RMO Emergency Medicine Unit Handbook

16 November 2021

Table of Contents

Contents

ACKNOWLEDGEMENT

In the spirit of reconciliation, this department acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We respect Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander people today.

WELCOME

Welcome to the Mater Emergency Department! Emergency Medicine is a demanding but rewarding discipline. You will have the opportunity to develop a range of diagnostic, decision making and procedural skills which will be invaluable in your future medical career, irrespective of the direction it eventually takes.

In ED, kindness and caring for yourself, each other and patients is what makes this job both rewarding and effective. Working in a 24hour service presents some unique challenges – and stressors - but learning how to manage them as a team will also be valuable life experience. The contents of this book are a guide to your work in the Emergency Department at the Mater Public Hospital. Please take time to read and refer back to if necessary.

OVERVIEW

The Emergency Department is supervised by a Consultant – weekdays and weekends from 0800 to 2330. While the department is managed by a Registrar outside these hours, a consultant is available on-call. The Department sees about 45 000 patients annually (135 patients per day) and admits about 40-45% of them.

This Emergency Department provides care to patients requiring urgent treatment across the Brisbane Metropolitan Area. It does not provide a major trauma service and has no acute mental health services, no paediatrics but a gradually increasing high-acuity medicine load. The nursing staff use the Australasian Triage Scale initially to assess patients and prioritize care on a 1-5 scale of urgency.

EDIS (Emergency Department information system) is the computer patient tracking and clinical note taking system utilised.

There are 3 Resuscitation Areas, an Isolation Room, 16 acute cubicles, a fast track area, consultation rooms in the Fast Track Area and a 20-24 bed Short Stay Unit. Some renovations are underway in 2021.

TEAM STRUCTURE

Acting Director:	Dr Kevin Humphrey
Acting Deputy Director:	Dr Minda Lowry
Staff Specialists:	Dr Daragh Weldon, Dr Joseph Ting, Dr Sang-won Jin, Dr Xiu Lee, Dr Tim Haina, Dr Luke Soong, Dr Marianne Cannon, Dr Ben Waterson, Dr Chris Carlson, Dr Ben Butcher
Term Supervisors:	Dr Kevin Humphrey & Dr Minda Lowry Dr Elizabeth Kyle (Interns, JHOs) & Dr Michael Fry (SHOs)
Senior Medical Officers:	Dr Maddy Martin, Dr Christo Traikov
Rapid Access Physician	Emily Ahern (Geriatrician)
Junior Medical Officers:	18 Registrars 10 -14 Junior Doctors 11 ED Senior House Officers

Nursing, Allied Health and Admin

NUM:	Ben Minnis
Short Stay Unit:	Steve Mulkerin (CN)
Clinical Educator:	Bjorn De Guia
Clinical Facilitator's:	Kate Harry, Zachary Buxton, Kim Wilson
CNC:	Melanie Coates & Kelly Willersdorf
Older Persons Care Team	Kirsty Alexander, Joan Rouston, Marie Louise Martin, Lisa Lagosha
Rapid Access Team	Jena Cross (RN)
Departmental Secretary:	Jacki Derrick
Allied Health:	Physiotherapy (Ian and Michelle) Social work (weekends mornings only) Pharmacy
Phlebotomy service	
EDIS Data Practice Administrator:	Tracey Ecob
Administration Staff Supervisor:	Midge Fijac (Acting)

ROSTERED HOURS AND LEAVE

Rostered Hours
The junior doctor rosters are completed by the departmental secretary with input from the Director. Junior doctors in the department work 9.5 hour shifts adding to a total of 76 hours fortnightly. The departmental secretary enters your timesheet into the hospital payroll system, Kronos.

Overtime
It is your responsibility to enter overtime in your time-card, please cite an approving Consultant name and rationale.

Sick Leave
If you are sick, you must phone the duty consultant (DECT 3163 7692) as soon as you can and speak to them, **and** the unit secretary 3163 8246 (weekdays). **Do not leave a voicemail, send a text or an email.** Please be aware that there is no relief pool to replace sick staff and the department hence works understaffed.

Shift Swaps
Swaps can be made at the discretion of the secretary or Director but must not incur overtime (i.e. they must be within one pay fortnight).

Leave Requests
Please submit requests well in advance - preferably eight weeks. Attempts will be made to accommodate all requests. **Do not make bookings related to leave** (e.g. flights, accommodation, etc.) until you have received confirmation that your leave has been approved.

EDUCATION AND TRAINING

Mater Emergency Department is an accredited emergency term training site for Interns and for Trainees of the Certificate and Fellowship with the Australasian College for Emergency Medicine.
We would be delighted to hear if you are interested in Emergency medicine as a career and can offer advice regarding training pathways. Please discuss with your term supervisor. Audit and research interests may be able to be facilitated.

The Mater Education RMO Facility Program can be hard to attend from ED with rostered shift work. Interns requesting to attend this will be facilitated to leave if staffing permits. The ED also offers an Emergency medicine focused program for rostered RMOs Tuesday - Friday afternoons for 30mins each session. There are also Regular Tuesday morning Simulation sessions (1hr) that RMOs are expected to attend when rostered on.

A calendar with the RMOs teaching program is located on the board opposite the Department Secretary's desk.

DAILY TIMETABLE	TIME and EDUCATION ACTIVITY
Monday	Consultant bedside ED Education
Tuesday	**0830 – 0930** RMO and nursing Simulation scenario (Dr Maddy Martin and clinical facilitators) **1230-1330**Medical Education Session – Protected Teaching Time [**interns only**]. **1500 -1530** – Teaching for Interns and RMOs (evening FT REG – ED Training Room)
Wednesday	**1500 -1530** – Teaching for Interns and RMOs (evening FT REG – ED Training Room)
Thursday	**0830-1230** Registrar protected teaching time **1230-1330** Medical Education Session – Protected Teaching Time [**interns only**]. **1400 -1430** – Teaching for Interns & RMOs (FT consultant – ED Training Room)
Friday	**0930-1030** Simulation session – Registrar and Nurses **1500 -1530** – Teaching for Interns & RMOs (FT consultant – ED Training Room)

HOSPITAL POLICIES AND PROCEDURES

All guidelines and protocols for the Mater Hospital can be found on the Intranet or the Mater Document Centre. The Intranet and the Mater Document Centre icons are found in the Novell screen. Under the Quick Links, select Applications.

ORIENTATION

Orientation to the Ward

The Director or a nominated consultant will conduct a face-to-face unit orientation with you on the first two days of the term, and an EDIS education session.

Start of Term Checklist

The consultants have a leadership role within the units to orient new junior staff to the physical facilities, and protocols and procedures of the department. However, it remains the responsibility of the intern/resident to seek this orientation within the first two days of starting a new rotation and to electronically complete and submit the start of term checklist (via survey monkey) with the registered term supervisor before the end of the first week.

The checklist is available on the Medical Education Unit website:
http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/.

RMO ROLE AND WORKFLOW

Residents are usually allocated to a geographical area (Acute / Fast Track / SSU) on the roster. This can change depending on sick leave and department flow. Commence work by checking in with the supervising consultant.

- see patients in order of triage priority, unless advised otherwise.
- if there is no "treating doctor" allocated (although the senior doctor may be allocated) see the first on the list, and check what tests and treatment have been requested
- RMOs must consult back with the senior doctor within 30 minutes of starting their initial assessment of the patient.
- **All female patient of potential child-bearing age should have a b-HCG determination as a standard part of their work-up. Many febrile patients will also require a rapid COVID test. Consider need for time critical tests and get early feedback from the consultant.**
- The phlebotomy service exists to assist ED efficiency. Cannulation and phlebotomy is a key skill for RMOs. If they already have 3 or more requests, then you should do the cannula and bloods. If the cannula looks difficult, get registrar or consultant help rather than attempting a challenging cannulation.
- Create an assessment and formulate a plan based on your history and exam
- Discuss this assessment and plan with your consultant or supervisor; this should precede comprehensive documentation or ordering of any more complex investigations.
- **Vital signs are vital; if these are abnormal, notify the senior in charge promptly**
- If you are unsure of your assessment or concerned about a patient, ask your senior to review them urgently with you.

