Oxford University Hospitals NHS
NHS Foundation Trust

Welcome to the John Radcliffe EMERGENCY DEPARTMENT

The emergency department can be a dynamic and fast paced environment to work in, so this guide has been developed as an oversight including general information, areas of the department and some of the working expectations. If you have any questions or concerns, please speak with the nurse in charge.

GENERAL INFORMATION

Day shifts = 07:30 – 20:00
Night shifts = 19:30 – 08:00

You have a **total break-time of 1 hour** during your shift. Speak to the nurse you are working with early in the shift about break allocation.

Useful numbers:

ED Sisters Desk: 01865 857717

ED Sisters Bleep: Via switchboard 4112

Switchboard 0

To bleep - dial 89, listen to message, enter bleep number, listen to message, enter extension to phone you are ringing on.

ED Reg: 4249

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Helpdesk: 40404

Emergency telephone numbers:
Cardiac arrest: 2222
Paediatric cardiac/respiratory arrest: 2222
Trauma team/Fire/Fast bleep a speciality: 4444

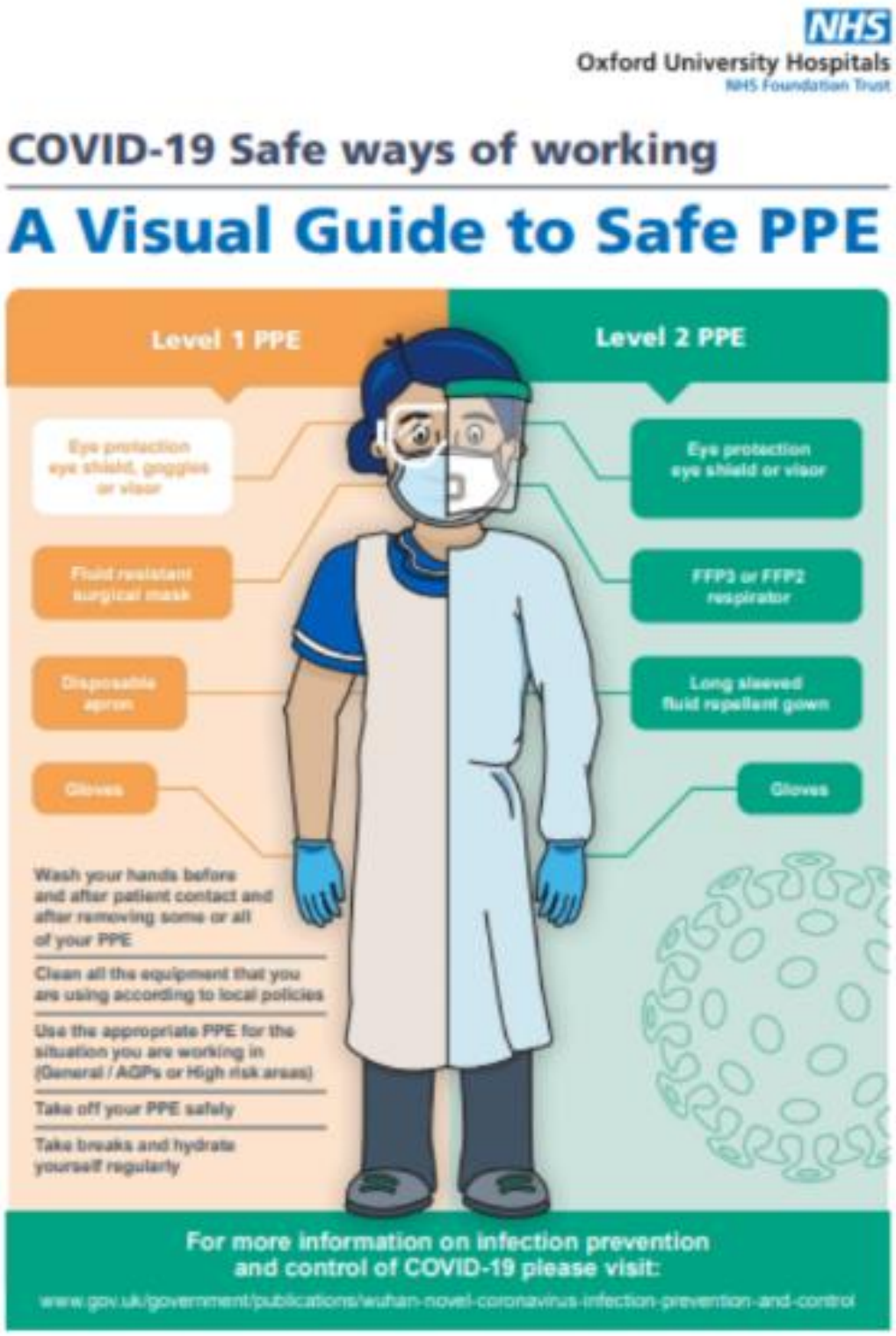
The nurse in charge of the shift will be able to allocate you a TENENS login to access EPR if you need one. We have 2 cards for RNs who are working a bank shift with us, please speak with the NIC for issue.

