

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Acute Assessment of Patients / Relatives / Visitors Requiring Medical Attention

Effective: March 2011

Review: April 2012

1 Introduction

This policy updates existing procedures initiated in October 2006 when Acute Medical services primarily relocated to the RVI site. The procedures follow the principle that the individual (not current inpatients) should be provided with an initial clinical opinion / assessment and a decision made in relation to their ongoing / acute care needs in whichever location the person / patient is situated. Whilst the procedures may not cover all eventualities, they may be useful as a basis to initiate care.

“Assess first ask questions later”

2 Freeman Hospital

2.1 Existing Patients – Outpatients, Diagnostics, Day Cases

- Nurse in charge of the relevant department to ensure that a clinical review of the patient is undertaken by the speciality team responsible for the patient's current care. For example, in a renal clinic, patient should be seen by renal team. Subsequent referral to the appropriate medical specialty should be done through established internal referral mechanisms.
- Note this will also apply to any patient who may require a cross speciality referral. For example a day case surgical patient who may have developed a medical problem.
- Day cases from day case wards who may need overnight observation must be referred to the FH Patient Services Coordinator (PSC) (26623) who will arrange a bed at the FH under the accepting team.
- Patients attending out patients departments, diagnostics or any other non clinical area who become unwell should be taken to the Emergency Admission Suite for review by the appropriate clinical team. The team contacted will be decided by the Nurse in charge of EAS.

2.2 Relatives / Visitors / Staff on Hospital premises

- If an individual becomes unwell & requires clinical review/attention. Staff to contact Emergency Admission Suite (EAS) (37108) or Patient Services Coordinator (PSC - 26623)
- The individual should be taken to EAS and the appropriate team contacted. The decision as to which team to contact is to be taken by the Nurse in charge. If the presenting condition is unclear then the SHO/F2 carrying

cardiac arrest phone (DECT 48813) should be contacted to review the individual.

- If the individual requires admission, they should be admitted to the appropriate ward on the FH site as follows:
 - Medical admissions should be placed on the most appropriate ward by contacting the PSC 26623 The admitting Consultant and associated team should take responsibility for the patient.
 - OOH Weekends and Bank holidays the responsibility for patients who are admitted to medicine rests with the FH based Consultants. This will be reflected in the Standing Orders of the Medical Directorate.
 - Medical admissions should be placed on the most appropriate ward by contacting the PSC 26623 The admitting Consultant and associated team should take responsibility for the patient.
 - Patients with acute respiratory conditions should be referred to the Respiratory SpR and arrangements made for admission as appropriate.
 - Patients with suspected unstable angina, myocardial infarct, heart failure or dysrhythmias should be referred to the Cardiology SpR and arrangements made for admission as appropriate.
 - Patients with suspected stroke or TIA should be referred to the Stroke SpR and arrangements made for admission as appropriate.
 - All members of staff should be encouraged to make contact with their own GP or Occupational Health however if acutely ill, the above process should be followed.

2.3 Children Presenting at Freeman Hospital

- If the patient presenting at the Freeman Hospital is under the age of 18 the on-call paediatric SpR should be contacted on **ext 48839** to come and assess the patient. Assessment should take place before transferring the patient elsewhere.

2.4 Recently Discharged Patients

Patients who have been recently discharged from any speciality, (defined as patients who have not reached their discharge destination) who subsequently require clinical attention, should initially contact the nurse in charge of the discharging ward and return to that ward for immediate review by the medical team.

If it is not possible to take the patient back to the discharging ward, they should be taken to EAS for assessment by the nurse who will then contact the discharging team to come and assess the patient.

2.5 Exceptions – Patients who are no longer on Hospital premises

- Patients who visit their GP, post discharge, who may require assessment/admission should seek normal access through the bed bureau route
- Patients who call the ambulance service directly
- If a recently discharged patient contacts the ward and **there** is felt to be a risk of cardiac arrest, the nurse in charge may advise the patient or relative to call an emergency ambulance.

2.6 Escalation

If there are no beds available in the relevant admitting speciality then the reviewing doctor should contact the PSC (26623) who will resolve the situation according to the Bed Management/Boarding Policy.

Please remember that the patient's safety and best interests **MUST** come first.

3 Royal Victoria Infirmary

3.1 Existing Patients – Outpatients, Diagnostics, and Day Cases

- Nurse in charge of the department to ensure that a clinical review by the speciality team responsible for the patient's current care.
- Should referral to the on-call medical team be necessary then the attending doctor should contact the RMO and arrange assessment via AS.
- Day cases from day case wards that may need overnight observation must be referred to the RVI PSC (24300) who will arrange a bed at the RVI under the accepting team.

3.2 Relatives / Visitors / Staff on Hospital Premises

- Individuals who become unwell and requires clinical review / attention, should be assessed in ED
- Children should also be directed through ED
- All staff should be encouraged to make contact with their own GP, or Occupational Health however if acutely ill, they should be assessed in ED

3.3 Recently Discharged Patients

Patients who have been recently discharged from any speciality, (defined as patients who have not reached their discharge destination) who subsequently

require clinical attention, should initially contact the nurse in charge of the discharging ward and return to that ward for immediate review.

If it is not possible to take the patient back to the discharging ward, they should be taken to AS for assessment by the nurse who will then contact the discharging team to come and assess the patient.

3.4 Exceptions

- Patients who visit their GP post discharge, who may require admission
- Patients who call the ambulance service directly
- If a recently discharged patient contacts the ward and there is felt to be a risk of cardiac arrest, the nurse in charge may advise the patient or relative to call an emergency ambulance.

3.5 Escalation

If capacity on AS is a problem then AS must contact the PSC (24300)

4 Monitoring

The application of this policy will be reviewed on an annual basis by the Matron for Patient Services who will undertake a retrospective review of any Trust complaints and Serious Untoward Incidents which refer to the treatment of individuals who are not inpatients on Trust premises. Any findings will be reported to the Emergency Admission Steering Group.

Authors: Matron Patient Services, Patient Services Manager & Dr. Alistair Gascoigne

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Acute Assessment of Patients	Policy Author:	Dot Kyle, Patient Services Manager
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)	No	This policy does not discriminate against any individual or group on the basis of race, ethnicity, Nationality, gender, culture, religion, sexuality age or disability
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?	N/a	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/a	
4(d).	Can we reduce the impact by taking different action?	N/a	

Comments:	Action Plan due (or Not Applicable): N/A
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Name and Designation of Person responsible for completion of this form: Dot Kyle, Patient Services Manager Date: 23/03/2011

Names & Designations of those involved in the impact assessment screening process: Dot Kyle, Patient Services Manager

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.