From senior input, plan disposition (admission or discharge):

1. Medication and fluid charts or scripts written
2. Update nursing staff
3. Refer using SBAR format – see below – SSU or inpatient teams
4. Documentation - discharge letters or complete interim plans
5. Communicate with patient and family
6. Acknowledge and translate all relevant investigations and instructions into EDIS clinical record

If in any doubt, ASK your CONSULTANT

(use closed loop communication to clarify any instructions)

DAILY HANDOVER AND INPATIENT CONSULTATIONS

Shift Handover:

Formal 'end of shift' departmental handover is at 0800, 1600, and 2300 in the handover room. Be there promptly if you have patients to handover. As a rule, handover is only for staff who have a patient to handover.

ED Department prefers SBAR communication tool - this tool is also used at shift handover and notes/documentation summation.

S – Situation	Chief complaint and current status
B – Background	What is the clinical background (medical history)?
A – Assessment	Vital signs, examination findings, investigations and your working diagnosis. Social and family factors
R – Recommendation	What needs to be done and what is the patient disposition (admission or discharge and follow-up)?

At the conclusion of your shift, ensure that you have:

- completed all your documentation (including saving and updating clinical notes in EDIS, and recording handover time)
- handed over verbally and on EDIS to the consultant or registrar any patients who may still be under your care, who may then delegate accordingly;
- checked pathology and radiology results you have ordered on the Verdi system and authorize these results
- discuss with the consultant on shift if there are any outstanding issues (this is a valuable opportunity for "teaching on the run" and obtaining feedback)
- **Document your handover in the electronic medical record (EDIS) (e.g. handed over to Dr Humphrey at 1810h).**
- **Handover is a "hand UP**" - in seniority Intern to Registrar or Consultant, JHO to Registrar or Consultant, but **not** JHO to JHO or Intern; nor Intern to Intern.

The ideal place to conduct a handover of patient care is at the foot of the patient's bed. This means the receiving doctor meets the patient and can take that opportunity to quickly review the relevant historical and clinical findings and to check the current observations. Due to some privacy constraints, and to the nature of some presentations, this may not always be possible, but it is encouraged.

Handover at 1600h is for outgoing day Acute, Fast Track and Short stay Consultants and registrars, and for incoming evening consultant. As a rule, handover is only for staff who have a patient to handover. Other staff can stay out on the floor tidying up notes and results, or sighting by requesting early treatment (eg analgesia), bloods and/or imaging on waiting

patients.

Handover at 2300h is for the evening acute consultant and registrar, the evening SSU consultant or registrar, and the incoming night registrar. Other staff can stay out on the floor tidying up notes and results, or requesting bloods and/or imaging on waiting patients.

Staff leaving at times outside of scheduled handover time (e.g. if you are leaving at 2100 or 0200) must make sure their patients are appropriately handed up to registrar or consultant staff.

Adequate patient handover is critical for ensuring timely patient review and ensuring patient safety and is a prime responsibility of all medical staff.

Inpatient Team Consultations:

The operational processes of this department require that the any inpatient registrar undertaking a consultation on an ED patient call the ED consultant in charge of the specific ED area where the patient is, to inform the ED consultant of the outcome of the consultation.

This process ensures tight communication between the consulting team and the ED. Even if the consulting registrar needs to speak to their boss, a simple phone call to the appropriate ED consultant phone number should be made to inform the ED consultant of this.

The consulting registrar should feedback management plans to relevant nursing staff interns, JHOs, or SHOs, but must also notify the Supervising Consultant.

There are multiple posters up in ED informing the inpatient registrars (and consultants) of such. A copy of the poster is below. Please encourage the appropriate lines of communication at all times. Please direct inpatient registrars to talk to the appropriate ED consultant at all times.

SHORT STAY UNIT (SSU)

Patients may be accommodated for up to 24-48 hours in the Short Stay Unit. Admission to this unit is at the discretion of the most senior doctor rostered on the shift.

- There must be a clear plan of management documented.
- Complete Short Stay Unit admission form, medication chart, including all the patients' regular medication, and initiate a discharge letter for that patient
- If you are looking after a patient in SSU, please remember to document patient progress/changes/updates at least once per shift (i.e. 3 entries per day).
- Inpatient teams do not have admitting rights to SSU
- Stable patients awaiting a CT scan or ultrasound can similarly go to SSU awaiting

imaging and their report.

DISCHARGING PATIENTS

1. Junior medical staff must not discharge patients without prior consultation and review with a registrar or consultant. As patient complexity escalates, so does intensity of review prior to discharge/disposition.
2. Ensure assessment as necessary by ancillary services such as Physio, OT, Social work, Community Health Nurse (CHIP) and Speech Therapy. On evening, nights and weekends place a sticker with a brief note in the after-hours referral bock for allied services at the Nurse Team-Leader desk.
3. Ensure the patient understands follow-up instructions. You may choose to write these on the forms provided. There is a range of discharge information leaflets available in Fast Track, on the Departmental Intranet page under the heading of Patient Resources or alternatively Up to Date is a valuable internet side to provide patient information. Patient information and education is an important part of our work, it increases safety, reduces representations and contributes significantly to patient satisfaction.
4. Write a discharge letter to the patient's GP. These should be faxed from EDIS. If you hand the letter to the patient be aware that the patient will likely read it before giving it to their GP, and it may not get to the GP. Ideally, we fax from EDIS. Travelers can be given a paper copy of discharge letter.

EMERGENCY ACCESS TARGETS

QEAT, the Queensland Emergency Access Target is for 83% of all patients to be seen, treated and admitted or discharged from ED within four hours of arrival.

- To achieve this target, it is absolutely vital to assess patients promptly, and discuss their management with a consultant or registrar (30 minutes after the initial assessment).
- Many patients are undifferentiated, so a period of further differentiation in the ED SSU may well be required. QEAT can only be achieved through a concerted team effort and good interdisciplinary communication. Talk to your consultant or SMO early. Communicate clearly with the nursing team leader on 8910. Let the SSU consultant (ext.2575) know of admissions.
- These targets are under review following recommendations by ACEM

SOME IMPORTANT GUIDELINES

Pregnancy Assessment Centre [P.A.C] Guidelines

Mater Mothers' Hospitals has Queensland's first 24/7 Pregnancy Assessment Centre (PAC) for any woman with pregnancy related complications who needs help from first trimester pregnancy until six weeks after birth. In Australia, as many as one in four women expecting a baby experience complication early in their pregnancy—from 0 to 20 weeks gestation—including bleeding and other issues.

The unit, managed by Mater Midwives, arranges care in the same way as hospital emergency departments, by using a triage process to prioritise women according to their individual situation. Women have the ability to access the support of obstetric, medical and allied health professionals as required.

PAC is located on Level 5 of the Mater Mothers' Hospital adjacent to Birth Suite and can be contacted on ext. 7000.

Pregnant patients with concerns unrelated to pregnancy are still triaged, seen and managed in ED.

Acute Myocardial Infarction

Patients with **Acute Myocardial Infarction** must be discussed promptly with the duty ED consultant. Mater has a 24/7 percutaneous Coronary intervention service. Communication should be rapid from ED Consultant to Interventional Cardiology consultant in cases of STEMI. The process is same for patients with or without private health insurance. The STEMI HOTLINE number is **0404 821 811**

Radiology

Mater ED is co-located next to Queensland X Ray which prioritizes and reports plain radiology, Ultrasound and CT-, MRI imaging for emergency patients. Cardiac Ultrasounds are coordinated separately through Cardiac investigations. All CT, MRI, echo and Ultrasound requests need to be discussed with the ED consultant on the floor (during day and evening hours) or the ED registrar in charge (after midnight).

ED Short Stay Admissions

ED Short Stay admissions require Emergency Department consultant or registrar review. If inpatient subspecialty consultation is required we admit the patient to EDSSU and ask for a consult. However, the patient remains an EDSSU patient unless care is formally transferred to an inpatient team. **Thus, inpatient registrars and consultants do not discharge ED or EDSSU patients.**

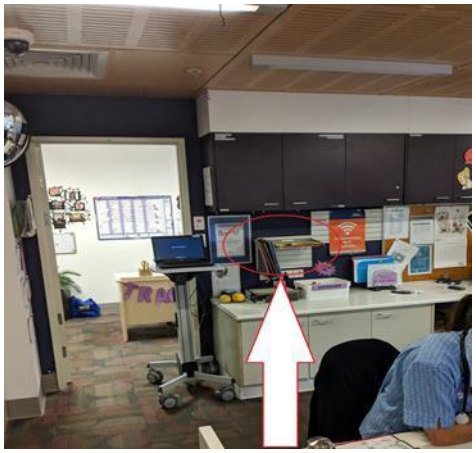
Do not have patients waiting in ED in acute or Fast Track beds to see a registrar from the wards who is likely to be delayed because they are busy with their ward or theatre work. Move the patient to Short Stay and get a consult. There is always an Emergency Department consultant on call to help with such decision making.

