

SJH Emergency Medical Assessment Pathway

Background

The role of Emergency Medical Assessment (EMA) is to deliver the rapid assessment and investigation of acute medical problems.

These should be new problems (less than 2 weeks duration) which require acute assessment. Conditions which have persisted for longer than this should be referred to the appropriate outpatient clinic.

Opening hours and contact details

EMA is open from 0900 to 2230 but takes its last patient at 1900 to allow it to close. After this, patients can still be referred to medicine but will be assessed in the Emergency Department by the medical team. **The coding on the questionnaire should still be set as SJHEXPM for Medical and the Department code as SJHEMA to ensure the correct Team at St John's are aware of the referral and have staff available to assess the patient in ED.**

Inclusion criteria:

It is impractical to list all conditions that would be suitable for EMA review. Some examples are:

- Acute shortness of breath (but not meeting hypoxia levels as per Exclusion criteria)
- Upper GI bleeding (non-life threatening e.g. coffee ground vomiting, melaena)
- Acute pleuritic chest pain
- Suspected acute infection
- Acute endocrine or biochemical derangement (e.g., hypercalcaemia, hyponatraemia)
- Cellulitis NEWS<3 (see exclusion note)
- Diarrhoea and vomiting with systemic compromise or underlying frailty
- Acute headache
- Patients who meet SDEC criteria but are not ambulant
- Acute delirium (although consider hospital @ home options)

Exclusion criteria:

- Patients with a NEWS of 7 and above
- New GCS 13 and below
- Patients with active ongoing cardiac sounding chest pain (send to ED)
- Pregnancy – up to 24 weeks (discuss with med reg or Gynae), over 24 weeks (Obstetrics)
- Patients under 16 years old (Paediatrics)
- Patients presenting with:
 - DKA
 - Life threatening upper GI bleeding (major haemorrhage)
 - Acute stroke with confirmed onset of symptoms within 12 hours (send to ED – see Condition By Site document for more details)
 - Acute hypoxia with sats <92% on air (when sats are usually normal) or <88% on air (when known to have chronic hypoxia)
 - Cellulitis affecting 'special areas' – hands, face/head, genitalia, or possibility of septic arthritis
 - Abscesses
 - Trauma
- Ambulant patients suitable for SDEC review

Process for Flow Centre:

- **All patients** who meet the above criteria and require to be seen in EMA will be placed on SJHEXPM (Medical) list, regardless of where they are sign-posted to attend.
- If the GP requires a clinical conversation with the Medical Registrar or Medical Consultant on call, this should be done via switchboard

Site & Capacity SJH are responsible for phoning the Flow Centre each morning at 8am to advise of any diversion to ED due to capacity. The Flow Centre will book patients into EMA unless advised of any diversion

Coding on Questionnaire:

Location: SJH Expected List – Medical (SJHEXPM)
Hospital: St John's Hospital
Department: SJH Emergency Medical Assessment - EMA (SJHEMA)
Speciality: Medical