical assistant – cannulation & venepuncture

EDSSU

EDSSU Business rule

- *Extended care area* for ED patients
  - anticipated length of stay of less than 24hours.
- *Further assessment area*
  - expected delay to discharge as patients wait for advanced investigations (e.g. CT, ultrasound) or consultation.
- Multi-disciplinary assessment for discharge planning
  - OT
  - Physio
  - ASET
  - SW

Admission requires approval and preparation as for any inpatient stay:

- 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 : Home medications and Admission medications**
- Prepare a discharge summary if a discharge plan has already been established
- Clerical staff to organise the required admission papers

EDSSU patients

- Common presentations suitable for EDSSU **treatment**:
  - *Ureteric calculus*
  - *Gastroenteritis*
  - *Back pain with no red flag features*
  - *Tonsillitis*
  - *Migraine*
  - *Hyperemesis gravidarum*
  - *Elderly falls: Allied health assessment +/- transport home*
- Or, for EDSSU **assessment**:
  - *Low risk ACS*
  - *Low risk pulmonary embolism awaiting D-dimer/CTPA*
  - *Stable abdominal pain with no peritonism nor high analgesia requirements, awaiting CT imaging or ultrasound*
  - *Musculoskeletal injuries requiring CT imaging and outpatient follow-up*

- **Presentations NOT suitable for EDSSU**
  - *Unstable patients that breach PACE criteria*
  - *Patients <16 years of age*
  - *Patients with delirium or dementia*
  - *Patients who are unable to mobilise independently*
  - *Mental health patients**
  - *Intoxicated patients**

*Low risk SHIP pts excepted

Alternatives to Admission

- South Care
  - *Cellulitis*
  - *Pneumonia*
  - *DVT*
  - *Community nursing*
- RCCP
- CARS – Children's Acute Review Service
- EPAS
- SOS
- Geriatric Flying Squad*
- RADIUS
  - *a community-facing unit within The Sutherland Hospital for undifferentiated, complex medical patients, who are not critically unwell*
    - staffed from 0930 to 1800, Monday to Friday
    - day stay unit
    - outpatient clinic
  - *referrals from GPs, ED and SouthCare*
  - *initial rapid assessment of patients for treatment, intervention and referral to services or follow-up consultation to enable discharge home.*

Aged Care Services

- ASET nurse in ED
  - *(Annie Cook M-F – on extended leave)*
  - *Sat AM and Sun PM*
- Southcare Outreach Service
  - *ED referral*
  - *Multi-disciplinary: nurse, physio OT*
  - *Patients in their own home, over 65*
  - *At risk of representing if issues not addressed*
- Geriatric Flying Squad
  - *GPs and RNs refer direct from RACF*
  - *Mon-Fri 0800-1630, pt reviewed by geriatrician within 2-4h*
  - *May utilise Southcare nursing for e.g. IV antibiotics*
  - *If pt requires admission, can go straight to the ward, bypassing ED.*

Transfers

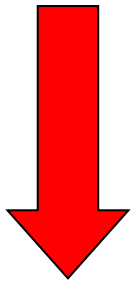
- NETS 1300 36 2500
- PATCH 9382 1000
- Aero-Medical Retrieval Service 1800 650 004
- Trauma Hotline 9113 4500

TRAUMA HOTLINE

Adult Trauma Patients Requiring Transfer

REFERRING HOSPITAL

Phone: 911 34 500



STG Trauma Director / STG Trauma Fellow

Required to notify appropriate hospital and subspecialties

For all patients < 16yrs of age please call NETS Retrieval

1300 36 2500

NSW GOVERNMENT Health

South Eastern Sydney

Illawarra Shoalhaven

Murrumbidgee &

Greater Southern

Local Health Districts

Indications for Transfer of the ***ADULT*** Trauma Patient
ABSOLUTE INDICATIONS

Neurosurgery

- Penetrating Injury/Intracranial FB/Open #
- Depressed Skull #
- Lateralising signs
- Intracranial haemorrhage

