**Standard Operating Procedure**

**For Same Day Emergency Care (SDEC)**

|  |  |  |  |
| --- | --- | --- | --- |
| Sponsor | Divisional Director | | |
| Version | 1 | Date | 18/08/2020 |
| Version Author | Ella Martin | | |
| Review Date | Quarterly | | |
| Document Location |  | | |

This is a controlled document within the Unscheduled Care Division. At all times the electronic copy of this document must be considered the master copy and any printed versions are therefore uncontrolled.

This document supersedes any earlier versions.

1. **Background**

This document provides guidance for General Practitioners (GP’s) and other referring Allied Health Professionals (AHP’s) in primary care regarding the referral criteria for the SDEC, and a scoring methodology to determine suitability. Included are details of other pathways available for referral to speciality and relevant contact details to obtain advice from specialist areas.

SDEC aims to avoid medical admission by providing same day emergency care for patients who are clinically stable, but require rapid assessment, investigation and treatment.

1. **Hours of operation**

SDEC is open **Monday to Friday 8 am to 8 pm**, with the **last patients arriving by 6pm**.

In the event that SDEC referrals exceed resource the team may ask referring clinicians if the patient can safely be seen the following day

If it is not inappropriate to delay assessment then the patient may be added to the medically expected list for Shalbourne MAU.

1. **Admission / Inclusion criteria for SDEC**

**Patients with a NEWS2 score of 3 or less**

(Referring clinicians will need to have calculated a NEWS2 score before calling)

* Suspected DVTs
* Suspected PEs - ***Haemodynamically stable***
* Lower limb cellulitis/rashes
* Headaches with ***no*** focal neurology
* Non-severe asthma/COPD exacerbations
* Non-malignant ascitic drains
* Acute diabetic foot ulcers
* Electrolyte disturbances
* Iron infusions for symptomatic IDA ***no*** known cause - ***Responsibility for investigation remains with the referrer***
* Low risk AKI
* Painless jaundice
* Pyelonephritis
* Stable heart failure
* RBC transfusions – ***no*** known cause of anaemia

***Please note - Oncology, Haematology and Gastroenterology patients must have RBC transfusion arranged through respective specialities***

* Urgent hypertension with ***no*** focal neurology
* Other presenting complaints may be discussed with the receiving clinician to assess suitability for SDEC

**DVT information:**

Patients with WELLS of 2 or greater will proceed direct to USS Doppler. Please provide a WELLS score during the referral call. A time will be offered for a scan during the call. If there are no further USS Doppler scans available the same day you will need to provide the patient with an appropriate anti-coagulant until the next available scan.

**Note - Patients with negative USS Doppler are discharged by Radiology. These patients are not seen in SDEC and are discharged back to the GP. SDEC will complete a letter to this effect.**

**AMB Score:**

If the score is >5 consider SDEC referral:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Score** |  |
| **Sex** | **Male**  **Female** | **-0.5**  **0** |  |
| **Age** | **<80**  **>80 (or equal to)** | **0**  **-0.5** |  |
| **Access to transport** | **Agree**  **Disagree** | **+2**  **0** |  |
| **IV treatment not anticipated** | **Agree**  **Disagree** | **+2**  **0** |  |
| **Not acutely confused** | **Agree**  **Disagree** | **+2**  **0** |  |
| **NEWS 0** | **Agree**  **Disagree** | **+1**  **0** |  |
| **Not been discharged from hospital in the last 30 days** | **Agree**  **Disagree** | **+1**  **0** |  |
|  |  |  | **Total =** |

1. **Pathways for referral:**

* Non-urgent referrals to SDEC can be sent via e-mail [gwh.ambulatorycarereferrals@nhs.net](mailto:gwh.ambulatorycarereferrals@nhs.net) (form attached in Appendix)
* Same day referrals can be made to SDEC on 01793 607011
* Consultant advice line (via Consultant Connect) for Acute Medicine on 01793 607135 is available Monday to Friday 10am – 8pm.

1. **Specialist advice and guidance:**

**All specialities aim to respond within 5 working days but most do respond earlier.**

**Cardiology** [gwh.cardiologyadvice@nhs.net](mailto:gwh.cardiologyadvice@nhs.net)

**Dermatology** [gwh.dermatologyadvice@nhs.net](mailto:gwh.dermatologyadvice@nhs.net) - please provide well lit, size indicated photo

