INTRODUCTION TO
THE EMERGENCY DEPARTMENT

Welcome to the Modbury Emergency Department. It is hoped that your time here will be both educational and enjoyable. The emergency department is called the gateway to the hospital. This is because a large percentage of patients access the hospital by presenting to the emergency department.

The department treats around 38,000 patients a year. You will see the full spectrum of patients in our department from neonates to the elderly, presenting with major and minor trauma, psychiatric problems, and minor illness through to true medical emergencies.

Emergency medicine is a team sport. The medical and nursing staff work closely together to care for patients. Suggestions on management from our experienced nursing staff should be taken seriously. Other members of the team include the clerical staff, orderlies, security staff and volunteers; they also have important roles in the department and should be treated with respect and kept informed as required.

Care of complex patients requires a multi-discipline team and we have mental health workers, discharge liaison nurses, physiotherapists, occupational therapists and social workers all based in the emergency department. Finally we also have nurse practitioners working in our department who see patients with specific problems independently and with medical staff.
How the ED Works

The department is divided into a number of different areas with different functions. The department may initially seem large and overwhelming, but after an orientation to the layout you will soon gain your bearings.

Triage

All patients are seen on arrival by a senior nurse based at triage. They make a quick assessment and give them a triage score of 1 - 5 which is a scale of urgency.

- Category 1 patients have a life threatening condition such as cardiac arrest, shock, major trauma or coma, they are taken immediately to the resuscitation rooms.
- Category 2 patients have a potentially life threatening condition requiring urgent review and are sent around to Area A or the resuscitation rooms.
- Category 3 & 4 patients are the majority of patients and have a wide variety of presentations. They may be seen in the main clinical area or by the Rapid Assessment Team (RAT) at triage or in the “Obs” Bay particularly if there is going to be a long delay to accessing a cubicle. The RAT team will institute some treatment like fluids or pain relief and order blood tests or x-rays if indicated.
- Category 5 patients have a disease which is not time urgent but still requires review and management.

Resuscitation Patient

All patients categorised as priority one are managed by the "Resus Team". The Resus team consists of 3 nursing staff (airway, drugs, scribe), and 3 medical staff (an Resus Team leader, Airway and Circulation Medical Officers). You are welcome to attend and assist the Resus team.

Intern Supervision

On each shift there are Senior Medical Officers and ED Consultants to assist you with your patient. The names of the Senior MOs appear in bold type face on the daily roster. You may seek assistance with any patient. If you are an intern you should always

Seek authorisation of the Senior MO prior to discharge of

- Children below the age of 2 years
- Adults > 65 years old
- Triage category 2 or 3 patients
- Acute Chest Pain, Severe Headache or First trimester PV bleeding
- Patients referred in by a GP for medical review
- Patients with unplanned representation

Speak with the Nursing Team Leader (T/L) before discharging any patient over 65 years to ensure maximum home supports have been arranged and transport arrangements made
What's Different about an Emergency Assessment?

In medical school you will have learnt how to take a full history and perform a complete examination, make a diagnosis from a list of differentials and then prescribe some treatment for the particular diagnosis – in emergency we are a little different.

Emergency patients are potentially quite sick/unstable. The first step in the ED is to make sure the patient is stable. This means assessing the airway, breathing and circulation. If any of the vitals are abnormal these will need to be treated prior to full assessment. Pain is the fifth vital sign and if the patient is in moderate to severe pain this also needs to be addressed prior to the full history and examination.

Once the patient is stable there is now time to gather more information. Patient history is not the only source of information when assessing a patient. Don’t forget the ambulance sheet, old notes and history from relatives or other eye witnesses. Sometimes it will be necessary to ring the nursing home for more information, and occasionally the patient's GP.

Approach to the Emergency Patient

In emergency we do what is called a “focused” assessment. We concentrate on the presenting complaint and anything relevant to the treatment of that. Chronic and ongoing issues are not addressed in the emergency department and the details need not be pursued. Social issues however are often important as this affects our ability to discharge the patient safely.

After taking your history and examination you should create a list of differential diagnoses; this should include the most serious diagnoses that need to be excluded in the emergency department. If you can’t create a list, create a list of clinical problems that need to be solved (as often in the ED you don’t have all the information needed to create an accurate diagnosis list).