Outpatient Referrals

All referrals to outpatients must be discussed with the duty ED consultant.

Mater ED uses an electronic referral platform, through Verdi. Please be careful to ensure that you have clicked on the correct clinic. (It is unfortunately commonplace that Fracture Clinic patients are referred to Fertility Clinic!)

- complete the referral in Verdi,
- **it needs to be printed out**, signed by you (this is a Medicare requirement), and placed in the blue folder marked "MAH SPECIALIST CLINICS" that sits on the desk behind where the admin staff sit, in a tray labelled "Referrals".



Please put the paper copy of this referral into the blue folder.

Oncology Patients

All **Oncology patients** should be discussed with the relevant oncologist prior to admission to a medical ward. During office hours Emergency Department staff should talk to the oncologist taking direct care of the patient. After hours, there is an on-call oncologist that Emergency Department doctors can speak to.

Acute Psychiatry Services

Mater hospital does not have an Emergency Acute Psychiatry Service (although there is a Consultation Liaison psychiatry service for inpatients). The closest authorised Mental Health Service is Princess Alexandra Hospital

- Acute mental health presentations are generally managed by the Acute Care Team (ACT) by least restrictive means (GP / psychology / outpatient follow up);
- this operates through PAH between 0700 - 2230 and can be contacted on **1300-642 256 (1300 MHCALL)**. After these hours patient will need to be discussed with the Mater ED consultant or Registrar on duty to see if any further escalation is required.

- If a need for Involuntary assessment (using the Mental health act) is identified, a Recommendation needs to be completed – this should always be discussed with a consultant
- These documents and applicability of the act can be found on the intranet under Forms.
- Once a recommendation is completed, ED patients will require acute psychiatry consult and transfer to PA Hospital mental health team.
- Once accepted, the ED consultant at PAH will need to be contacted and an ambulance coordinated

The Mental Health Act 2016 makes provision for patient's to be returned by an authorised person. This includes health practitioners, ambulance officers and police. In some cases, it may be necessary for police to act to ensure the safe transportation and return of the patient. If requesting police to act, the relevant form must include the following information:

- a statement outlining why it is necessary for police to transport the person
- the name of the Authorised Mental Health Service where the patient is to be transported
- a summary of risk issues relevant to the patient and others, including the authorised person
- any actions taken to locate the person, and
- any relevant information from a patient's file.

Phone contact must be made prior to submitting any paperwork and forms should not be directly emailed/ faxed without phone contact being made first.

The Brisbane PCC contact details:
Phone: 3361 3430
Email: PCCDutyOfficer@police.qld.gov.au)
Fax: 3236 2359

AMBULANCE ARRIVALS

If the patient arrives by Ambulance, there is a white Ambulance Report Form (ARF) for each patient. Sometimes these are not completed in real time but brought back at a later time. If the ARF is present, you are encouraged to take notice of all documentation on these forms as a source of collateral clinical history on your patients. Similarly, verbal handover with QAS officers is a vital part of the team approach to sick patients. Please make every effort to ensure that there is a bed available for QAS to offload patients. Any pushback against QAS arrivals is strongly discouraged by both the ED and Mater leadership.

ALLIED HEALTH

ED Physiotherapy Services

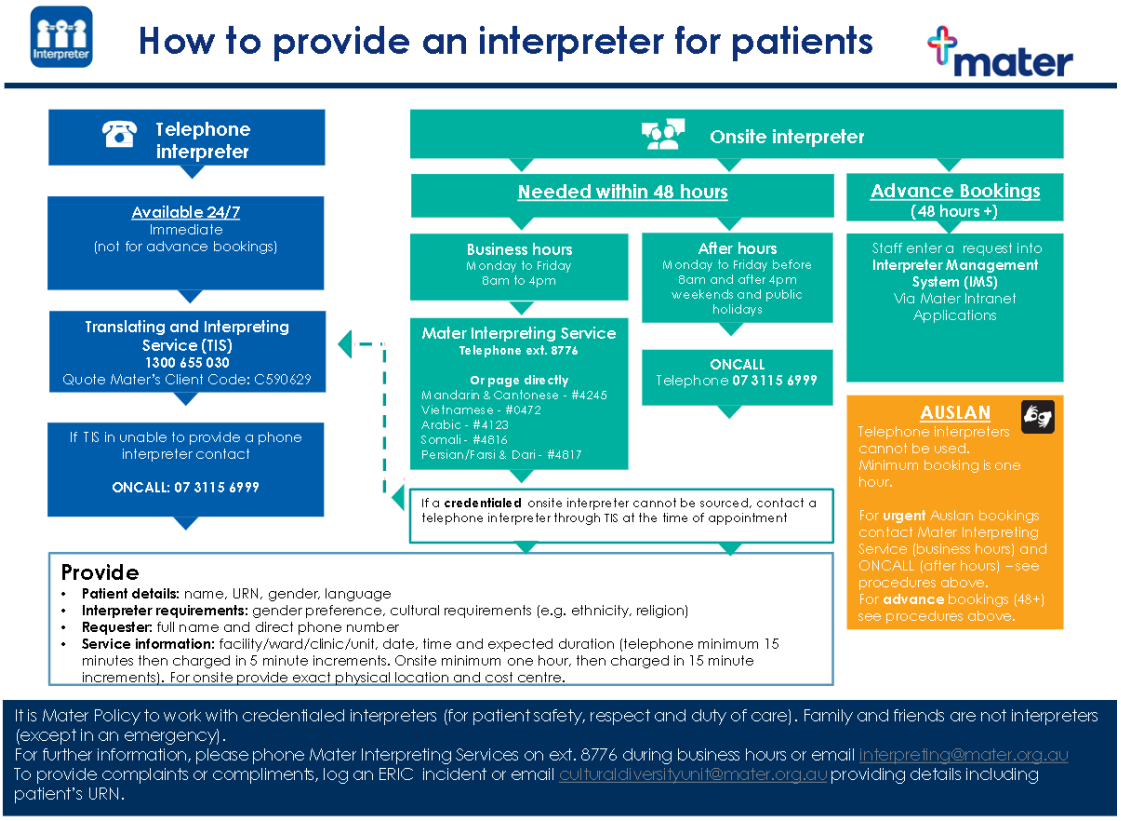
ED has a 7 day (DECT 8232 , pager 4441) Physiotherapist, who can assist with mobility assessments, chest physio, vestibular physiotherapy and advice regarding injury management. For assessment and management of patients presenting to Emergency with symptoms of dizziness, vertigo or imbalance, physiotherapy can aid in the differentiation between central and peripheral causes of these symptoms.
For assessments to be completed post discharge in the outpatient setting, please complete a 'General Request Form' for Vestibular Physiotherapy review.

Interpreter Services

On average 8 patients a day present to ED requiring an interpreter due to their limited English proficiency. **It is Mater policy to provide an accredited interpreter for these patients and to only work with family or friends in an urgent or emergency situation.**
Interpreters:

- Results in shorter stays (saves money)
- Less errors of clinical significance
- Better clinical outcomes
- Increased patient satisfaction

How to identify need for interpreter?
The best way to identify if a patient requires an interpreter is to ask them to paraphrase back to you their diagnosis or planned treatment. If they can't, they require an interpreter.



Social Work Service

MON- FRI 0830-1600, SAT, SUN and PUBLIC HOLIDAYS - 0830 – 1230;
Pager # 4936
For overnight and afternoon emergencies when the After Hours Service is unavailable:
Child Safety

- Staff contact number: 07 3235 9901; Public contact number: 1800 177 135

After Hrs Child Safety can be contacted to request advice if there are concerns regarding the safety of children. Please also contact AHSW next day to assess. If advised to make a notification to Child Safety please email a copy of the Report of Suspicion of Harm to Mater CPU (the CPLO will f/up the next working day).

Domestic and Family Violence - DV Connect

- Women's line: 1800 811 811(24hrs)
- Men's line: 1800 600 636 (24hrs)

This service provides crisis intervention, support, information, advocacy, telephone counselling, referrals and state-wide coordination of emergency refuge and shelter placements across QLD.

