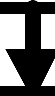
An A&E Users' Guide to the Medical Admissions Process
February 2002

In order to streamline the process for medical patients requiring admission to hospital and minimise the time in the A&E dept, it is essential that all medical and nursing staff follow the Medical Admissions Process precisely.

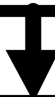
Doctors in A&E must:

1) **Make a decision** to TCI medical patients as soon as they recognise the need for admission. If you are **uncertain** about the need for admission **ASK A SENIOR**.
2) **Use the TCI stamp** to record the decision. Make sure to insert all the details. If you are uncertain as to the specialty or category, refer to the RED folder or laminated summary list on the noticeboard.
3) **Inform** the nurse co-ordinator who will initiate the process.
4) **Inform** the relevant specialty doctor or MAU doctor of your decision (see below). The MAU doctor may advise with regard to re-categorisation.



Doctors in A&E must NOT:

1) **Wait** for blood tests or radiology tests if the decision to admit is obvious on clinical grounds. This is the case in **most circumstances**. Remember it is easier to subsequently change your mind and take somebody off the Bed Board list.
2) **Allow telephone advice** from specialty SHOs for referral to other specialties. If the specialty doctor suggests referral to another specialty, **he/she must come to assess the patient first**. Please make it clear to the specialty doctor that the patient has been referred to him/her in the meantime. Discuss with a senior if you are uncertain.



Doctors and nurses in A&E must also please remember to :

Make sure to record in the notes the time of referral to specialty doctor and any reminder phone calls to see the patient. Consistent inordinate delays by specialty doctors may be regarded as **critical incidents** and referred to the Lead Clinician for the specialty. These must be reported to the A&E consultant team leader of the day.

Contacting the appropriate doctor to make a referral for a medical admission.

During Office hours (0900-1700hrs):

1) Refer any category B or C patients to the MAU SHO. The roles of the MAU SHO include checking that the correct speciality and priority have been assigned to the patient and to confirm the patient is well enough to transfer to a ward without input from staff from specialty medicine.
2) For all category A patients inform the appropriate specialty SHO. If you are **unable to contact the specialty SHO record this in the notes and inform the MAU SHO**.
3) If your patient requires specialty high dependency care an A&E senior will usually be involved. These patients will preferably require referral to the specialty registrar (Cardiology, Respiratory, Gastro or other). Otherwise, discuss with the RMO (junior registrar), SMO (senior registrar) or MAU consultant.

During weekdays 1700-2300hrs and at weekends (Bank holidays 09-23):

1) Refer patients according to their specialty (block SHO).
2) The MAU SHO covers for general medicine, diabetes, endocrinology and MAU admissions*. The blocks and bleep numbers are shown below.

From 2300 – 0900hrs every day:

1) Refer to the MAU SHO always unless admission to a high dependency bed is needed.
2) Refer cardiology to the CCU SHO.
3) Refer high dependency Respiratory or Gastroenterology cases to the specialty SpR on call.

Block SHOs and their bleep numbers are:

- 2047 MAU, general medicine, diabetes, endocrinology
- 2920 respiratory medicine, gastroenterology, GU medicine
- 2921 medicine for the elderly and haematology
- 2922 dermatology, renal medicine and neurology

Other important people in the team: In the evenings (especially 1700 – 2300hrs) and at weekends the key role of the RMO (junior SpR) will be to co-ordinate the block and MAU SHOs (including care for ward patients as well as new referrals from A & E). On weekday evenings(approx 1800hrs) and weekends (approx1200hrs), **the RMO should contact the A&E consultant in the A&E dept to assist with this co-ordination.** The SMO and consultant physician of the 'day/night' will be contacted by the A&E consultant team leader when required.