Staff toilets are located upstairs adjacent to the staff room. The staff room is swipe access so you will need to ask someone to let you in.

The staff room and allocation

The staff room is used by lots of different members of the team and is where you can have your breaks. Please do not leave things of value in the staff room, there are lockers available, but you will need to provide your own padlock. Allocation takes place in the department about 5 minutes before the start of the shift. You will need to be there to meet other people who are working on that shift and to find out which area of the department you will be working in.

The Emergency Department is an Amber area; please follow correct use of PPE.



AREAS OF THE DEPARTMENT

Front Door Nurse

Based at the main reception, the streaming nurse is a senior ED nurse who will take a brief history from the patient, and allocate them to one of the following areas of the department for full assessment.

Ambulatory Area (Main waiting room, working from the ambulatory area)

This area is staffed by 2 nurses and a nursing assistant. This are cares for patients that need advanced investigations but do not require a bed space. They might require further investigations such as ECGs & blood tests. These patients should be comfortable & safe to sit in main waiting room and not present a risk to self or others. We have to work flexibly in this space, as this area of the department is very busy and good communication is key. Observations should be done on all patients within 15 minutes of their arrival. **Blood gases and ECGs must be signed after being completed, and this must be done by an ED Consultant or Registrar. It is important to escalate any concerns to the nurse in charge and a doctor.**

Minors (Main waiting room, working from the ambulatory area)

Patients who present to ED with minor injuries will be assessed by the ambulatory nurses if required, and will then be seen by either an ENP (emergency nurse practitioner) or a doctor.

Broken bones, lacerations, (some) burns and other minor injuries and illnesses are all seen here.

Urgent Care

The assessment nurse can stream patients to urgent care too. This area is staffed by a nurse, nursing assistant, and 1 or 2 GPs. They see patients who would be suitable to be seen by their own GP and are likely to require minimal investigations. Patients can still be referred to other specialities from urgent care.

Assessment Area (cubicles 1-5)

Patients who present to the department who require a trolley, and may not be ambulatory, are seen in this area.

2 nurses and 1 nursing assistant generally work here.

Patients will be transferred onto a trolley, undressed and assisted into a hospital gown. A patient identification band should be placed immediately on the patient as soon as they have been booked in. Initial observations are taken, again within 15 minutes of arrival and an ECG done, cannula inserted, and bloods taken (if appropriate). COVID swabs should also be taken here too. Skin integrity should also be checked here as part of the initial assessment and clearly documented. **Blood gases and ECGs must be signed after being completed, and this must be done by an ED Consultant or Registrar.**

A history is taken for all patients, and this is documented on the Electronic Patient Record (EPR) system, on the blue cross icon. This is the nurse's documentation and is important for other staff to know the history of the patient and to continue to document what has been done.

Escalation is a key part of assessment. Should the patient's observations, ECG, bloods be abnormal, the patient in extreme pain, trigger for sepsis or show clinical concern, it is important to raise this to the nurse in charge and an appropriate doctor.

The patient can then be transferred to majors trolleys, majors chairs or in some cases, to resus.

It is important to keep the flow of patients moving in order for more patients coming from the ambulances to be assessed in a timely manner.

Majors Chairs (Majors chairs and cubicles 1-5)

Majors chairs are cared for by 1 nurse and a nursing assistant. The patients who may be allocated here are those with mental health presentations, behavioural disturbance, acute intoxication, patients with a GCS <15 or confusion (acute or chronic), but who are still able to ambulate. **It is important to escalate any concerns to the nurse in charge and a doctor.**

Majors (Cubicles 7-16)

Majors is where patients who need cardiac monitoring or are too unwell/frail to sit in a chair are seen. 2 nurses take 5 patients each in Majors, and a nursing assistant is also based here. These patients are monitored if necessary and managed while waiting to be seen by a doctor. Pain relief, Antibiotics, Fluids etc. are all done in Majors. If allocated to majors please assist with the intentional rounding at 8am, 12pm, 4pm, 8pm and 12am.

Before transfer to the wards, it is essential that patients are up-to-date with observations, medications and have had a COVID PCR and lateral flow test completed.

Paediatric ED

The Children's ED sees children from new-born until the day before their 16th birthday. We see everything that is seen in the rest of the department (majors and minors) in one place.

We have several cubicles and a waiting area. We also have high dependency cubicles to enable us to keep some children from needing to go to Resus.

