

Standard Operating Procedure

Clinic 3 opening

Emergency Department, Royal Hospital for Children, Glasgow

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Decision to open:

To be made by the consultant in charge (CIC) and the coordinator based on staffing and numbers waiting to be seen. **Both need to be in an agreement.** Daily am and pm huddle with medical paediatrics will help make plans for staffing allocation depending on majority of illness or injury presentations.

Minimum staffing required:

If opening for minor injuries (Triage 0) up to 8 patients

- ENP- at least 1, preferably 2
- Band 3 nurse support able to triage patients, provide treatments and print cards

If :

- A. > 8 Triage 0 patients
- B. Opening for minor illness (Triage 4)

Additional minimal staff taking up to 15 patients in total Triage 0 and 4

- Senior decision maker Eg ED consultant, ED registrar, CDF, Paeds registrar
- Band 5 nurse

If more than 15 patients then Consultant and coordinator need to discuss how to staff suitably to ensure continued patient safety. This will involve sending at least 1 ST1/GPST3.

Please note that prior to 5pm on weekdays clinic 3 only has the capacity for 4 patients in rooms and a further 7 patients waiting on red chairs, which will be solely for ED use if clinic 3 is open in daytime hours. The result is a limit of 11 ED patients in clinic 3.

Patients appropriate for clinic 3

These should be well patients who are able to wait safely to be seen for non urgent review. The longest waiting times within the department will be in clinic 3 due to the fact these patients have been allocated Triage 0 or 4 allocations. If triage staff are unsure about the suitability of a patient they should communicate with the coordinator or CIC directly before sending the patient to clinic 3.

Rooms:

We will always have the interview room- now renamed as the Emergency Medicine Hub. There is a telephone for making referrals and all ED documentation will be stored in here. There is a computer to allow use of Trakcare. Contact numbers will remain here. The drug trolley should remain in here.

Room agreement with clinic 3 is

Daytime:

- From 09:00 rooms 18 and 19
- After 13:00 we can have room 16 and 20- fracture clinic may not yet be completed their clinic, however patients can come round to the waiting room with a view to starting consultations at 13:30. Please place an Emergency Department waiting area sign to the red seats to ensure clinic 3 staff know we are using them. Also let main outpatient reception know that ED are using clinic 3 and as such any patients coming for other clinics should present to clinic 2 reception.

Evening:

- After 5 pm any rooms are allowed

Rooms should be used to see patients on an as required basis.

If due to departmental business the Emergency department need more rooms than agreed as detailed above, this should be discussed with the Outpatient Duty Nurse directly on **84133**.

When the clinician is using a room they should attach an Emergency department room sign to the door with blutack so that other users for clinic 3 are aware that we are using the rooms. These are located in the ED hub