Spinal Injury

- Spinal Cord Injury
- Unstable vertebral Injury

Cardiothoracic

- Any injury involving great vessels
- Widened mediastinum
- Chest Injury requiring prolonged ventilation, e.g. Flail Segment

Pelvis/Abdomen

- Unstable pelvic ring #'s
- Open pelvic injury

Major Extremity

- Loss of limb
- Major Crush injury

Multiple System

- Burns (to Burns Unit as per State Burns Service)
- Multiple injuries involving Tertiary requirements, e.g. Head/Chest/Pelvis

Secondary Deterioration

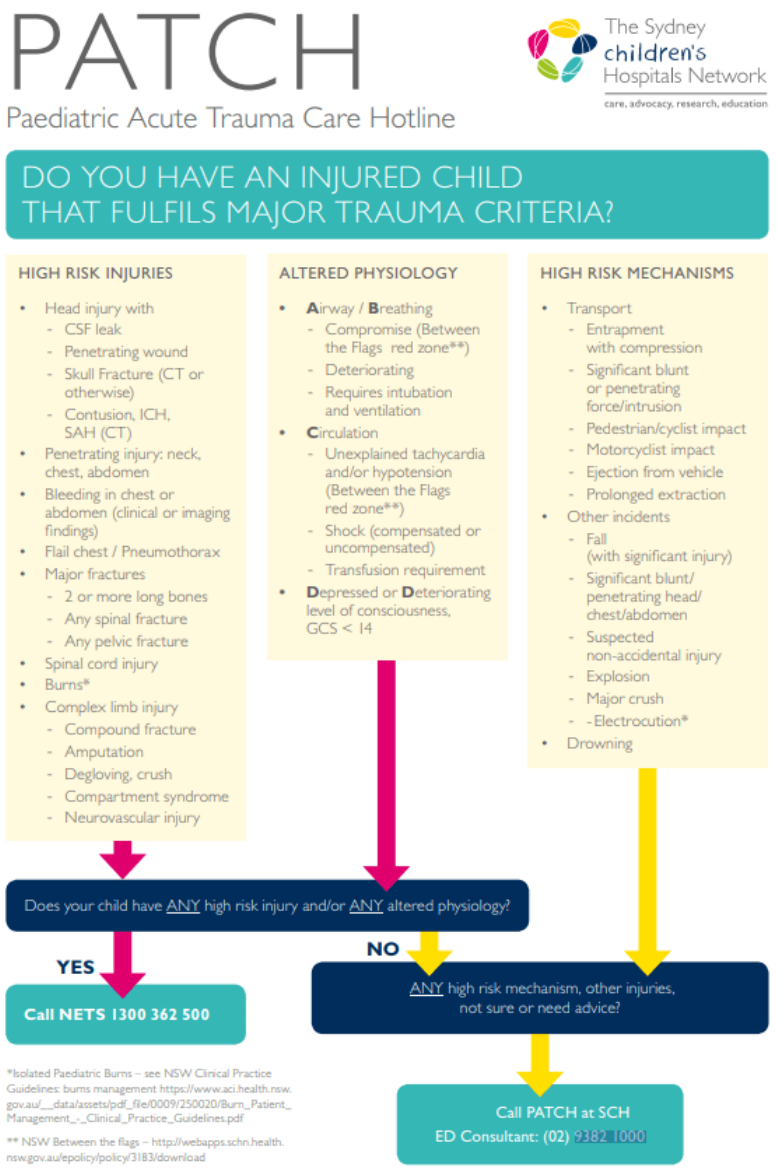
- Deteriorating condition requiring prolonged ICU, e.g. Sepsis in Injury
- Organ Failure (single or multiple)
- Major Tissue Necrosis requiring Tertiary referral, e.g. Hyperbaric O2

