

Emergency Department- Assessment and Management

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Adult Emergency Department

Overview

- Aims of care
- Where we started
- Current approach
- How we are doing

Emergency Department Aims of Care

1. Analgesia
2. Diagnosis
3. Intercurrent illness
4. Information
5. Disposition

Analgesia

- Oligoanalgesia
- Most studies show less than 50% of patients receiving pain relief within 30 minutes
- 40% no analgesia
- Nerve blocks not routinely used

Information

- Patient
- Family
- Set expectations
- Written information

Diagnosis

- High clinical suspicion in most patients
- Plain X-rays adequate in majority of cases
- Pubic rami fractures as differential
- Occasional occult fractures

Intercurrent illness

- Screen in ED
- Infection/ sepsis
- Cardiovascular disease
- COGNITION

Disposition

- Orthopaedics
- Occasionally OT
- Older Peoples Health
- Reduce ED LOS

Where we were...

- Over 40 min for clinician sign on
- 120 minutes to referral
- 74 minutes to inpatient sign on
- Average length of stay 5.7 hours
- Time to analgesia 65 mins
- Time to X-ray 81 min

- i.e. not great.....

New Pathway

- 2016
- Triage category 2
- Seen in Resus
- Assessment
- Mobile X-ray
- Nerve block
- Referral to orthopaedics
- Remaining X-rays on way out of department

Now

- Time to analgesia improved by nearly 40 minutes
- Majority getting nerve blocks
- Time to X ray reduced by 53 minutes
- Sign on time reduced by 30 minutes
- ED length of stay reduced by 2 hrs

AED Patient arrival to:	Before (median mins)	After (median mins)	Improvement time (Total diff In mins)
Analgesia	*65.00	**28.00	37 mins
Labs	32.00	18.00	14 mins
Xray	81.50	28.00	53.5 mins

*Not all patients received pain relief, so excluded so a time adjusted analysis could be done.

** All patients received pain relief on new Fast Track pathway with majority receiving a nerve block.

Going forward

- Avoid slippage
- Pathway for possible occult fractures
- Plan for when resus is full/ last bed
- Direct to OT plan
- Cognitive assessments
- Anticoagulation

Questions?

- I would like to thank Karen Schimanski (RGON, MHSC), for her efforts in developing and supporting the pathway.