Homeless Persons Information Qld: 1800 474 753 (24hrs)
Contact for information and assistance for accommodation, where to have showers, meals and drop in centres.

Mental Health Call Line: 1300 642 255 (24hrs)
Metro South Mental Health provides advice for Mental Health Issues and for urgent reviews.

Substance Use – ADIS: 1800 177 833 (24hrs)
Advice and information regarding clean needle programs, general support planning and options.

Sexual Assault Acute Support: 3646 5207 (RBWH 24 hrs)

State-wide Sexual Assault Helpline: 1800 010 120
Provides support for people who have experienced sexual assault.

Commonwealth Respite and Carelink Centre

- Within business hours: 1800 052 222
- After hours: 1800 059 059

Assistance to find emergency accommodation for carers unable to continue caring for their care recipients. This service generally has no cost but at times a cost to the family is incurred, this is assessed on an individual basis. Carers need to phone to register with this service prior to being eligible for support.

Life Line: 131 114 Salvo Care Line: 13 72 58 Beyond Blue: 1300 224 636

CARING FOR THE ELDERLY

Older Person Centred Care Team (OPCCT)

Do you have a patient that has presented to hospital because of a fall, urinary tract infection, constipation, polypharmacy, recent weight loss, reduction in mobility or for End of Life care?

Consider a referral to the Older Person Centred Care Team (OPCCT) if …

O	Older person (75 years +)
P	Person lives alone or in an Age Care facility
C	Confirmed diagnosis of dementia;
C	Confusion – new onset
T	Two or more presentations to an ED in the past six months

What we do:

- **Rapid identification of risk factors related to frailty** (delirium, falls, pressure injury, urinary retention, functional decline, hospital acquired complications)
- Offer timely **comprehensive geriatric assessment** including specialist nursing, geriatrician consultation and allied health support in the community
- Development and implementation of **specialised care pathways** that help you care for your patient in anticipation of frailty risk factors to minimise harm as a result of hospitalisation
- **Support alternatives to hospitalisation** through strong links with Mater At Home and other community care providers
- **Liaising with external care facilities** to ensure appropriate, timely and seamless transfer to sub-acute care locations and homes (Geriatric Evaluation and Management, Rehabilitation, Transition Care, Palliative care, Aged Care Facilities)
- Developing **Advance Care Plans and anticipatory planning** for future health decline

How to refer?

The team members are in ED, MAPP, SSU and 10A daily. To refer from other wards please contact a team member by one of the following methods:

Phone: **0401 900 367** Email: opcct@mater.org.au

MONDAY – FRIDAY: 0 800 – 2000 – After hours (see below)

After Hours OPCCT Referrals

- Most (99%) of the time, you will be referring to patients to OPCCT who are currently in ED, or are in ED SSU. Just call us, or text, as normal on 0401 900 367.

- For on-going clinical assessment/support, obviously handover to the patient's usual GP who can usually co-ordinate most necessary services;

- A quality medical discharge summary to the GP at the time of discharge for ongoing management of your patient is highly recommended;

- For patients where there is concern regarding an undiagnosed cognitive impairment, or increasing frailty, but are currently safely supported at home then consider an outpatient geriatrician referral if the issue cannot be resolved by OPCCT staff

- For ongoing multidisciplinary assessment in patients that satisfy OPCCT referral criteria, Mater At Home are best placed to support that process.

For example:

- A patient that presents with a fall, ideally should be assessed by physio and/or OT for falls prevention strategies within their home;

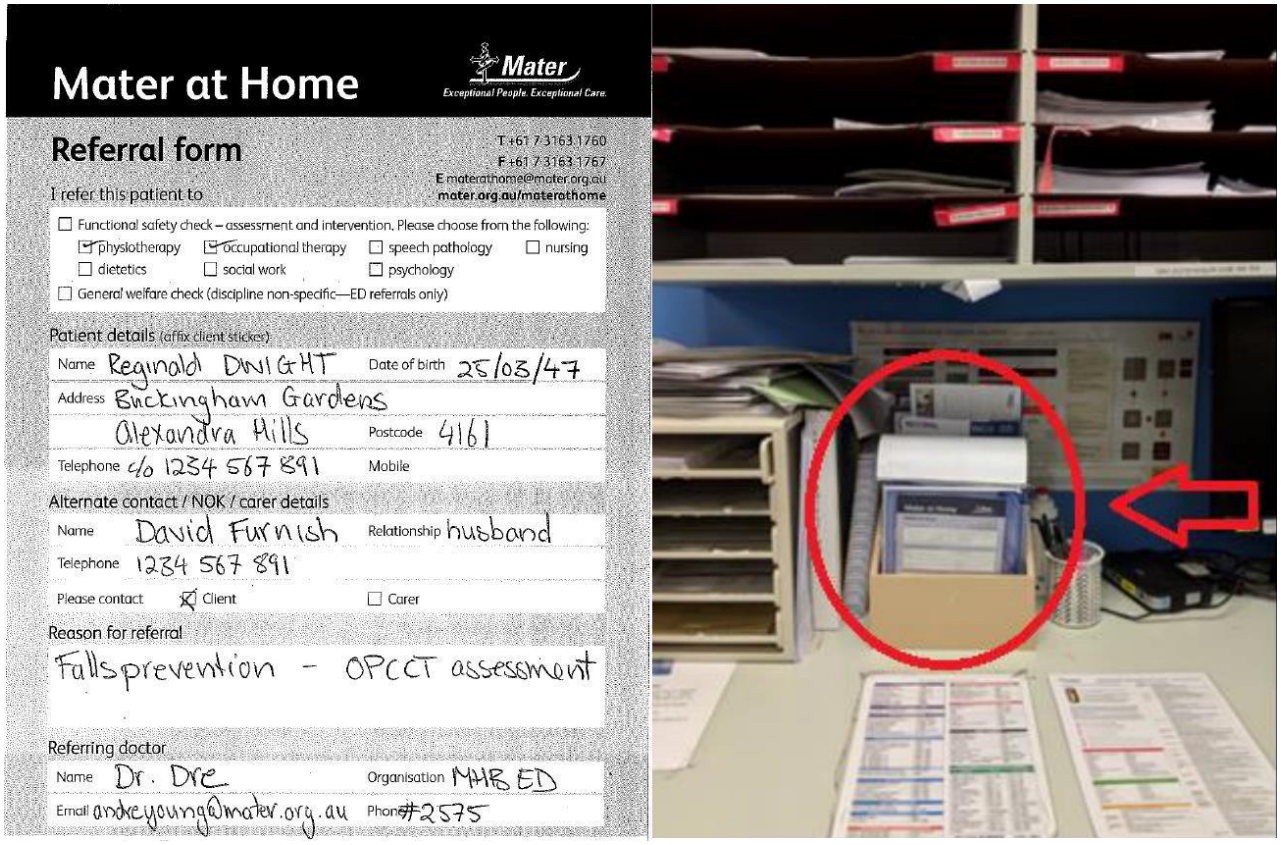
- A patient that lives alone that has evident general decline but few family or little future planning would benefit from a social work assessment;

- A patient that would like advice regarding a fall pendant alarm – OT assessment;

- Mater At Home nurses will review wounds, attend/dispense medications for limited time frames (ring HITH first before referring).

- Find attached an example Mater At Home referral form for same. Choose the MDT specialty you seek, and please include OPCCT Assessment in the Reason for Referral box. This way we can capture the numbers and types of after-hours referrals occurring so that we can assess the true need of same.

- Once complete, fax to 1767



Mater at Home

Mater
Exceptional People. Exceptional Care.