You should then suggest a plan to further evaluate the patient, including reasonable tests that will help narrow your list. You are expected to insert IV lines and take bloods as required from your patient. Prior to doing this, you should discuss the case with your supervisor to check that your plan is reasonable. If you miss the first time, think carefully before making a second attempt but never have more than 2 attempts. Always check the identity of the patient carefully and label and sign the specimens in the cubicle. Your supervisor will order the tests for you.

You should also suggest a treatment plan that may need to be given the patient at this time. When you discuss the case and your plan with your supervisor, they may agree with your assessment or have some other suggestions. Use this as a learning experience.
**Role of the ED Doctor**

The role of the emergency doctor is not necessarily to make a final diagnosis, but to exclude the emergencies to life. In the ED we stabilise people, recognise the patients that requires hospital admission and commence any urgent treatment. After exclusion of serious diagnoses many patients may be safely discharged, often without a diagnosis but with a clear plan for follow up. Abdominal pain is a good example of this, we make sure that surgery is not required, the pain is controlled and then discharge for follow up with GP.

Unlike the ward where patients are usually seen sequentially, in the ED we are dealing with a number of patients with various complaints at the same time, this is one of the challenges of emergency medicine. This can be stressful and is why emergency medicine is not for everyone. You should use this term as an opportunity to see if the fast paced, varied and exciting environment of the ED appeals to you. If it does, feel free to talk to any of the consultants about what a career in emergency medicine entails.

**Emergency Medicine on the Edge**

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**Information** : Modbury ED Secretary

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The Emergency Medicine on the Edge course is a teaching program for junior medical staff at the Modbury and Lyell McEwin Hospitals providing a total of 50 hours of teaching during the 10 week rotation to the Emergency Department. The Course comprises 30 hours of e-learning and 20 hours of face to face workshop training.

The course covers a broad range of emergency topics and procedural skills including common presentations (chest pain, headache, abdominal pain, shortness of breath, altered conscious state, seizures, acute poisoning, first trimester bleeding), wound management and wound closure, orthopaedic injury and application of plaster, Eye and ENT emergencies including use of the slit lamp and management of epistaxis, common paediatric emergencies, mental health emergencies, ECG and ABG interpretation.

The first three weeks are held at the Lyell McEwin (in the ED teaching room) and the remaining weeks at Modbury (in the ED Teaching room). The e-Learning is accessed via the Modbury On-line website (modbury.learnem.net.au). The course program is shown on the following page.

Successful completion of the program is recognised by a Certificate of Completion awarded at the end of the rotation.
# Emergency Medicine on the Edge

**Clinical topics and Pre-learning activities : Teaching Program : 2013**

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Learning Objectives

During your time in the ED we aim for the following learning objectives

- Improve focused history taking and physical diagnosis skills when evaluating the acutely unwell patient
- Foster the ability to recognize acutely ill or deteriorating patients and recognize that resuscitation may need to precede full patient assessment in these patients
- Develop the ability to formulate appropriate differential diagnoses when evaluating ED patients that excludes life threatening conditions
- Develop clinical reasoning skills with regard to production of a provisional diagnosis of an undifferentiated ED patient, with the creation of an appropriate management plan
- Understand the principles of medical triage, and the provision of clinical care in order of medical priority
- Understand that the emergency patient is best cared for by a coordinated team consisting of paramedics, nurses, emergency physicians and ancillary staff
- Gain further insight into the pathogenesis and clinical manifestations of various diseases
- Improve technical and procedural skills, including intravenous access, airway management, fracture and dislocation care, wound care, foreign body removal, ECG & ABG interpretation, and physician performed lab tests
- Correctly interpret the results of diagnostic tests in light of the patient’s condition
- Create treatment plans (including medication and therapeutic prescribing) and arrange continuing health care that takes into account the patient’s social situation
- Improve documentation skills in order to write a clear, concise and consistent medical record
- Be able to obtain vital signs on any patient of any age presenting to the ED
- To hone abilities in test ordering in order to provide maximal useful information with minimal risk and expense

Comments and Feedback

We are always keen to learn how your rotation may be improved in the future and look forward to receiving feedback from you during your attachment. We would ask you to complete and return if possible a feedback form for your rotation. It may returned anonymously to Debra Potts, ED Secretary.