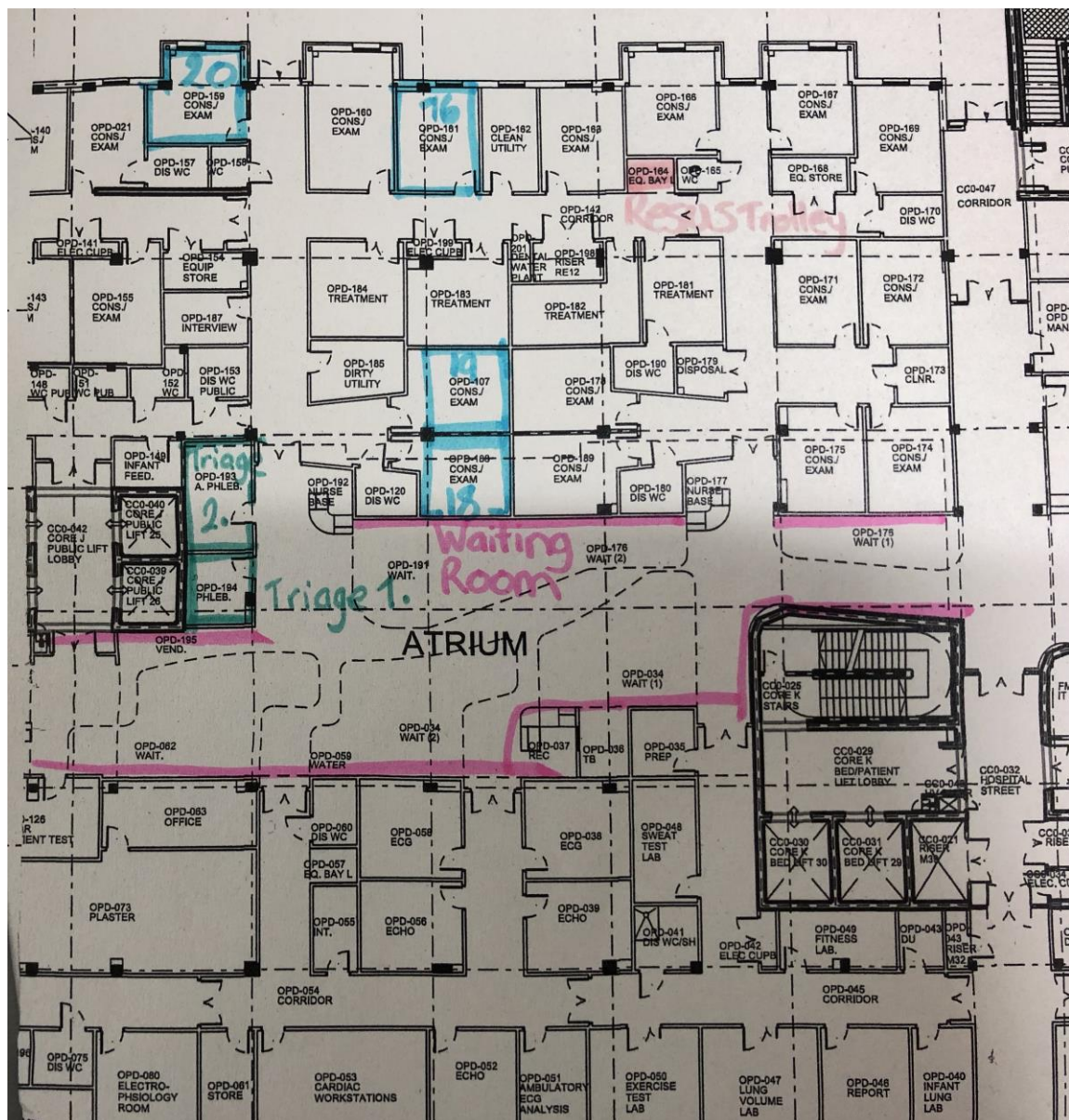
Waiting room:

Daytime hours:

We can have 7 patients waiting on the red chairs socially distanced. These are faced towards the triage room to allow easy identification of ED patients and observation by the triage staff.

After 17:00

We can have all the waiting space we need.



Referral to speciality from clinic 3:

- Contact speciality
- Inform them patient is at clinic 3
- Give directions if required
- Put completed card in the referral docket

Admission of patients from clinic 3:

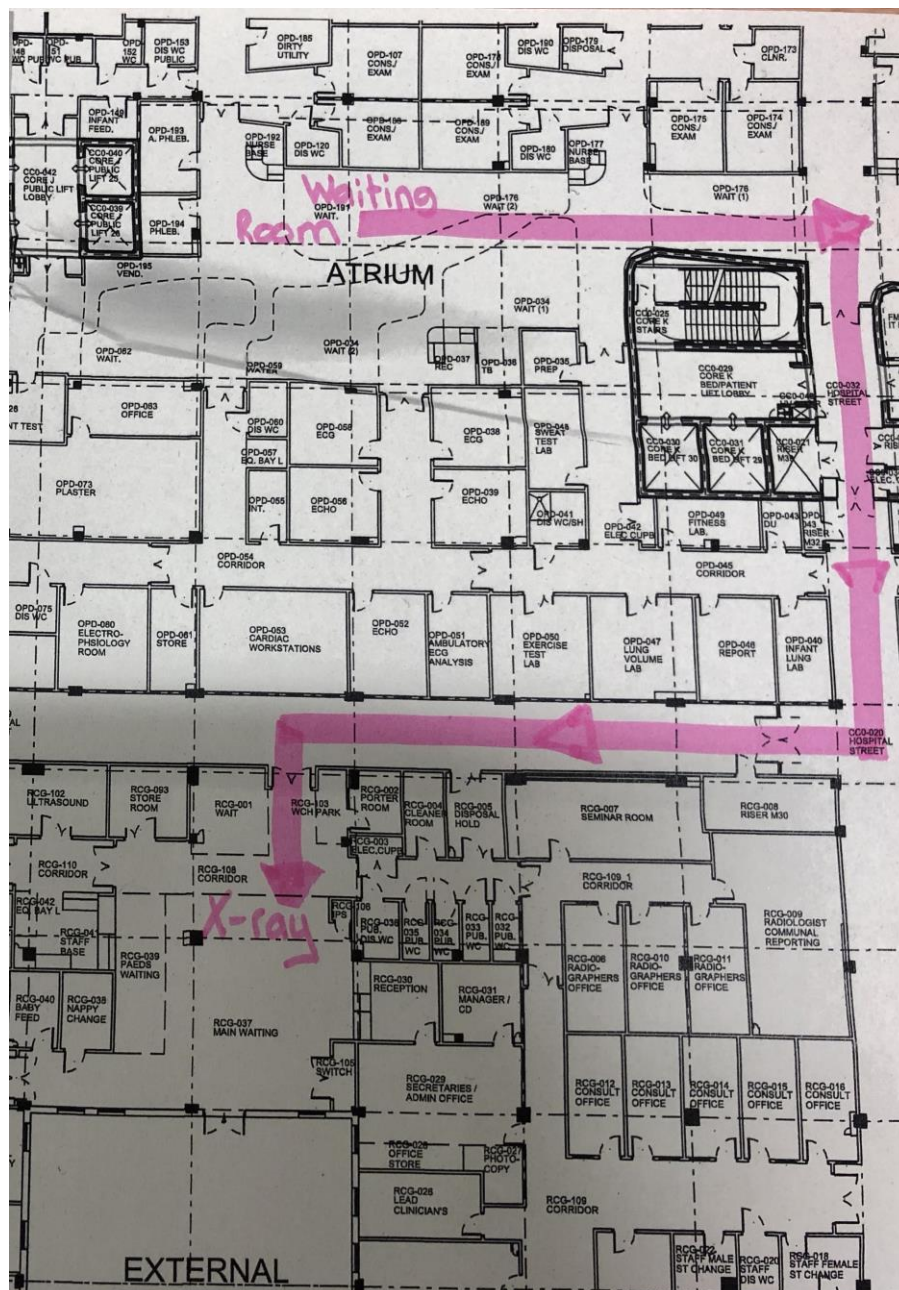
- Acceptance of patient by speciality
- Inform coordinator to get a bed assigned
- Complete nursing admission paperwork
- Complete SBAR
- Contact porters to transfer patient

