ASSOCIATED HOSPITAL

GOVERNMENT MEDICAL COLLEGE KATHUA

SOP FOR ACCIDENT AND EMERGENCY SERVICES

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Manual Name	SOP FOR ACCIDENT AND EMERGENCY SERVICES	
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ACCIDENT AND EMERGENCY

1. About the Department:

Scope of services

It ranges from providing episodic, primary, acute (comprehensive) care to referrals.

Timings

Round the Clock 24*7

Types of patients served:

All patients arriving the hospital with Emergency.

2. Quality Policy

Associated Hospital is committed to provide service excellence in an equitable way with best practices in Medicare and maintaining highest standards of quality with assurance to treat patient with due respect, compassion and dignity in a safe environment.It is also committed to provide Healthcare par excellence. This would be achieved through:

i. To Place at the core of service Delivery.
ii. To encourage attainment of best practice.
iii. To promote a patient centric service delivery.
iv. To ensure patient, visitors and employees safety.
v. To work towards a continuous improvement of heath indicators.
vi. Universal access to integrated and compressive primary and secondary health care services

3. Quality Objectives

i. To focus on quality of patient care.
ii. To improve the performance of all professional.
iii. To involve all employees to participate in Quality improve.
iv. To monitor, measure and improve performance and to enhance patients satisfaction.
v. To guard, measure and improve patient/employees safety.
vi. To search for patient of Non- Compliance with goals, objectives and standard though.
   (A) Problem Identification.
   (B) Problem Assessment.
   (C) Finding the Root cause
   (D) Solution Generation
   (E) Plan for Solution Implementation
   (F) Implementation of correction action and monitoring

4. Receiving Patient in Emergency

S. No	Activity	Responsibility	Record
1.	The hospital shall have a separate dedicated entrance for the emergency department	Hospital management	Available
2.	The emergency department shall have a trolley bay with wheelchair and stretcher readily available to receive the patients.	Emergency department	Available
3.	Upon arrival of patient the security guard posted at the entrance of the emergency department shall immediately inform the nursing station at emergency to send a ward boy/nursing orderly to come and receive the patient.	Security guard	Available
4.	On arrival of the patient inside the emergency room, the casualty medical officer & staff nurse shall initiate physical assessment and treatment of the patient and guide the patient attendant/relative towards the registration counter to get the registration formalities done. For a MLC case also, treatment should be initiated first and later registration can be carried out.	CMO, staff nurse	Initial Assessment form – Emergency
5.	No patient shall be denied treatment, first aid shall be provided to all patients to ensure they are stabilized and then they can be referred.	Emergency department	Referral form

Reference Standard: ME G4.2

5. Patient Assessment & Admission in ward

S No	Activity	Responsibility	Record
1.	All details of the patient like name, age, sex, address etc are entered in the Emergency register.	Casualty Medical officer, Sister-Incharge	Emergency Register
2.	The records present complaint, history of the disease and vital status of the patient and writes prescription and advice for admission if needed.	Casualty Medical officer, Sister-Incharge	Patient case sheet
3.	The Casualty Medical officer prioritizes cases and informs the concerned specialist doctor if required.	Casualty Medical officer	Nil
4.	In case of emergencies requiring specialist care, Casualty Medical officer contacts the concerned specialists over telephone immediately and a call book is sent. However initial resuscitation is provided to patient, if need arises.	Casualty Medical officer	Nil
5.	In case of Medico Legal Case/Road Traffic Accident case, the details of the patient and nature of injury shall be written in the MLC Register.	Casualty Medical officer	MLC Register
6.	If admission is required in ward for further care, then the concerned ward shall be informed over phone and arrangement for patient transfer shall be carried out.	Casualty Medical officer	Patient case sheet
7.	If the admission is of Medico Legal Case patient, then the IP case paper is stamped with 'Medico Legal Case' stamp.	Casualty Medical officer	MLC Register, Patient case sheet

Reference Standard: ME G4.2

6. Managing Patients during non-availability of beds

S No	Activity	Responsibility	Record
1.	In case beds are not available in the emergency, initial first aid shall be provided in Recovery ward to be kept under observation for few hours before discharge.	Casualty Medical officer	Patient case sheet
2.	The staff nurse at the respective ward shall be instructed to ensure timely observation of patient.	Casualty Medical officer	Patient case sheet
3.	The Casualty Medical officer shall carry a thorough re-assessment of the patient to ensure his stable condition prior to ordering for discharge.	Casualty Medical officer	Patient case sheet

Reference Standard: ME G4.2

7. Initial Assessment and Reassessment of Patients

SNo	Activity	Responsibility	Record
4.	Initial assessment shall be conducted immediately by the Medical officer on arrival of the patient.	Casualty Medical Officer	Initial assessment form
5.	Use of standard criteria of assessment like Glasgow comma scale, Poly trauma, MI, burn patient, paediatric patient, pain assessment criteria can be used as tools for initial assessment.	Casualty Medical Officer	Initial assessment form
6.	Initial assessment done shall be documented preferably within 2 hours.	Casualty Medical Officer	Initial assessment form
7.	For patient under observation in the casualty, the Medical officer shall conduct reassessment of the patient's condition in every 2 hours.	Casualty Medical Officer	Patient case sheet
8.	The reassessments done shall be documented in the patient case sheet.	Casualty Medical Officer	Patient case sheet