Indications for Transfer of the ***ADULT*** Trauma Patient
RELATIVE INDICATIONS

- *GCS < 14 or deteriorating*
- Need for urgent CT scan
- Stable vertebral Injury
- Minor Cardiac Contusions
- Single organ injury
- Stable pelvis #'s
- Open # of long bone
- # or dislocation with loss of pulses
- Injury to > 2 body systems (minor)
- Sepsis without Organ Failure (other than requiring dialysis)

Paeds Trauma

- PATCH 9382 1000



Administrative Matters

- Leave requests
- Roster requests
- Shift swaps
- Sick leave notification

Sick leave notification

- JMO responsibility
  - *call in business hours and speak to the ED Acute Consultant on*
  - *Email Nicole.vass@health.nsw.gov.au*
  - *Provide medical certificate as appropriate*
- ED consultant responsibilities:
  - *email Nicole Vass Nicole.Vass@health.nsw.gov.au*
  - *make an entry next to the JMO concerned on the TSH Daily Duty Roster outside the Acute Clinical Hub.*

Local Resources

- www.sutherlanded.com

Sutherland Emergency

Emergency teaching and educational resources

- SESLHD Intranet
- Share Drive *(limited access)*

  SUTED

  Network\Sesahs\chn\TSH\SUTED

Internet Resources

- Links via EMR toolbar
  - *CIAP*
    - MIMS, ETG, UpToDate
  - *NETS resus calculator*
  - *TSH intranet*
  - *Emergency Care Institute NSW*
    - Patient advice leaflets
    - Clinical tools