Referral form

T +61 7 3163 1760
F +61 7 3163 1767
E materathome@mater.org.au
mater.org.au/materathome

I refer this patient to

☐ Functional safety check – assessment and intervention. Please choose from the following:
☑ physiotherapy ☑ occupational therapy ☐ speech pathology ☐ nursing
☐ dietetics ☐ social work ☐ psychology
☐ General welfare check (discipline non-specific—ED referrals only)

Patient details (affix client sticker)

Name Reginald DNIGHT Date of birth 25/03/47
Address Buckingham Gardens
Alexandra Hills Postcode 4161
Telephone c/o 1234 567 891 Mobile

Alternate contact / NOK / carer details

Name David Furnish Relationship husband
Telephone 1234 567 891
Please contact ☒ Client ☐ Carer

Reason for referral

Fallsprevention - OPCCT assessment

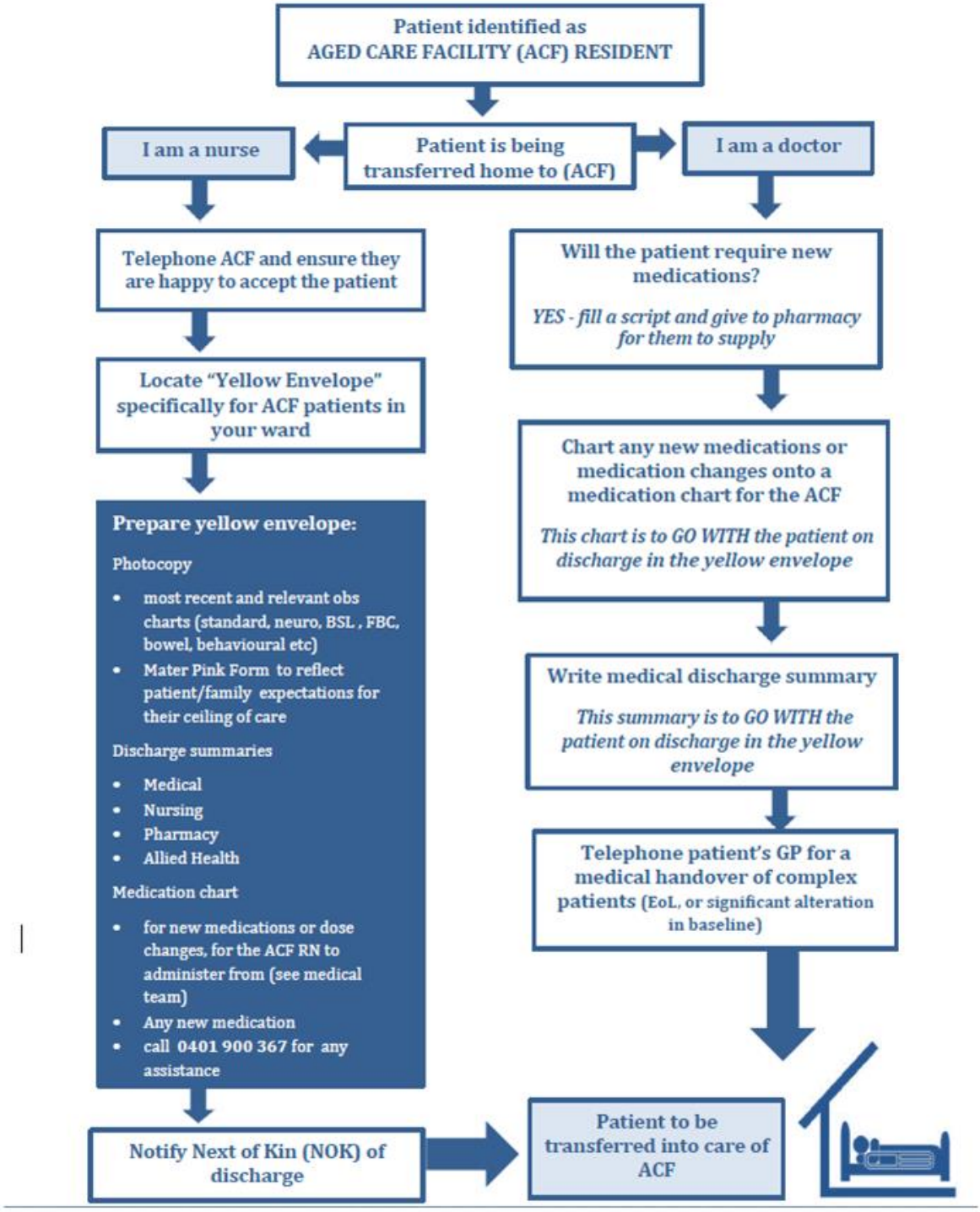
Referring doctor

Name Dr. Dre Organisation MHB ED
Email andreyoung@mater.org.au Phone #2575

Please note: These instructions pertain to potential OPCCT referrals only, NOT other Allied Health Professionals.

If you have any further questions or require clarification regarding any of these points, please contact OPCCT for assistance **0401 900 367**.

Aged Care Facility Resident



MATER AT HOME

Mater at Home is a multidisciplinary service that extends hospital level care into a patient's home.

HITH – Hospital in the Home

Suitable for an individual requiring at least daily clinical care and assessment of their treatment needs - clinically equivalent to an admitted patient.
HITH is a direct substitute of inpatient care. For example, patients requiring IV antibiotics, complex wound care, or other daily interventions that would normally require the patient to be admitted – including physio/allied health/pathology intervention can be referred to Mater at Home for HITH.

HITH patients are classified as inpatients, but don't occupy a bed, freeing up resources for other patients.
Call 047881964 or 3163 1760 (ask for adult HITH team leader) to confirm bed availability then complete the general Mater at Home HITH Referral Form with as much information as you can and send to materathome@mater.org.au or fax to 3163 1767.

Welfare Checks/ Functional Safety Checks

Suitable for patients who you consider require follow up to assess their home situation/risk for polypharmacy/safety and wellbeing at home. This can be discipline specific – if you are concerned that a patient is a falls risk – a physiotherapist can be requested. If a general assessment is required you can refer for a General Welfare Check and the visit will be made by a Mater at Home physiotherapist, occupational therapist, or registered nurse as available. Complete the Mater at Home Referral form (A5 blue and white tear off pad) – selecting if you require a discipline specific or general visit, fax or email to Mater at Home, and /or leave original in folder provided in the ED.

Post-Acute Care (PAC)

An individual with predominantly post-acute care needs who may require less than daily clinical assessment of their treatment needs. This is equivalent to non-admitted care and can be time limited. For example, drain care, simple wounds, ostomy/catheter management or education. Patient receiving post-acute care are outpatients. Mater at Home services will even pop around to a patient's home and perform a welfare check, to see how the patient is getting on, to eyeball the domestic situation, to see if there is food in the fridge and power on, etc. A welfare check can be a valuable insight into the patient's home situation.

Complete the general Mater at Home Referral Form **(as outlined above in OPCCT section, page 22 of this manual)** with as much information as you can and send to materathome@mater.org.au or fax to 3163 1767.

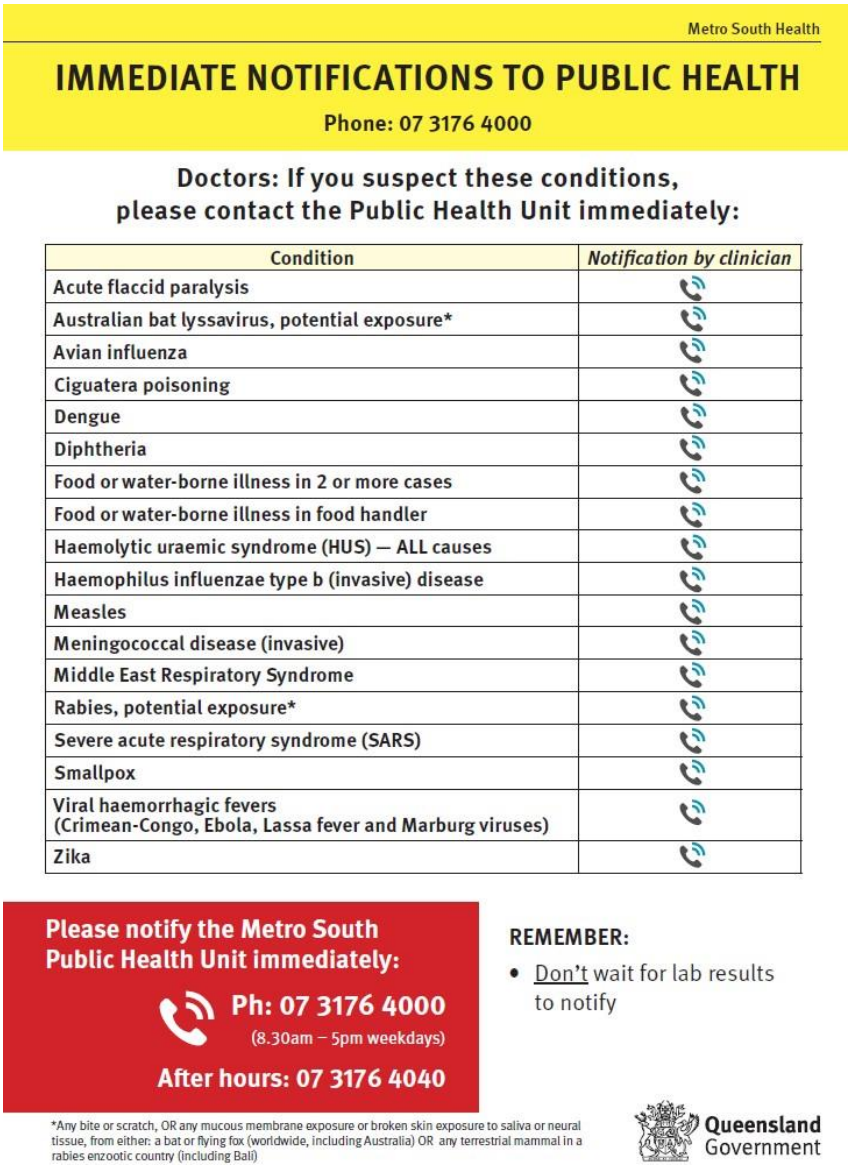
For HITH inquiries call 3163 1760 and ask for the Adult HITH Team Leader or call 0466149392 to speak to the Mater at Home Nurse Unit Manager.