Reference Standard: ME G4.2

8. Taking Consent

S No	Activity	Responsibility	Record
1.	If the patient is required to undergo any invasive procedure then consent of the patient (if conscious)/next of kin/nearest blood relation shall be taken.	Casualty Medical Officer	Informed consent form
2.	Consent shall be taken for blood transfusion or any minor/major invasive procedure under emergency condition if required.	Casualty Medical Officer	Informed consent form / blood transfusion consent form
3.	In case of an unidentified patient/unconscious patient and non availibilty of family members, then the Casualty medical officer's signature on the consent form shall be taken for the treatment/procedure required.	Casualty Medical Officer	Informed consent form / blood transfusion consent form

Reference Standard: ME G4.2

9. Handling MLC Cases

S No	Activity	Responsibility	Record
1.	The MLC patient shall be brought to the casualty department and treatment initiated; Police shall be informed immediately, however patient shall be offered treatment as required even if there is delay in arrival of police.	Casualty Medical officer , staff nurse	MLC register, patient case sheet
2.	The nature of the case with details shall be recorded in the MLC register and information sent to the nearest police station.	Casualty Medical officer/staff nurse	MLC register
3.	All medico-legal case sheets shall be stamped 'MLC' on the case file and all necessary entries shall be made in the MLC Register.	Casualty Medical officer/staff nurse	Patient case sheet
4.	Two copies of the injury report shall be prepared. Original copy shall be handed over to the concerned police officer and the duplicate copy shall remain in the Police Information Register.	Casualty Medical officer	Injury Report
5.	The medical officer who first examines the patient shall write the report. He/she shall write their name, designation and date on the report and also sign it.	Casualty Medical officer	Injury Report
6.	The medical officer who first examines the case shall be responsible for the completion and handing over the injury report to the police within 24 hours of the arrival of the patient.	Casualty Medical officer	Injury Report

Reference Standard: ME G4.2

10. Handling Death in Casualty

S No	Activity	Responsibility	Record
1.	Death of a patient shall be handled carefully in casualty.	Casualty Medical Officer	Nil
2.	If requested by the patient party then transportation of the patient body can be arranged by the hospital.	Casualty Medical Officer	Nil
3.	The dead body shall be released as soon as possible to the next of kin or to person of nearest blood relation on producing their identification proof and after completion of all formalities.	Casualty Medical Officer	Nil
4.	Acknowledgement for receipt of the body and the death certification can be obtained from next of kin/legal representative.	Casualty Medical Officer	Death certificate

Reference Standard: ME G4.2

11. Handling Brought-in Dead cases

S No	Activity	Responsibility	Record
1.	Take past history of the patient and events leading to death.	Casualty Medical officer	Nil
2.	Look for / Ask about any suspicious signs: - Poisoning – Smell - Strangulation – Ligature mark around neck / abnormal signs - Any external injuries - Expose the body completely and look for any signs - Palpate the head and look for any hematoma, etc which may be missed - If a female, ask history of married life and if it is less than 7 years register it as MLC, this is mandatory	Casualty Medical officer	Patient case sheet
3.	Register all brought dead cases as medico-legal case if death has occurred unexpectedly or from an unexplained cause.	Casualty Medical officer	Brought dead register
4.	After complete examination and confirmation by clinical evaluation death& is confirmed, the individual are declared as Brought in Dead (BID) and the accompanying relatives/friends must be explained and informed about the probable cause of death and they are given only a "Brought Dead Certificate" until the cause of death is confirmed.	Casualty Medical officer	Brought Dead Certificate
5.	The local police shall be informed immediately in case of suspicion or foul play. The orders of police shall be further considered for further disposal of the dead body. The Casualty Medical officer shall render necessary assistance for the purpose.	Casualty Medical officer	Nil

Reference Standard: ME G4.2

12. Death on Arrival

S No	Activity	Responsibility	Record
1.	If a patient has sudden Cardio-Respiratory Arrest on arrival at the Emergency Room, the patient is resuscitated. Once death is confirmed the case is treated as death on arrival, and necessary documentation is done.	Casualty Medical officer	Nil
2.	CMO should go into the detailed history of the patient and arrive at the probable cause of death. On the basis of this, death certificate is issued and arrangements for release of the body are made.	Casualty Medical officer	Nil
3.	After examining the patient, the Casualty Medical officer goes into the history in detail and looks for signs of homicide, suicide, violence, external injuries to rule out any suspicious cause for the death	Casualty Medical officer	Nil
4.	After complete examination and clinical evaluation when death is confirmed, the individual is declared as Brought in Dead (BID) and the accompanying relatives/friends must be explained and informed about the probable cause of death and they are not given a Brought Dead Certificate until the cause of death is confirmed.	Casualty Medical officer	Nil
5.	The local police is informed immediately in case of suspicion or foul play. The police will do the further disposal of the dead body after inquest. The Casualty Medical officer will render necessary assistance.	Casualty Medical officer	Nil