PPE

- Grab bags of PPE will be available from the ED hub room in case of emergency .

Movement of patient to X-ray

- Request X-ray on Trakcare stating patient is in Clinic 3
- Phone x-ray and advise green pathway patient coming from Clinic 3
- Direct the patient up towards outpatient reception to follow signs for X-ray down the Gruffalo corridor.



In the event of a clinical emergency

If a patient or visitor collapses or becomes critically unwell while in clinical 3 the following pathway should be followed.

1. Patient should be taken to room 17 in clinic 3.
2. Initial assessment performed.
3. Low threshold for 2222 crash call. Caller must state "Clinical Emergency Clinic 3 room 17".
4. Inform CIC 84059.
5. Inform ED Co-ordinator 84585.

Resuscitation of patient in clinic 3:

- Phone 2222 Caller must state "Clinical Emergency Clinic 3 room X".
- Phone CIC 84059
- Phone Co-ordinator 84585
- Resuscitation trolley is located in the alcove after the corridor where room 16 is, just adjacent to clinic 2
- Patient does not need to be moved to ED for resuscitation care unless requested by CIC

Phone numbers

<u>Room/phone contact</u>	
ED Clinic 3 hub	84109
Additional Consultant phone	84949
Clinic 3 Dec phone	84596
Outpatient Duty Nurse	84113
Consulting Room 18	84110
Consulting Room 19	84101
Consulting Room 16	84104
Consulting Room 20	84103
Triage Room 1	84088
Triage Room 2	84085

Room numbers

<u>Room</u>	
Consulting room 18	CO OPD 188
Consulting room 19	FD 30
Consulting room 16	CO OPD 161
Consulting room 20	CO OPD 159
Interview room (Emergency Department Hub)	CO OPD 187

Opening checklist:

Staff	
If seeing <8 Triage 0 patients	
ENP x1	
Band 3 or 4 with ability to triage	
If seeing 8-15 mixture of Triage 0 and 4 patients	
ENP 1, if possible 2	
Band 3 or 4 with ability to triage	
Band 5	
Senior decision maker Eg ED consultant, ED registrar, CDF, Paeds registrar	
Things to do prior to opening	
If between 9-5 Monday to Friday phone Outpatient co-ordinator on 84113 to inform them of need to open and number of rooms needed	
Inform Hospital cover on 85770 or page 8502 if out of hours	
3rd drug prescription pad should be signed out by band 5 nurse or ENP.	
Dec phone 8xxx should be taken by staff member who will be performing triage	
ED co-ordinator and CIC should be aware of staff going to clinic 3 and a contact number for them	
On arrival at clinic 3	
Check doors are open	
Put Emergency Department waiting area sign on each of the red chairs	
Confirm rooms available for ED use	
Put Emergency Department room sign on door of each room in use	
Phone radiology to inform clinic 3 has opened	
Check trolley checklists are updated	