PUBLIC HEALTH

Most notifiable conditions are reported by laboratories. However, Immediate Notification by doctors of certain communicable diseases to the Metro South Public Health Unit (ph. 07-3176 4000) is a legal requirement under the Public Health Act 2005.

Your support is essential in notifying these conditions promptly upon suspicion, rather than waiting for laboratory confirmation.

Prompt notification will enable public health responses to begin without delay.



Metro South Health

IMMEDIATE NOTIFICATIONS TO PUBLIC HEALTH

Phone: 07 3176 4000

Doctors: If you suspect these conditions, please contact the Public Health Unit immediately:

Condition	*Notification by clinician*
Acute flaccid paralysis	✆
Australian bat lyssavirus, potential exposure*	✆
Avian influenza	✆
Ciguatera poisoning	✆
Dengue	✆
Diphtheria	✆
Food or water-borne illness in 2 or more cases	✆
Food or water-borne illness in food handler	✆
Haemolytic uraemic syndrome (HUS) — ALL causes	✆
Haemophilus influenzae type b (invasive) disease	✆
Measles	✆
Meningococcal disease (invasive)	✆
Middle East Respiratory Syndrome	✆
Rabies, potential exposure*	✆
Severe acute respiratory syndrome (SARS)	✆
Smallpox	✆
Viral haemorrhagic fevers (Crimean-Congo, Ebola, Lassa fever and Marburg viruses)	✆
Zika	✆

Please notify the Metro South Public Health Unit immediately:

Ph: 07 3176 4000
(8.30am – 5pm weekdays)

After hours: 07 3176 4040

REMEMBER:

- Don't wait for lab results to notify

*Any bite or scratch, OR any mucous membrane exposure or broken skin exposure to saliva or neural tissue, from either: a bat or flying fox (worldwide, including Australia) OR any terrestrial mammal in a rabies enzootic country (including Bali)

Queensland Government

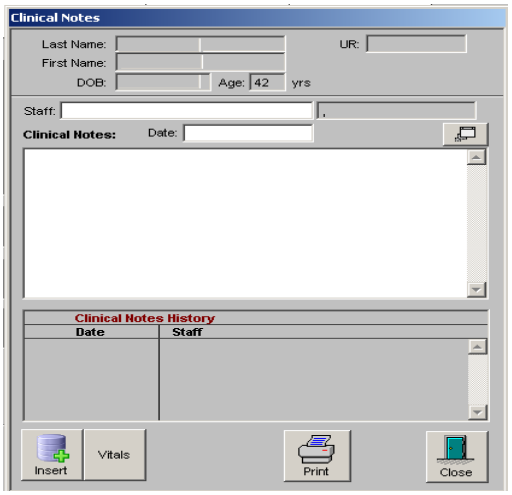
EDIS, DATA COLLECTION AND EDIS TRAINING

The Emergency Department uses EDIS as its data collection system. The Department performance is closely monitored by the Hospital and by Queensland Health. Please ensure you learn to use it. Please ask Jacki Derrick (department secretary) about training.

Data accuracy, particularly in the time seen field, is imperative. ***Where a senior doctor has put a time seen on a patient, please use the same time on your data entry as well.*** Please document the time when you request a Consult from another discipline.

DOCUMENTATION

Documentation of patient assessment and management should be entered into EDIS clinical notes in a timely manner. Update these throughout your shift, especially where consultations or changes to initial management has taken place. **If utilizing the Cut and Paste function from clinical comments, ensure you have checked it is the correct patient prior to saving in clinical notes.**



Patient notes should include documentation of which consultant or registrar you discussed the case with, and the time of such. You must also remember to close off patient notes.

The last entry should document the results of those investigations and what the management plan is at this point.

Every patient **MUST** have clinical notes documented, even if they did not wait (an example then might be "Waiting room checked x 2, patient called x 3, nil response, patient not in QAS ramp area"). Even if a patient is sent to ED "for review by Surgical Reg", they **must** have a brief review by ED medical staff, plus vital signs taken (if appropriate).

We aim to **electronically** send a discharge letter to the GP of every patient seen in acute (unless admitted), and of every patient being discharged from the EDSSU. Electronic discharge letters for those seen in Fast Track is preferred but need only be brief and to the point. Apply good judgment when communicating with the patient's GP, a phone call is a professional and collegiate way to communicate to the GP but should be backed up with a formal discharge letter.

EDIS feeds directly into VERDI and we are relying on the Clinical Notes to be entered into EDIS in a timely manner, so the electronic feed will be available in VERDI.

Notes in Clinical Comments do not electronically link to VERDI and cannot be printed for scanning.

VERDI – MATER'S ELECTRONIC RESULTS SYSTEM

Verdi is a clinical portal providing a single point of access to patient information held across many disparate information systems. Patient results, outpatient attendance schedules, outpatient letters, and scanned records from previous Mater Hospital attendances can all be seen on VERDI, via your usual Mater login.

Verdi is also used for completing request forms for ordering tests as well as acknowledging results.

Verdi Training and Refresher Sessions
Training and refresher sessions are run weekly on Tuesdays, Wednesdays and Fridays. Should you wish to attend one of these sessions where you are able to customize your personal login and learn about additional functionality please call the Verdi Helpdesk on ext. 7555.

QUEENSLAND HEALTH 'THE VIEWER'

The Viewer is a Queensland Health read-only web-based application that displays consolidated clinical and administrative information sourced from a number of existing Queensland Health Enterprise systems. It is accessible through Verdi. You will find the link under the 'External Portals / QH Viewer' folders. You will need to close any open Verdi sessions to see the new folders.

Please familiarize yourself with Verdi External Portals user guide. For detailed information on how to navigate The Viewer you can access the Handy Hints guide. Release Notes for this functionality are available here.

ALL HOURS PHONE SERVICES YOU MAY NEED

Drug Seeker Hotline: 1800 631 181

The Prescription Shopping Programme (PSP) helps prescribers identify and reduce the number of patients who get more PBS subsidised medicines than they medically need.

The PSP has a 24 hour Prescription Shopping Information Service (PSIS) and a Prescription Shopping Alert Service. If you suspect your patient is getting more medicine than they medically need, call the PSIS. Reasons why your patients may get more medicines than they need include:

- Stockpiling for later use
- Drug dependency
- Intention to sell, exchange or give medicines to relatives, or
- Send it illegally overseas

If your patient meets the PSP criteria, we can tell you:

- the number of PBS medicines supplied in the past 3 months - this includes repeat prescriptions and prescriptions issued within 12 months
- the number of individual prescribers of PBS medicines supplied by pharmacies during the identified period. We cannot provide the details of other prescribers for your patient

Registering for the Programme

Prescribers and approved suppliers can register using the Prescription Shopping Information Service registration form or by calling the PSIS.
At the start of your phone call we will ask for:

- your prescriber number
- your full name
- a question to confirm your identity
- the patient's Medicare number, date of birth and full name

If your patient has not met the PSP criteria, we won't be able to access or tell you more information about them.

PATHOLOGY TESTING AND ACKNOWLEDGEMENT

The Department encourages evidence-based ordering of tests. There is an ordering protocol for nurse-initiated pathology orders based on clinical presentation. Advanced tests should be ordered by registrar and senior staff only. **There is a blood gas machine in ED for urgent testing.**

The Emergency Department has a 24/7 Phlebotomy Service. Junior doctors are encouraged to insert their own iv-cannulas as the Emergency Department is a great opportunity to learn this basic medical skill.

Please acknowledge your pathology / radiology results on Verdi in a timely manner as this is an important part of patient safety and quality control. If there are **abnormal results** please:

- make note of it in your documentation,
- anything important (such as antimicrobial sensitivities) must be checked against the patient's discharge medications
- if you see that a patient has been given an ineffective antibiotic, contact them to arrange an alternative script (if well) or review (ED if unwell or GP.
- ***IF YOU ARE NOT SURE WHAT TO DO WITH A RESULT PLEASE SPEAK TO YOUR CONSULTANT (OR OVERNIGHT, TO THE DUTY REGISTRAR).***
- Please document actions taken in the Clinical Notes section, noting the name of consultant or registrar who you discussed the issue

Blood Specimen Collection and Safety

All blood pathology specimens are meant to be collected in one continuous process, safely and efficiently, then tested without delay.

How can we do this?

Every time you collect a blood specimen follow the SIMPLE checks below.

 **Step 1** - Take pathology form to patient's side and confirm patient details are correct.

 **Step 2** - Identify patient details are correct: before collection against request form and again after collection (specimen labels).

 **Step 3** - Perform collection and fill specimen tubes in correct order of draw.

 **Step 4** - Label specimens immediately after blood has been added to tube and before leaving patient's side.

 **Step 5** - Initial each specimen tube. Complete collector's declaration and include your pay roll number. Include date and time on the specimen tube and form.

 **Step 6** - Match specimen and request form to patient then place in biohazard bag for safe transport.

All **Blood bank specimens** are to be **handwritten**
Do **not** label tubes with **large** addressograph labels

Misidentified Pathology and Cross Match samples

Mislabelled and rejected blood bank specimens is everyone's responsibility.

- Tracked as one of Mater's safety KPIs.
- Reported at Mater Health Executive
- Monitored by Clinical Safety Excellence Committee

By completing the collector declaration and initialling specimen label for **all** blood specimens sent to pathology you are confirming (communicating) with pathology that the patient has been identified correctly.

Common themes for blood collection errors which delay a specimen being processed or accepted for testing include:

- Processing errors – insufficient information on the form or collector has not completed declaration with collector's payroll number
- Labelling errors – not handwritten, specimen tube not signed
- Misidentified labelling errors – two identifiers not on specimen tube, unlabelled specimen
- Patient identification errors – mismatch between specimen and form

MEDICATION SHEETS

It is the responsibility of the first doctor to prescribe on the patient medication sheet to affix a patient label and hand-write the patient name in the space below on the front and back page.

- mark in patient weight and height
- allergies
- sign your name and prescriber number in the appropriate space on page one of the medication chart

PHARMACY SERVICE IN THE ED

From 0700 to 1630 weekdays and is available on pager 0868 to provide any medication related services such as supply or advice.

- Assistance in taking medication histories and reconciliation
- Discharge prescription dispensing and patient counselling, i
- Epipen training and anticoagulation education can also be provided.

From 1630 to 1930 weekdays and 0800 to 1730 on weekends and public holidays pharmacy can be contacted through the Central Pharmacy on extensions 8218 or 1055.

- Outside these hours there is a pharmacist on-call who can be contacted through the After-Hours Manager.

After hours, there are late opening pharmacies, and there is a 24 hour pharmacy at Annerley (Harding's Pharmacy)
548 Ipswich Road (Cnr Ekibin Rd) ANNERLEY
QLD 4103
P: (07) 3892 1494
F: (07) 3892 6311
www.hardingspharmacy.com.au

PROCEDURAL SEDATION

Safe procedural sedation is a standard of care for Emergency departments. Please ensure study paperwork and other routine paperwork is completed when preparing for and performing sedation. All sedations are done under consultant supervision. There is Mater clinical paperwork to be filled out for procedural. Please notify supervisors before use of Nitrous Oxide (Entonox)

RESEARCH

If you are interested in developing a research project or Audit project in the ED, please inform the term supervisor. Mater research is one of the pillars of the Mater's group, and we would love to promote grass-roots research with practical application at the provider-patient interface of the ED.

SERVICES NOT ROUTINELY PROVIDED

1. Provision of routine scripts. Exceptions if the department is very quiet and communication with the patients regular doctor regarding the prescriptions reissued can be assured
2. Forensic examination requests. This includes sexual assault examination unless the patient does not intend to press charges. Formal forensic services are provided at Royal Brisbane Hospital (RBH). Contact your consultant who will liaise with the ED consultant at RBH
3. Family planning
4. Travel medicine advice
5. Routine medicals for insurance, employment, driving purposes.
6. Routine immunisation, other than tetanus vaccination is commonly performed post injury

RMO DRESS CODE AND PROFESSIONAL BEHAVIOURS

- Dress professionally and comfortably
- Covered shoes are mandatory
- **Laundered Mater Hospital navy Scrubs are available in the stacks in the corridor, please change in and out of these in the department bathrooms and place scrubs for laundry in the green scrubs skip**
- At Christmas or on special occasions staff may have themed dress.
- Tie long hair back and be bare below the elbows to facilitate hand hygiene (plain rings are ok)
- Neck lanyards should not be worn for hygiene reasons
- Please don't wander around the ED eating food. A cup or waterbottle at your workspace is ok.
- Departmental cleanliness includes your workspace – this facilitates efficient work.
- Wipe down keyboards, phones and desktops regularly
- Dispose of used equipment, cups and confidential paper waste appropriately
- Be mindful of the volume of your conversations in the Emergency Department as all spaces are public.

If in any doubt, ASK your CONSULTANT

SCOPE OF PRACTICE

Interns are at the beginning of their career, and they thus work in the Emergency Department under the supervision of more senior doctors, and certain restrictions are imposed on interns' practice. ***Interns must discuss all patients with a Senior Staff member***, who should try to see these patients at the bedside. The best place for a patient discussion is right there at the bedside, so the consultant can see and feel what you do. Interns should not consult with other interns, nor with JHOs. ***If you need some advice, ask the consultant.*** If the consultant is busy they will direct you to an available registrar or other consultant.

LEARNING OBJECTIVES

The Medical Board of Australia requires interns to successfully complete a term of at least 8 weeks experience in emergency medical care for progression to general registration.

Science and scholarship – The intern as scientist and scholar

- Opportunities to consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important emergency presentations at all stages of life.
- Opportunities to access and use relevant treatment guidelines and protocols, and to seek and apply evidence to emergency patient care.

Clinical practice – The intern as practitioner

- Interns should be able to assess patients with acute, undifferentiated illness in an emergency setting at the point of first presentation all under appropriate supervision.
    - taking histories,
    - performing physical examinations,
    - developing management plans,
    - accessing clinical management resources, rational ordering of initial investigations, and interpretation
    - making referrals admitting and initiating treatment,
- Gain opportunities to develop skills in managing critically ill patients from the point of first presentation. These experiences should include assessing patients and actively participating in their initial investigation and treatment and participating in resuscitation and trauma management.
- Opportunities to observe, learn and perform a range of procedural skills, particularly those likely to be used largely in an emergency setting.
- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including analgesia, antibiotics, intravenous fluids, blood and blood

products.

- Opportunities to develop skills in synthesizing acute management issues and presenting a concise patient assessment.
- Opportunities to develop skills in preparing appropriate documentation, including records of clinical interactions, discharge letters and summaries.
- Opportunities to develop communication skills needed for delivering care in an emergency setting through interaction with peers (particularly through handover), supervisors, patients and their families, and other medical practitioners and health professionals involved in inpatient and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication.
- Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life care in conjunction with experienced clinicians.

Health and society – The intern as a health advocate

- Opportunities to discuss allocating resources and rationalizing investigations in emergency settings.
- Opportunities to develop knowledge of legislative issues arising in an emergency care setting, particularly those relating to capacity and mental health.
- Opportunities to participate in quality assurance, quality improvement through prompt results acknowledgement,
- Identify patient and staff risks and awareness of management processes, and/or incident reporting.
- Opportunities to develop knowledge about how emergency medicine interacts with community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

Professionalism and leadership – The intern as a professional and leader

- Opportunities to develop skills in prioritising workload to maximise patient and health service outcomes.
- Opportunities to understand the roles, responsibilities and interactions of various health professionals in managing each patient, and to play an active role in the multidisciplinary health care team.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's Good Medical Practice: A Code of Conduct for Doctors in Australia.