WELL-BEING AT TSH ED

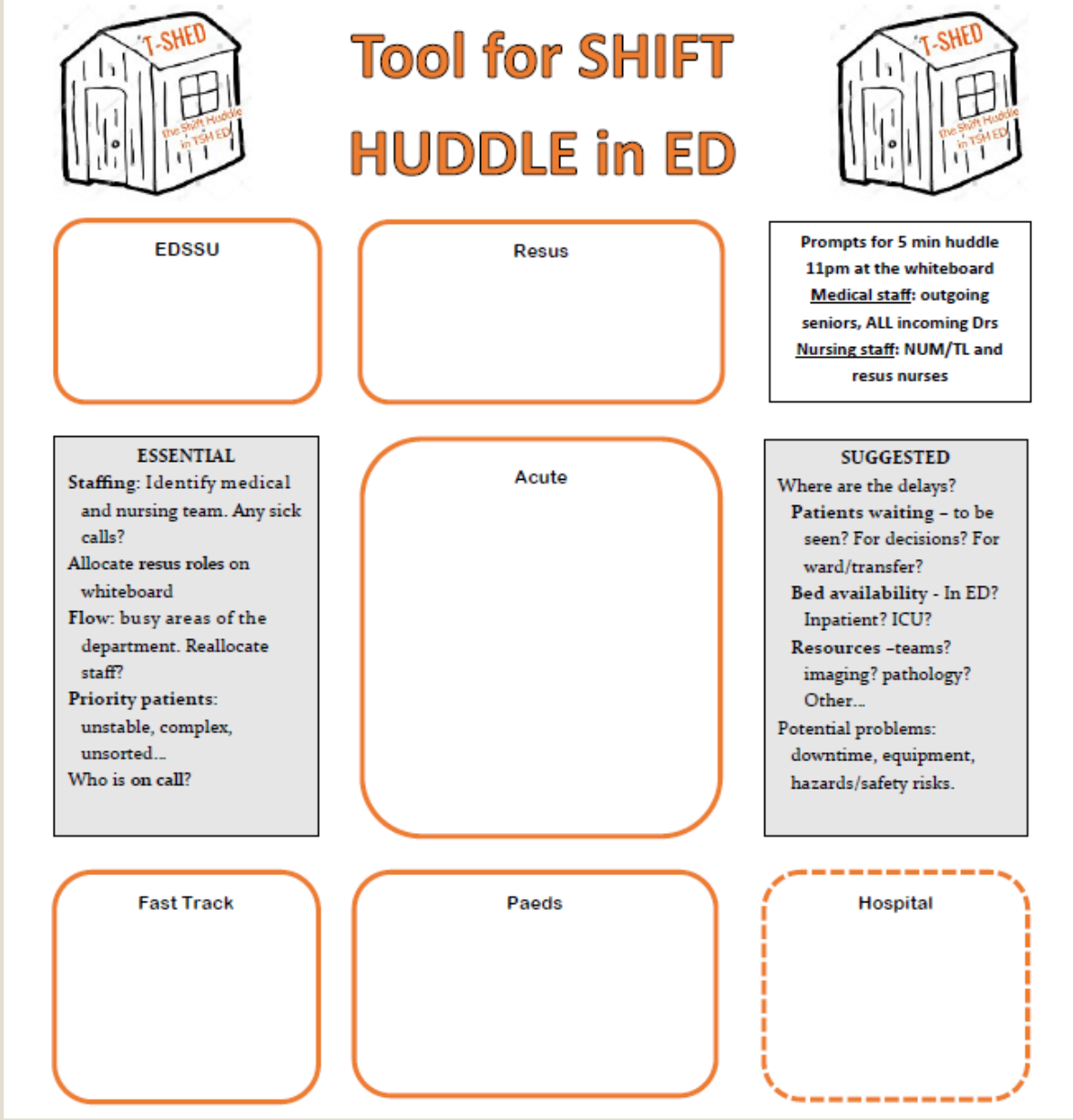
Mentoring

- Contact Dr Leanne Farrell

sutherlandmentoring@gmail.com

The T-SHED shift huddle

- Identify the night team (medical, nursing, skills mix)
- Set the tone for the shift
- Assess the state of the department
- Allocate roles e.g. load levelling or resus team members
- Share information
- Enhance safety culture for staff and patients
- TBA – day shift



Mindful eating

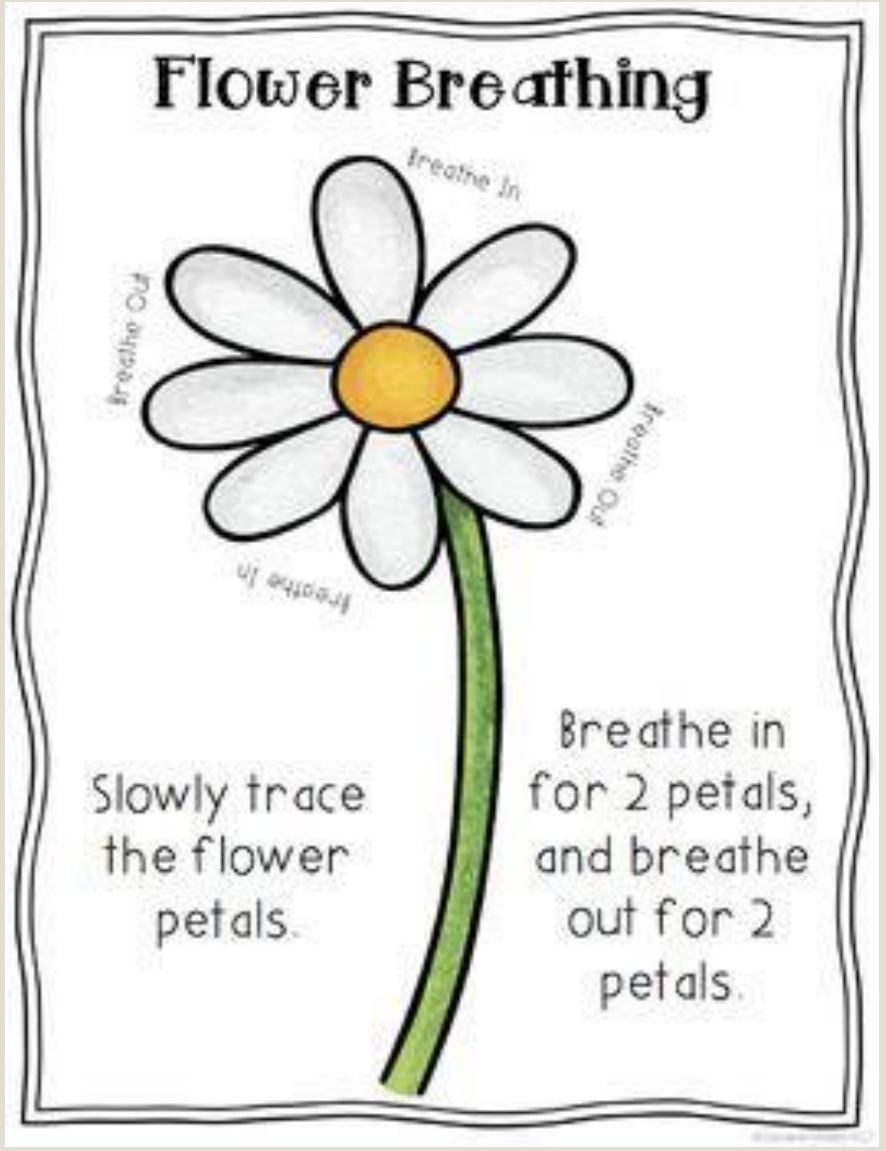
Art Therapy!

