



INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES

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PURPOSE

Policies and procedures guide the admission of patients coming to the emergency department of Indira Gandhi Institute Of Medical Sciences.

Cleaning of Emergency Ward, HDU, ICU with Bionil disinfectants.

SCOPE

All patients coming to the emergency department for care as per Bed Vacancy.

PROCEDURE

1. To aid clinical diagnosis, samples are collected and sent to lab for analysis and reporting. Reports shall be sent back to the Emergency department on a priority basis.
2. Screening and diagnostic tests shall be recommended and carried out as and when required in the Triage, keeping in mind the patient's immediate medical needs; for example, in the case of a head injury, the Residents shall have to make a quick appraisal of the criticality of the case and recommend an X-Ray, Ultrasonography or a CT Scan if he/she so decides. Tests are also carried out in concurrence with the consultant for arriving at the clinical diagnosis.
3. Patients are not transferred or admitted or discharged without the Faculty on duty reading the reports of all tests recommended by him or the consultant in the Emergency, unless the critical nature of a patient's condition warrants immediate transfer to the operating theatre or a critical care unit .

Reception of patient

1. Emergency staff shall ensure availability of wheelchairs and stretcher trolleys at the Emergency main door.
2. In cases where the patient is unaccompanied / unconscious, life, sight and limb saving measures shall be instituted.
3. After examining the patient and immediate resuscitative and stabilization care, the Senior Resident (SR) shall contact the Consultant on-call in the relevant specialty by means of the telephone. SR shall apprise the Consultant of the patient's condition and take instructions regarding investigations and treatment.

4. SR advises admission if required and the front office staff shall fill the Admission Request Form if the patient requires admission. A patient is to be admitted only when the Consultant advises admission.
5. Under the guidance of the treating doctor the concerned nursing staff with the help of the Front office staff shall call the external blood bank and arrange the required quantity.
6. Patients shall be discharged or transferred to the allocated bed at the earliest after screening diagnostic test results are available or earlier if the patient condition so requires.

Handling Medico legal Cases

1. All cases of accidents, burns, assaults, alleged suicide or homicide, poisoning, road traffic accident, rape, drowning, etc shall be registered as medico legal cases (MLC). Local Police has to be informed immediately.
2. All cases registered as medico legal in hospitals where he/she reported first must also be registered as Medico legal and the outside MLC number recorded on the case file.
3. Any case of a cognizable offense as mentioned above even if brought at a later date by the police must be informed and the case registered as medico legal.
4. When a case identified as medico legal is brought to Emergency Dept. RMO shall provide medical care as required.
5. Emergency staff shall inform the Front office staff who will intimate the police. The time of call and the police personnel spoken to shall also be documented in the front office register.
6. MLC Form shall be filled by RMO in duplicate (one copy for Medical Records Dept. and one for the Police) MLC report shall be completed and signed as soon as possible after the patient arrives in Emergency and in all cases before the RMO goes off duty. RMO shall not be relieved until MLC reports for patients managed in the tenure of duty are completed.
7. An entry must be made in MLC intimation report in case the patient is already registered as Medico legal in another hospital.

Triaging

1. Through regular modules, held for both Doctors and nursing staff, the staff shall be trained in the technique of Triaging.
2. The policy of prioritizing patients is based on the urgency of their individual need for medical care.
3. Under normal working conditions, patients shall be triaged and allotted beds in the ER as per the urgency of their medical needs.

4. During external disasters (Code Red) patients shall be triaged as Red, Yellow, Green and Black according to the following criteria:

Red First Priority, Most urgent, Life-threatening shock or hypoxia is present or imminent, but patient can be stabilized and, if given immediate care, shall probably survive.

Examples Red:

- Compromised airway.
- Respiratory arrest or severe respiratory distress or SpO₂ < 90.
- Cardiac arrest.
- Hypotension (BP < 90 mm Hg)
- Trauma patient who is unresponsive or requires immediate fluid resuscitation.
- Overdose with a respiratory rate of 6.
- Severe bradycardia or tachycardia with signs of hypo-perfusion.
- Chest pain, pale, diaphoretic, blood pressure 70/palp.
- Anaphylactic reaction.
- Baby that is flaccid.
- Hypoglycemia with a change in mental status.