End of Term Learning Objectives of Interns in ED

By the end of term each intern should be able to:

- Perform a rapid assessment of an acutely ill patient and recognize concerning signs of illness
- Multi-task some patient care
- With assistance formulate management plans within the patient's social context
- Prioritize workloads
- Be competent at an SBAR handover
- Adopt a stratified safe approach to undifferentiated complaints,
- Have experienced and / or practiced with supervision
    - basic resuscitation skills (BLS – simulated or actual),
    - wound management
    - suturing,
    - plastering,
    - joint or fracture reductions,
    - Interpret basic ECGs and basic investigations in an emergency context,
- Apply management plans and guidelines specific to emergency care such as fractured Neck of femur management, Sepsis or Diabetic Ketoacidosis guidelines
- Effectively work in a team

Individual Learning Objectives (ILOs)

The supervisor will discuss and develop your learning objectives with you at your face to face orientation and discuss progress towards them at mid- and end-term assessment meetings. Learning objectives are documented on the start of term orientation checklist.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Attendance at the required proportion of education sessions and timely completion of logbooks are taken into consideration when applying for future positions at the Mater, provision of references and, for interns, AHPRA registration.

Protected Teaching Time (PTT) and Professional Development

ED RMO teaching:	Tue, Wed and Fri 15:00, Thurs14:00
Simulation/Skill sessions:	Tuesdays between 08:30 and 09:30. All RMOs on duty are expected to participate.

Due to shift work, the ED RMO teaching will supplement the Facility Education Program for residents, so please turn up ready to go. Interns can attend the Tuesday / Thursday Facility 12:30 teaching, but please let your consultant know as you will likely need to handover your patients to one of the registrars.

Medical Education Contact Details

Please read this handbook in conjunction with the RMO Orientation Handbook which is accessible on the MEU website via Zenworks or
http://mededu.matereducation.qld.edu.au/handbooks/

If you're experiencing difficulty with any aspect of the term, clinical or otherwise, please contact the term supervisor and/or PVMEO as early as possible.

Director of Clinical Training (DCT)	Ph. 8229
Prevocational Medical Education Officer (PVMEO)	Ph. 8431
Vocational Training Medical Education Officer (VTMEO)	Ph.1560
Medical Education Admin Officer	Ph. 8272
Medical Education Manager	Ph. 8114

RMO Logbook

Developing and maintaining a written record of clinical activities (a Logbook) is useful for your learning and reflection. Logbooks provide evidence of the various activities you have engaged in during the term to meet the term learning objectives identified in the Australian Curriculum Framework for Junior Doctors (ACFJD). A copy, cited by your Term Supervisor, is submitted to MEU with your mid- and end-term assessments and self-assessment form. If you require a list of patients you have seen in ED, Please ask Tracey Ecob, the data manager to extract one from EDIS.

Assessment and Feedback

Assessment

It is the responsibility of the RMOs to seek a mid-term and end-of-term assessment with their term supervisor. If you're experiencing difficulty with any aspect of the term, clinical or

otherwise, please contact the term supervisor and/or medical education, early. The MEU will send out a reminder email with instructions to all RMOs one week prior to all due dates. The assessment form can be accessed at any time from the Medical Education Unit website via Zenworks or http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/

There is also an optional self–assessment section located at the beginning of the assessment form, which you are encouraged to complete and discuss with your supervisor. If you wish to complete this separately you can complete the RMO form Self-Assessment Form which is located on the Medical Education Unit Website under 'Assessment Forms'.

Feedback

Your clinical supervisors will provide regular feedback regarding your progress, usually on a daily basis and includes components of daily supervision, observations, feedback and support and an integral part of the working environment. If you have concerns or would like more regular feedback, speak to your supervisor in the first instance and medical education if required. Residents must ensure that:

- progress is discussed at mid-term,
- assessment of term performance is carried out at the end of the term and forwarded to the Mater Education, and
- on-line term evaluation is completed and feedback on supervision received is provided.

Multisource written feedback is sought for Interns and RMOS from supervisors (registrars and consultants) twice during the term.

At the end of your rotation, you are required to complete the end-of-term unit evaluation survey and provide valuable feedback on your supervision.

Concerns or Need Help?

We know Mater ED can be busy and overwhelming at times. We want you to experience a productive, supported and safe work environment. If you have had a bad shift, we encourage you to debrief your experience and concerns to your available supervisors. If you feel that this is not appropriate or adequate, please raise your concerns with your consultant on shift or term Supervisor. There is also an allocated Chief registrar, who can escalate junior staff issues to the ED Director. The Term Supervisor will advise you of contact details at start of term orientation.

APPENDIX 1: ED ORIENTATION CHECKLIST

Main Workstation

Computers – EDIS, Verdi, CKN, PACS, Departmental Intranet Site
Paperwork – medical certificates, workers' compensation, investigation requests, Ward Admission Forms
Chart boxes for patients in cubicles
Telephone and paging system
Lamson Tubes

Point of care testing

Urine and pregnancy tests, FOB testing
ABG machine

Nurse Station

Triage Nurse
Team Leader
Chart Box for patient awaiting cubicles

Reception

Fast Track Box
Chart return box

Resuscitation

Airway, Breathing and Circulation equipment
Drugs and Defibrillator
Procedure boxes
Entonox use

Cubicles

IV Trolleys
Venesection system
Procedure and Plaster Rooms
Dispensary
Vaccine fridges

Fast Track

Slit Lamp / Eye Room
Equipment store
Vaccine fridges

Short Stay Units

Toilets Tea Room Distressed Relatives Room

Complete EDIS training and access – self-directed learning package.

Hand Washing and Hygiene

Personal Protective Equipment

Learning Objectives

APPENDIX 2: SUBSPECIALTY TEAMS

Metabolic Medicine

For admissions during hours please call the number below. For metabolic patients presenting after hours, please contact the metabolic physician on call through switch. After hours, patients will be admitted under the endocrinologist on call at Mater. Patients will either be admitted to the MYAHCB or adult medical ward depending on age.

Staff member	**Name**	**Contact number**
Nurse practitioner	Ms Anita Inwood	3068 4426 (0800-1630)
Dietitian	Ms Clare Kreis	3163 6000 (prompt 4, then 3) clare.kreis@mater.org.au
Physician – business hours	As per roster – Drs' McGill, Lipke, Coman, Nisbet	**3068 4426**
Physician – after hours	As per roster	**3068 1111** and ask for metabolic doctor on call
Other numbers		
Appointment enquiries		3068 5057
Fax number		3068 4079
Non-urgent enquiries and prescriptions		metabolic-medicine@health.qld.gov.au

ICU

All ICU referrals are consultant to consultant.

Neurosurgery

All acute Neurosurgery referrals for consideration of urgent surgery are consultant to consultant. Subarachnoid Haemorrhage and other vascular neurosurgical emergencies are stabilized here and transferred to PAH.

Renal

Any dialysis or renal transplant patient in ED, please ring the nephrologist on call or renal registrar.

APPENDIX 3: Specific pathways

Below is the Diabetic Foot Admission pathway to help guide the admission process of these patients. At Mater Hospital, these patients are managed primarily by the Vascular Surgery team.

Diabetic Foot Infection Admission

Emergency Department Assessment.		
Assessment of Foot (Emergency Physician).	**Right**	**Left**
Document presence of palpable pedal pulses (Dorsalis Pedis/Posterior Tibial).		
Document evidence of peripheral neuropathy: 10g monofilament or 128-Hz tuning fork.		
Signs of infection.		
Signs of infarction.		

Emergency Department Assessment.				
Ulcer Description: Texas Wound Classification System.				
	Grade			
Stage	0	1	2	3
A	Completely epitheliased wound	Superficial wound	Wound penetrates to tendon	Wound penetrates to bone
B	Plus infection	Plus infection	Plus infection	Plus infection
C	Plus ischaemia	Plus ischaemia	Plus ischaemia	Plus ischaemia
D	Plus infection and ischaemia	Plus infection and ischaemia	Plus infection and ischaemia	Plus infection and ischaemia

Emergency Department Assessment.		
Early Management (Emergency Physician).	**Yes**	**No**
Bloods: FBC, eLFT, and CRP.		
Diabetes: Document blood glucose level, ketones, HbA1c.		
Imaging: Plain weight bearing X-Ray Left and Right Foot		
Wound swab.		