Registrar Social Activities

In the pipeline…

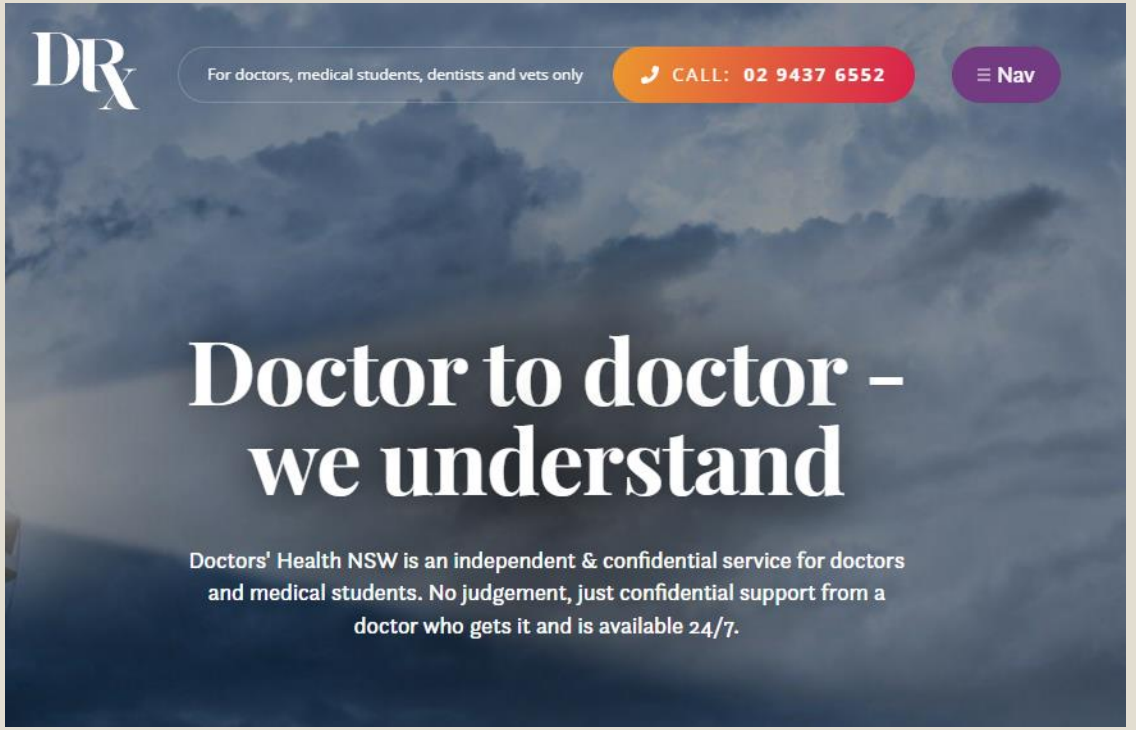
- Blitz on Breaks!
- Mid-term trainee well-being afternoon
- End of Term event …