**DOME** Tel 01793 607387 – for advice Monday to Friday 9-5pm

**Endocrinology** [gwh.endocrinologyadvice@nhs.net](mailto:gwh.endocrinologyadvice@nhs.net)

**Gastroenterology** gwh.gastroenterologyadvice@nhs.net

**Haematology** [gwh.haematologyadvice@nhs.net](mailto:gwh.haematologyadvice@nhs.net)

**Neurology** [gwh.neurologyadvice@nhs.net](mailto:gwh.neurologyadvice@nhs.net)

**Ophthalmology** [gwh.ophthalmologyadvice@nhs.net](mailto:gwh.ophthalmologyadvice@nhs.net)

**Respiratory** [gwh.respiratoryadvice@nhs.net](mailto:gwh.respiratoryadvice@nhs.net)

**Rheumatology** [gwh.rheumatologyadvice@nhs.net](mailto:gwh.rheumatologyadvice@nhs.net)

Suspected GCA -

* Suspected GCA – **with** Ophthalmological symptoms – Refer directly to Ophthalmology for emergency / same day appointment
* Suspected GCA – **without** Ophthalmological symptoms – Refer to Rheumatology via Bleep 1501 / 2019 (SPR) with faxed referral to 01793 604387

**Many of our specialities now have direct phone access for advice and guidance. Please refer to the Consultant Connect system for availability and access to these teams.**

1. **Patient journey:**

Once a patient is accepted for SDEC review they will be added to the expected list and advised to attend the Cherwell Unit in the Brunel Treatment Centre. Please provide a Summary of Care Record (SCR) where possible. The patient should be able to arrange their own return transport. Only in special circumstances would hospital transport be arranged by SDEC.

Assessment is predominantly on a first come, first served basis, although patients who are identified as more unwell on arrival will be prioritised as per clinical need. SDEC does run an appointment system for re-attending patients. It is not a walk in service.

Patients are triaged on arrival by a Registered Nurse (RN) or Assistant Practitioner (AP) who will undertake observations, ECG and blood tests. Patients will then be reviewed by an Advanced Clinical Practitioner (ACP) or a Junior Doctor as workforce allows.

**Patients should be advised that the assessment, requesting of investigations, reviewing of results, discussion with a senior Doctor / Consultant, and decisions regarding onward management can sometimes take several hours.**

Please be aware that SDEC is unable to facilitate the provision of complex care needs. Packed lunches and drinks can be supplied on request. It is recommended that patients bring a drink with them.

1. **Onward flow**

If a patient is deemed to be too unwell to be managed in SDEC they will be admitted to Shalbourne MAU or one of the base wards for further medical review.

1. **Authorising group**

Unscheduled Care Divisional Board

1. **Review**

This document has been reviewed by:

* Ella Martin, Lead ACP for Acute Medicine
* Kevin Clark, Head of Service for Acute Medicine
* Sarah Finney, Matron for Acute Medicine
* Caroline Wretham, Divisional Director of Nursing for Unscheduled Care
* Dr Catherine Strait, Clinical Lead for Acute Medicine
* Dr Stephen Haig, Associate Medical Director for Unscheduled Care
* Dr Tobenna Onyirioha, Deputy Medical Director
* Dr Charlotte Forsyth, Medical Director
* Simon Barson, Divisional Director

|  |  |  |
| --- | --- | --- |
| **SDEC Referral Form** | | |
| 🞏 Urgent (within 2 working days) 🞏 Routine (within 1 week) | | |
| **Patient Details** | |  |
| Name:  Hospital No:  D.O.B.  NHS No.:  Weight: Allergy status: | |
| Home Telephone: | Mobile Telephone: | |
| Clinical Presentation | | |
| (Brief summary only including significant PMH) | | |
| Provisional Diagnosis | | |
|  | | |
| Action required by SDEC TEAM | | |
|  | | |
| Treatment already provided | | |
| (eg aspirin/fondaparinux, dalteparin, antibiotics) | | |
| Any special instructions or comments? Information given to patient? (What are patient’s expectations?) | | |
|  | | |
| Inclusion/Exclusion criteria | | |
| **Patients with a NEWS2 score of 3 or less**  (Referring clinicians will need to have calculated a NEWS2 score before calling)   * Suspected DVTs * Suspected PEs - ***Haemodynamically stable*** * Lower limb cellulitis/rashes * Headaches with ***no*** focal neurology * Non-severe asthma/COPD exacerbations * Non-malignant ascitic drains * Acute diabetic foot ulcers * Electrolyte disturbances * Iron infusions for symptomatic IDA ***no*** known cause - ***Responsibility for investigation remains with the referrer*** * Low risk AKI * Painless jaundice * Pyelonephritis * Stable heart failure * RBC transfusions – ***no*** known cause of anaemia   ***Please note - Oncology, Haematology and Gastroenterology patients must have RBC transfusion arranged through respective specialities***   * Urgent hypertension with ***no*** focal neurology * Other presenting complaints may be discussed with the receiving clinician to assess suitability for SDEC | | |
| Referrer Information | | |
| Surgery name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinician name:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation:\_\_\_\_\_\_\_\_\_\_\_\_  Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |