

## Referral to Specialty from ED

**All patients referred to specialties should be reviewed in the ED within 60 minutes of referral.  
Plans must be communicated on TRAK Care & verbally to ED Care Provider within 90 minutes of referral.**

Failure to meet either of these 2 IPS criteria would lead to escalation via IPS as outlined below.

At point of referral, it should be clear what type of review is requested.  
(Advice / Remote Assessment / Face to Face Review / Referral for Admission)  
Timing of referral (and attempts to contact specialty) should be recorded in notes.

**Patients should not wait in ED for additional investigations requested by Specialty Teams prior to admission to ward.**

### Specialty Review hasn't occurred within 60 minutes

**If all of the following criteria are met:**

- NEWS < 5
- Patient reviewed by ED Consultant
- Follows an agreed Clinical Pathway

**Patient should be moved directly to the agreed location.  
(Specialty Ward or Assessment Area)**

**Otherwise:**

**ED to escalate to Specialty Consultant for consultant to consultant discussion.**

If no decision after 90 minutes & reasonable attempts to contact specialty have been made, ED Consultant will decide on optimal placement.

### Unable to Contact Specialty

**If all of the following criteria are met:**

- NEWS < 5
- Patient reviewed by ED Consultant
- Follows an agreed Clinical Pathway

**Patient should be moved directly to the agreed location.  
(Specialty Ward or Assessment Area)**

**Otherwise:**

**ED to escalate to Specialty Consultant for consultant to consultant discussion.**

If no decision after 90 minutes & reasonable attempts to contact specialty have been made, ED Consultant will decide on optimal placement.

### Disagreement between Specialty Teams

**It is the responsibility of the team declining a referral to refer onwards to alternative specialty.**

If initial referral to a Specialty has been made contrary to an agreed pathway, ED will remain responsible for making a subsequent referral.

**If there is failure to reach consensus within the timeframes above the ED Consultant will decide on optimal placement after they have reviewed the patient.**

If possible this should include a Consultant to Consultant discussion.

**During working hours if disagreement, this should be escalated to the relevant CD.**

Further escalation to AMD / Site AMD / Site Director as required. (OOH via Consultant on Call and SMoC)

### Patient moved to Ward under ED Escalation Policy

- **The decision to move a patient to ward under this escalation policy and any relevant electronic handover should be documented in EPR.**
- **NIC will inform S&C Team. ED Medical Team will inform receiving Medical Team.**
- **It is the responsibility of the S&C team to inform the receiving ward that a patient requires admission.**
- **The receiving ward are responsible for allocating a bed and ensuring transfer takes place within 15 minutes.**

#### ED Senior Decision Maker

Within this guideline "ED Consultant" relates to the ED Senior Decision Maker

- 07:45-02:00 - ED Consultant
- 02:00-07:45 - ED ST4+  
(Consultant on-call if required)

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Document: OG10251	Published Date: 14/10/2025	Review Date: 01/11/2026	J Dobson, M Gillies, M Jack, D McKean		