- Drop me a line – Allison.moore@health.nsw.gov.au

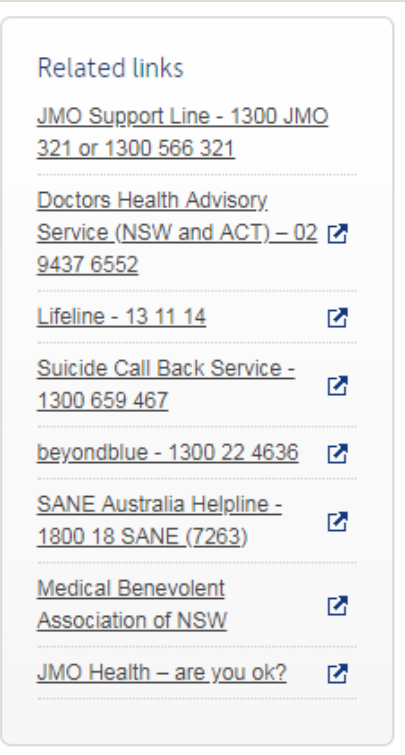


JMO well-being and support

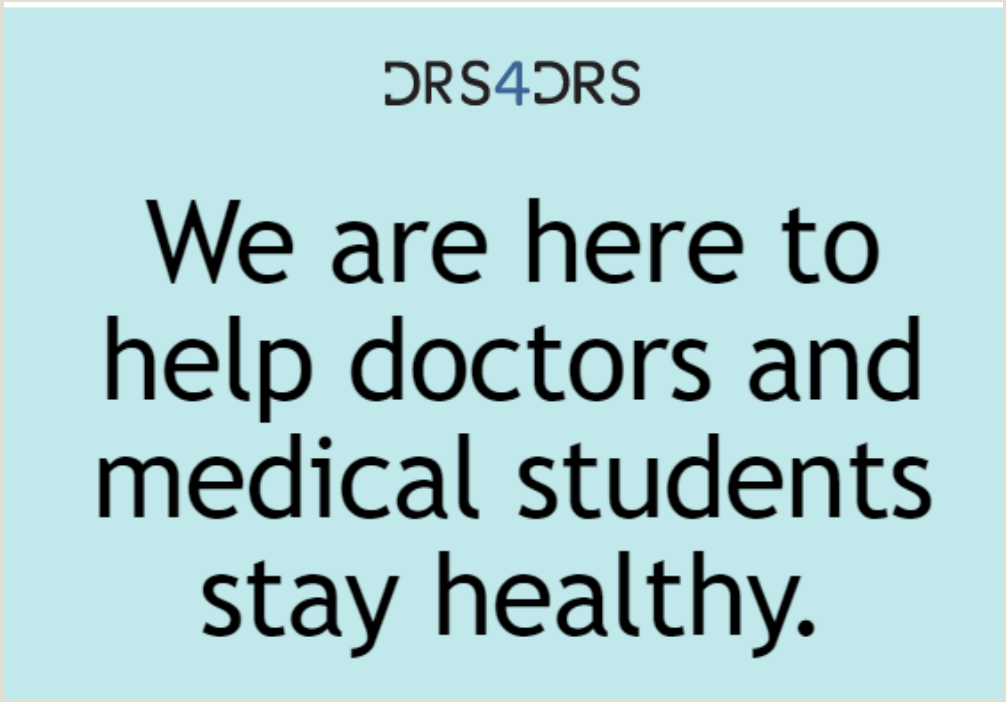
https://www.heti.nsw.gov.au/resources-and-links/covid-19