Reference Standard: ME G4.2

13. Referral of Patients

S No	Activity	Responsibility	Record
1.	In case of any certain service/ speciality care required for the patient that is not available in the hospital then patient shall be referred to a higher facility.	Casualty Medical Officer	Referral Register
2.	However Basic first aid or stabilization of the patient shall be done prior to referral.	Casualty Medical Officer, Casualty Incharge	Nil
3.	The CMO (Casualty Medical Officer) shall fill the referral form, indicating patient details, reason for referral and course of treatment provided.	Casualty Medical Officer, Casualty Incharge	Referral form
4.	The Casualty Incharge / Paramedical Staff on duty shall document the referral details in the Refer In-Out register and coordinate for the referral process.	Casualty Medical Officer, Staff Nurse	Refer In-Out register
5.	An advance telephonic communication with the referral centre shall be done to ensure the required service is available and intimate the staff of the higher centre about the referral.	Casualty Medical Officer, Staff Nurse	Refer In-Out register
6.	Ambulance service for the patients is charged for the transfer as per norms of the RKS except BPL Patient.	Casualty Medical Officer, Casualty Incharge	Refer In-Out register
7.	JSSK patients and 108 patients are not charged.	Casualty Medical Officer	Nil
8.	Patient along with the referral form and case sheet shall be referred to the higher centre.	Casualty Medical Officer	Referral form
9.	The Incharge staff on duty shall also contact the referral centre and follow up about the condition of the patient post referral.	Casualty Medical Officer	Refer In-Out register

Reference Standard: ME G4.2

14. Disaster Management

S No	Activity	Responsibility	Record
1.	**Service Provision** To respond to both internal and external disaster situations that affect patients, hospital staff, visitors and the community.	CMO	Nil
2.	**Situation and Assumptions:** Several types of hazards pose a threat to the hospital: • **Internal disasters:** Fire, Explosions and Hazardous material spills or releases • **Minor external disasters:** Incidents involving a small number of casualties. • **Major external disasters:** Incidents involving a large number of casualties • Disaster threats affecting the hospital or community (large or nearby fires, impending tornado, flooding, explosions, bomb threat etc)	Emergency Medical Officer	Nil
3.	**Triage** The most severe patients are treated and transported first, while those with lesser injuries are transported later. The following "Sorting Scheme" is used for prioritizing the patient's according to the acuity of the patient's condition: • **Immediate:** Those patients whose injuries are critical but who will require minimal time or equipment to manage and who have a good progress for survival. E.g.:- patient with a compromised airway or massive external	Emergency Medical Officer	Nil

	haemorrhage. • **Delayed:** Those patients whose injuries are debilitating but who do not need immediate management to salvage life or limb. E.g.:- Long bone fracture. • **Expectant:** Those patients whose injuries are so severe that they have only a minimal chance of survival. E.g.:- Patient with 90% full thickness, burns and thermal pulmonary injuries. • **Minimal:** Those patients who have minor injuries that can wait for treatment. • **Dead:** Those patients who are unresponsive, pulse less, breathless etc.		
4.	**Management of casualties** • Patients with hyper acute conditions shall be sent for treatment to casualty. • Seriously ill/injured patients requiring surgery shall be directed towards Operation Theatre by Medical Officer. • Ambulatory care patients shall be sent to pre-determined wards as advised by Medical Officer.	Disaster management team	Nil
5.	**External Disaster Plan** • The general directions for the implementation of the External Disaster Plan shall be given by Medical Superintendent / Deputy Medical Superintendent / Staff designated for this purpose.	Medical Superintendent / Deputy Medical Superintendent	Nil

Reference Standard: ME G4.2

15. Maintaining records in Emergency

S No	Activity
Registers	
1.	Casualty Register
2.	MLC register
3.	Police Intimation register
4.	Referral register
5.	Quality Indicator register
6.	Training Log book
Checklist, forms & formats	
7.	Initial Assessment form
8.	Case sheet
9.	Referral form
10.	Investigation requisition form
11.	Blood requisition form
12.	Consent forms (Informed consent form, Blood transfusion consent form)
13.	Crash cart checklist
14.	Injury report

Reference Standard: ME G4.2

16. Storage and replenishing of medicines in emergency

S No	Activity	Responsibility	Record
1.	The emergency department shall maintain a crash cart for storage of emergency medications.	Casualty - Incharge	Crash cart checklist
2.	The inventory in the crash cart shall be checked daily and a register shall be maintained for the same.	Staff nurse	Drug inventory register
3.	The Incharge or a designated staff nurse shall be assigned the duty of daily checking of drug inventory and the resuscitation equipments.	Staff nurse	Crash cart checklist
4.	A daily checking checklist shall be displayed on the crash cart.	Staff nurse	Crash cart checklist
5.	Once used, the drugs shall be replenished immediately and the drug inventory register shall be updated.	Staff nurse	Drug inventory register

Reference Standard: ME G4.2