

## **EAU Admission Criteria**

At present the Emergency Admissions Unit is situated away from the Accident & Emergency Department on Ward 38. It has been designed to receive medical and surgical referrals directly from the GP. It is jointly operated by the Acute Medical Admissions and the Accident & Emergency Department (only for surgical cases). The surgical side of the unit is staffed by a Staff Grade Doctor on Mon-Fri 10.00 hrs – 21.00 hrs). Suitable patients for EAU are,

- Surgical cases which do not require immediate resuscitation or in severe pain or are seriously ill. Such patients, if seen in the main Accident & Emergency Department can be sent to EAU after discussing with the EAU doctor or nurse at extensions 27138 or 28910.
- Medical patients are managed by the Acute Medical Assessment Unit medical staff. Unfortunately on occasions the EAU becomes full and patients are then sent to the A&E department for assessment.

**CDU Admissions Criteria** – The Clinical Decisions Unit (CDU) at present is situated away from the main Accident & Emergency Department on Ward 38 but run by A&E. The aim of the unit is to assess, observe and rapidly investigate certain patients in whom there is diagnostic uncertainty and where an answer can be provided within 6-24 hours. Other patients may require observation and some treatment alone. There are specific protocols for a variety of conditions. Entry to the unit is after review by the CDU Clinical fellows although some protocols are nurse **driven (see appendix 2 for processing of CDU patients)**. Copies of the protocols are available from the EMIBank. Hard copies are available from the filing cabinet near Bay 3 of the dept. The protocols are :

### **a) Rapid diagnostics and decision making**

- ?Cardiac chest pain ?MI – low risk (normal or non diagnostic ECG)
- ?Pulmonary embolus – low or intermediate risk and some high risk patients.
- ?Deep venous thrombosis
- ?Renal colic

### **b) Observation and re-assessment**

- Syncope ? cause
- Minor head injury

### **c) Treatment and rapid discharge**

- Cellulitis
- Mild asthma
- Pneumonia with likelihood of discharge within 24hrs

### **Other protocols being developed:**

- Headache to exclude sub-arachnoid haemorrhage
- Anaphylaxis
- TIAs
- Pneumothorax