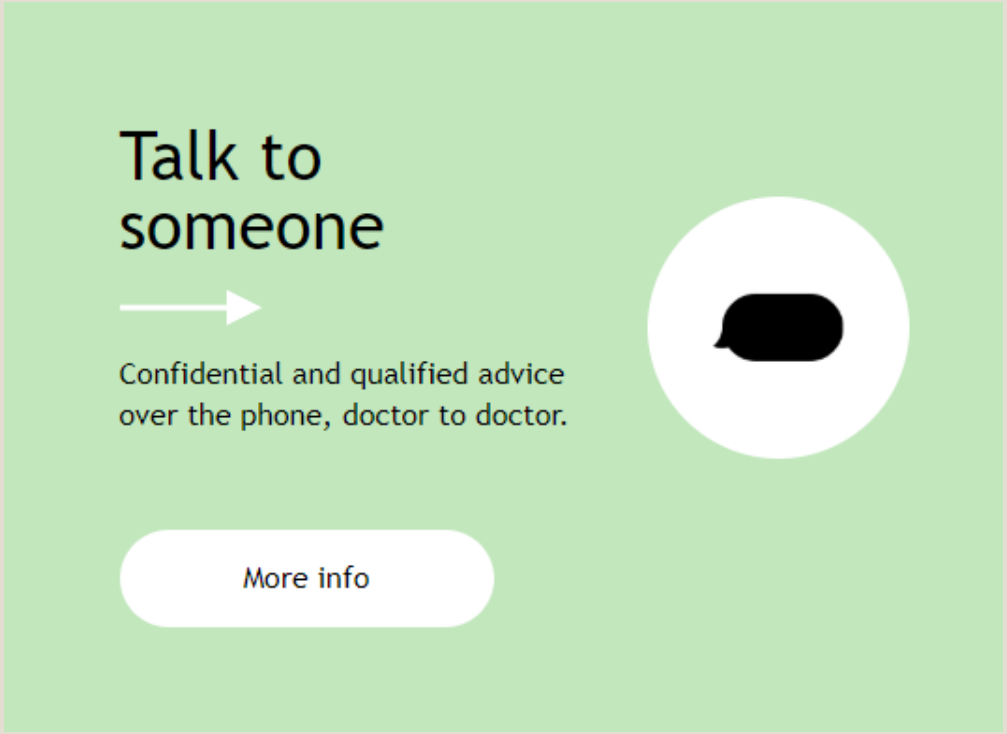


Doctors Health Advisory Service



Doctors for doctors





Sutherland Hospital wellness program

http://seslhnweb/Staff_Wellbeing/

http://seslhnweb/EAP/

Weekly sessions:

Employee Assistance Program

A A

SESLHD offers a confidential and independent Employee Assistance Program (EAP) to assist you in meeting the challenges of both your work and personal life, and for improving your life overall.

This is a professional counselling and coaching service that offers confidential, short-term support for work-related and personal issues.

You and your immediate family can access up to four counselling and coaching sessions per issue, per year. Additionally the first session of the four is available to you in work time.

The service is strictly confidential - if you decide to access your EAP your details go no further than the EAP organisation, and are not passed onto anyone in SESLHD. Of course if you decide to take the first session in worktime, you will need to tell your manager you would like to go to EAP, but there is no need to say the reason you are going.

Your EAP can help with a range of issues such as:

- Work-related stress
- Harassment and grievances
- Relationship or family matters
- Mental health concerns
- Personal crisis or trauma
- Managing life as a working carer - those who care for others outside of work and have little time for their own self-care. EAP can help with general support or specialist career, money, and lifestyle coaching.