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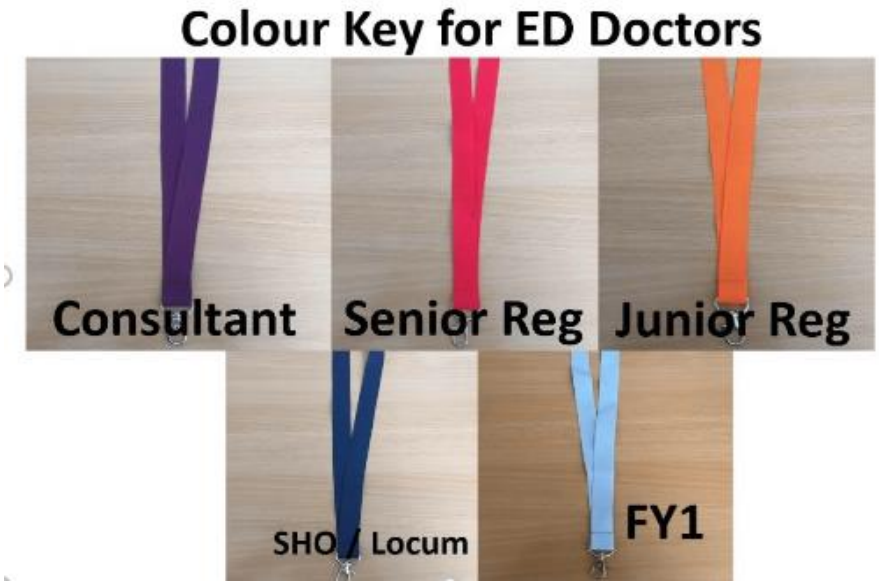
If you have any concerns regarding any patient, please escalate to your concerns to the nurse in charge as well as the doctor responsible for the patient.

Only registrars and consultants are allowed to sign ECGs.

Doctors EPR name colour will also match their grade



THINK SEPSIS- IVABX must be given within an hour of arrival to ED

All patients presenting with chest pain need an ECG within 10minutes and reviewed by a senior doctor within 30 minutes

Before transferring patient to a ward all time critical medications must be given, COVID swab done and nursing documentation completed.

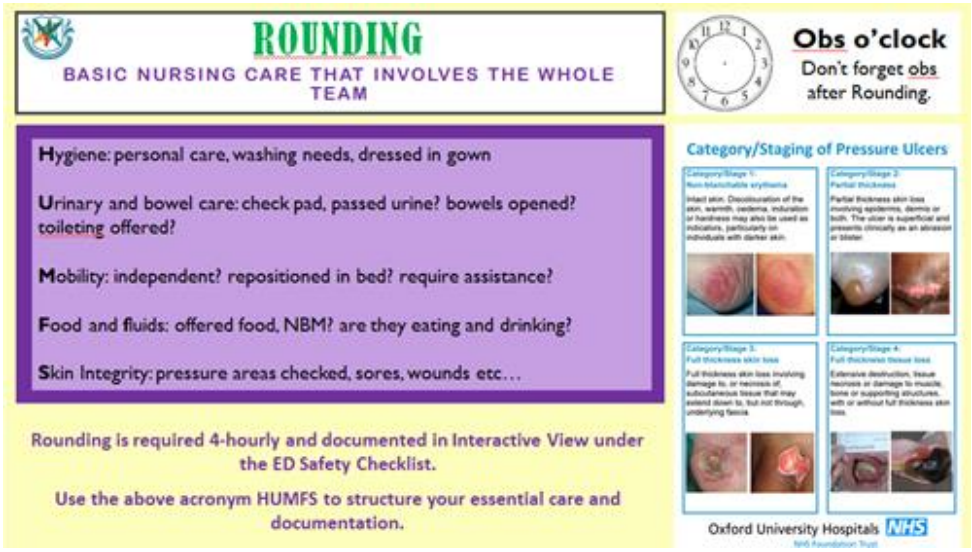
If allocated to majors please assist the nursing assistances in rounding at 8am,12pm,4pm,8pm and 12am.

Intentional rounding:

Intentional rounding should be completed at a **minimum** of every four hours, preferably at the following times; 0800, 1200, 1600, 2000, 0000, 0400. However, some patients may need more frequent assistance therefore these times are guideline and may need adjusting.

Often our fantastic nursing assistants will often take a lead on this, but this is **everyone's responsibility**! As the nurse caring for a caseload of patients, please ensure this is completed. If you need further help or assistance, please inform the nurse in charge.

We use the acronym **HUMFS** to ensure that all patients' basic needs are met, as pictured below:



When documenting the intentional rounding, please complete via I-view within EPR **ED Patient Safety Checklist.**