Clinical standards

Asthma

- Salbutamol/Terbutaline + Ipratropium <5mins (life-threatening) <10 minutes (Mod/severe) + repeat within 15 minutes
- CXR if LT
- Steroid pre-discharge mod/severe; <1 hour LT
- Discharge steroid

Shoulder dislocation

- XR < 1 hour arrival
- Reduction <2 hours 75%

Feverish children

- Traffic light system
- Safety net (verbal/written advice on accessing care or appointment)
- Obs inc. BP or CRT
  No abx unless focus or red flag
- FBC/CRP/urine/cultures if red flag and no focus

#NOF

- XR <1 hour
- Referred <2 hours

Adult head injury

- Assess < 15 minutes
- Written advice
- CT <1 hour of request; report <1 hour from scan
- GCS <13 – CT spine also
- Protocol for referral to neuro centre
- GCS, pupils (size/reaction), limb movement, RR, HR, BP minimum standard obs
- q 30 mins until GCS 15
- If admitted, obs q 30 mins for 2 hours; q1 hour for 4 hours; q 2 hours after

Hand injury

- Document
  - Dominant hand
  - Mechanism
  - Tendons intact
  - Nerves intact

Mental health

- Risk assess
- Previous MH documented
- Mental state exam done and recorded
- Provisional diagnosis recorded
- Follow up recorded
- MH review <1 hour from referral

Pain

- Mod (4-6) or severe (7-10) pain – analgesia < 30 mins of arrival
- PGDs in place
- Reassess < 2 hours from first dose
- If not given document why

Paracetamol OD

- Levels no earlier than 4 hours
- Staggered – commence parvolex within 1 hour
- <8/8-24/>24 as per guidelines

Radiology

- System in place for review of 'missed' x-rays
- Action within 24 hours of report

Vital signs

- Obs within 15 minutes if resus/majors
- If abnormal repeat < 1 hour
- RR <10 >20
- SpO2 <92%
- HR <60 >100
- SBP <100 >180
- GCS <15
- T <35 >38
- Abnormal result communicated to nurse in charge of area
- Documented action taken

Renal colic

- Urine dipstick
- Imaging as locally agreed
- FBC/U+E
- Exclude AAA if >50
- Follow up as local policy

Urine retention

- Catheter <1 hour
- Abx per local policy
- 16 Fr or smaller
- Residual documented
- U+E documented
- Follow up arranged

Safeguarding children (<16)

- L2 training all staff; seniors (MG and above) L3
- 24 hour senior EM + paeds opinion for CP
- IT should identify attendances in last 12 months and flag
- Notify local safeguarding within five days of all children with 3 or more attendances within a year
- GP and HV/school nurse informed of all attendances – date and diagnosis as minimum
- Skull/long bone # d/w senior EM (ST4+) during attendance
- Document if child has named social worker

Sepsis + meningitis in children

- Senior EM/paeds review < 30 minutes
- IV abx <1 hour
- Fluid bolus <1 hour if shocked on arrival
- Assess response and repeat; document
- If shock d/w senior paeds + PICU

Severe sepsis/septic shock

- T/HR/BP/RR/GCS/BM on arrival
- Senior review <1 hour
- O2 unless C/I
- Lactate before leaving ED
- Cultures before leaving ED
- Crystalloid bolus (see update to volume in surviving sepsis) <1 hour
- Abx <1 hour
- UO before leaving ED

Spontaneous pneumothorax

- Follow up arranged
- Written advice
- Management as per BTS guidelines