Yellow Second Priority, Urgent, Injuries have systemic implications or effects, but patient is not yet in life threatening shock or hypoxia; although systemic decline shall ensue and given appropriate care, patient seems able to withstand a 45 to 60 minute wait without immediate risk.

Examples of Yellow: Following diagnosis with stable blood pressure. Tachycardia / dyspnea may or may not be present

- Gastro-intestinal bleeding
- Acute arterial occlusion
- Fever in immuno-compromised patients
- Testicular torsion
- Acute renal failure
- Ectopic pregnancy
- Spontaneous abortion
- Rule out meningitis
- Acute Cerebro-vascular accident
- Vomiting / diarrhea in children
- Acute asthmatic attack
- Pleural effusion
- Spontaneous pneumothorax
- Road traffic accident with transient loss of consciousness.
- Acute abdominal pain

Green Third Priority, Non-urgent, Injuries are localized and without immediate systemic implications; with a minimum of care, patient generally does not deteriorate for upto several hours.

Black Dead, No distinction can be made between clinical and biologic death in a mass casualty incident, and any unresponsive patient who has no spontaneous ventilation or circulation is classified as dead.

The above color coded ID Bands shall be used during a Code Red

Transfer of patients for Diagnostic tests / other hospitals

- 1) To aid clinical diagnosis, samples are collected and sent to various labs for analysis and reporting. Reports shall be sent back to the emergency on a priority basis.
- 2) Screening and diagnostic tests shall be recommended and carried out as and when required in the Triage, keeping in mind the patient's immediate medical needs, for example, in the case of a head injury, the SR shall have to make a quick appraisal of the criticality of the case and recommend an X-Ray or a CT Scan if he so decides. Tests are also carried out in concurrence with the consultant for arriving at the clinical diagnosis.
- 3) Patients are not to be transferred or admitted or discharged without the SR reading the reports of all tests recommended by him or the consultant in the Triage, unless the critical nature of a patient's condition warrants immediate transfer to the operating theater or a critical care unit.
- 4) Patient information is transferred between SRs, nurses and other staff – whether concerning transfer, transport or medical condition- from one shift to the next through detailed handovers, which include written or verbal communication.
- 5) The information includes medical status of the patient, the treating doctor's comments, the SR's notes, and special information like transport and transfer information, discharge information, etc.
- 6) When a transfer within the hospital is done, the patient's condition is communicated to the consultant/ duty doctor (Including floor doctor) of the area where the patient is being transferred to. The medical condition of the patient, his medical care requirements and the reason for his transfer is communicated to the concerned person by the SR.

Ambulance Services

- The hospital shall provide a well-equipped ambulance with emergency medicines and basic life support equipments to facilitate efficient and timely transportation of a patient to and from the hospital under the care of trained nursing staff / doctors.
- The ambulance is designed and is appropriately equipped to respond to medical emergencies.
- Checklists of all equipments and emergency medication shall be checked on a daily basis.
- The hospital shall ensure that the ambulance is manned by trained personnel

Procedure:

Procedure on Ambulance services

- 1) Hospital's ambulance is equipped to ensure smooth, safe and efficient transfer of patient to and from a Health Care Facility.
- 2) Hospital's ambulance shall be available at the hospital for meeting any emergencies. An alternate ambulance shall be made available on call from outside agency.
- 3) The ambulance drivers and the drivers on call are provided with cell phones. Drivers shall promptly respond when called upon from the hospital or from the emergency site.
- 4) If there is any delay in reaching the site, the reason shall be mentioned in "Ambulance register".
- 5) In the event of these ambulances being busy, the drivers, front office staff, security staff on duty must call for help from other private ambulance services.
- 6) Before transporting the patient, hospital shall ensure that appropriate communication regarding the referral of patient is given to the receiving hospital.
- 7) The complete address regarding the location of referring HCF(health care facility), demographic data of patient, his/her illness and the complete address of referral HCF must be properly communicated to the staff of that ambulance service.
- 8) A transport ventilator shall be made available for use in special situations. Intubated patients connected to ventilator must be transported accompanied by a doctor and/or trained staff nurse.
- 9) Designated clinical staff if required shall accompany the patient during the transfer and record in the patient file all care and treatment administered during transfer.
- 10) Names of staff accompanying the patient shall be recorded in the patient file.
- 11) Emergency drugs shall be available in the ambulance and ensured that no expired drugs are found available.
- 12) There shall be a checklist for emergency medicines and equipment that need to be checked in every shift by a staff nurse; in case of any equipment repairs, the same is brought to the notice of relevant bio-medical engineer for rectification. (Ref: Checklist for ambulance).
- 13) The emergency drugs shall be replenished from time to time.
- 14) Adequate consumables and drinking water shall be made available in the ambulance.
- 15) Availability of adequate number of medical gases cylinder (oxygen cylinder with regulator) shall be ensured.

- 16) The treating doctor shall also ensure that the ambulance is equipped to respond to medical emergencies as per the need of the patient.
- 17) While transporting a patient to another destination, if the medical condition of that patient becomes very serious, the driver shall take the ambulance to the nearest Hospital for immediate medical attention to that patient. This shall also be informed to the hospital and concerned doctors.
- 18) The hospital shall ensure that a designated person from the facility will coordinate this service effectively and ensure the timely transportation of the patients by ambulance in case of emergency.
- 19) The ambulance service contact numbers shall be displayed in front of the reception counter as well as other appropriate locations in the facility.
- 20) Treatment given to the patient from the referring/transporting HCF (health care facility) including demographic data of patient, diagnosis, reason for referral, medications administered, diagnostic test results, and all available procedural and therapeutic interventions must accompany with patient/guardian/relative/paramedic staff while transporting the patient through an ambulance.
- 21) Qualified clinical / paramedical staff must accompany the patient in an ambulance while transportation to the receiving facility.
- 22) It is the responsibility of management and staff of the referring / transporting hospital to check that the ambulance is well equipped and all equipments are functional to respond to medical emergencies during the patient transportation in a stipulated time frequency.
- 23) The referring hospital management will be responsible for any delay (if happened) in transporting the patient to the referred health care facility.
- 24) After each patient transfer by ambulance, it is the responsibility of the driver/In Charge Nurse to dispose of all used disposable and contaminated items and replaces them with new.
- 25) All other items including emergency medicines should also be replaced.
- 26) The treating doctor shall stabilize the patient and ensure that the treatment given to the patient at the facility is documented and duly named, signed, dated and timed.
- 27) The necessary document shall be sent along with the patient at the time of transportation to the referred facility.

List of equipments available in the ambulance:

- 1) O2 filled cylinder (small) with flow meter.
- 2) Stethoscope.
- 3) Ambu bag with mask
- 4) Suction apparatus
- 5) Suction catheter.
- 6) Laryngoscope with blade
- 7) Glucometer

- 8) BP (Blood Pressure) apparatus
- 9) ET (Endotracheal tube) Stillet
- 10) IV Fluids with stand
- 11) Portable stretcher
- 12) Torch
- 13) Scissors
- 14) Cardiac Monitor
- 15) Dressing Materials
- 16) Bandage
- 17) Pads & Bandage
- 18) Sterile Dressing Tray
- 19) Emergency medicines
- 20) Sterile Scissors.
- 21) Thermometer.
- 22) Bed pan & urine pot
- 23) Disposable sanitary bag.
- 24) Syringes and needles
- 25) Mackintosh and extra linens
- 26) IV tubings
- 27) Foley's catheter and
- 28) Nasogastric tube.

Transfer to Ward/Refer/Discharge.

At least 5 beds should be vacant or make available round the clock 24 hour for availability of upcoming New Emergency care. All patients admitted in Emergency, if become stable then transfer to respective ward as per availability of beds. If beds are not available then transfer or Discharge, if patient becomes stable and his Emergency needs are over after 24 hours.

REFERENCE:

NABH: Pre Accreditation Entry Level Standards for Hospitals, First Edition, April 2014.
