Emergency Department - Assessment and Management

Dr Owen Doran
Emergency Medicine Specialist
Auckland City Hospital
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
• 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
• 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
Going forward

• Avoid slippage
• Pathway for possible occult fractures
• Plan for when resus is full/ last bed
• Direct to OT plan
• Cognitive assessments
• Anticoagulation
I would like to thank Karen Schimanski (RGON, MHSC), for her efforts in developing and supporting the pathway.