Closing Checklist:

Staff	
Minimum staffing prior to closing	
ENP x1 or or senior decision maker	
Band 3	
Things to do prior to closing	
If between 9-5 Monday to Friday phone Outpatient coordinator on 84113 to inform them of closure	
Inform Hospital cover on 85770 or page 8502 if out of hours	
3rd drug prescription pad should be signed back in to resus cupboard by band 5 nurse or ENP.	
Dec phone 8xxx should be returned to ED by staff member who will be performing triage	
NIC and CIC should be aware of staff returning from clinic 3	
On leaving clinic 3	
Confirm rooms no longer needed for ED use if 9-5 Monday to Friday	
Remove Emergency Department room sign from door of each room no longer in use	
Remove Emergency Department waiting area sign from each red chair	
Phone radiology to inform clinic 3 has closed	
Trolley checklists to be completed and signed for before Clinic 3 closed for the day: <ul style="list-style-type: none"> • Airway trolley • IV access trolley • Dressings trolley • Minor illness trolley • Cleaning schedule • Fridge Check 	
Check doors are closed	

Appendix

Airway Trolley Checklist

<u>Drawer 1 – Masks and basic airways</u>	
Guedel airways sizes 000 - 4	
Face mask sizes 1 - 4	
Nasopharangeal airways - sizes 20, 22	
- sizes 6, 7, 8	
Tongue Depressors	
<u>Drawer 2 – Blades and handles</u>	
Laryngoscope handles – Adult non disposable x 1	
- Paediatric non disposable x 1	
- Adult disposable x 1	
- Paediatric disposable x 1	
Laryngoscope blades - Mac 0 - 5	
- Millar 0, 1, 2	
- Robert Shaw 0 - 1	
- Mag 0 - 1	
<u>Drawer 3 –Magills & taping</u>	
Magill forceps – small x 1 and large x 1	
Benzoin Tincture x 3	
Optilube gel x 3	
Disposable sterile scissors x 2	
Packets of small disposable swabs x 1	
Roll of Elastoplast x 1	
Mouth sponges x 2	
Tube tie x1 roll	

<u>Drawer 4 – ET tubes</u>	
Non cuff ET tube sizes 2 – 8 (2 of each)	
Cuffed ET tube sizes 5.5 – 8.5 (2 of each)	
Micro cuff sizes 3 – 5 x 1 of each	
<u>Drawer 5 – Circuits and bags</u>	
Catheter mount x 2	
Reservoir bag – 0.5L x2	
Reservoir bag – 1L x 2	
Paediatric anaesthetic breathing system x 2	
Adult anaesthetic breathing system x 2	
<u>Side of trolley</u>	
Stylets sizes 2, 4, 5	
Selection of Bougies	
Selection of Yankeurs and suction catheters	
RSI checklist	
Nasal and oral taping SOP	

Please remember to check the last time the anaesthetic machine and difficult airway trolley were checked and if not within the last month please remind the theatre coordinator to come and check

IV access trolley checklist





Dressings Trolley

Drawer 1	
Tape	
Finger Dressings	
Miscellaneous Dressings	
Bacterial Swabs	
Scissors	
Steristrips	
Apeel	
Drawer 2	
Suture Packs	
Dressing Packs	
Sutures	
Forceps	
Staples	
Drawer 3	
Non-Sterile Gauze Swabs	
Wound cleaning	
Softban	
Drawer 4	
Urgo Dressings	
Mepitel Dressings	
Plain Dressings	
Sterile Gauze Swabs	
Prontosan Gel	
Drawer 5	
Bandages	
Surgifix	
Sterile Gloves	

Minor illness trolley

Drawer 1	
Sats Monitor	
BP Cuff	
Microbiology Swabs	
Skin pen	
Drawer 2	
LMX	
Tempadot	
Tympanic Covers	
Tongue Depressor	
Drawer 3	
Enteral/Feeding Syringes 10ml	
Enteral/Feeding Syringes 20ml	
NG Confirmation pH Strips	
Drawer 4	
Nappies	
Wipes	
Inco Pads	
Drawer 5	
Dressings	

Drugs trolley

<u>Drugs for departmental administration</u>	
Paracetamol	
Ibuprofen	
Chlorphenamine	
Ondansetron	
<u>Drugs for discharge</u>	
Nappy rash pack	
Paracetamol	
Ibuprofen	
Chloramphenicol	
Amoxicillin	
Flucloxacillin	
Benzylpenicillin	
Chlorphenamine	
Co-amoxiclav	