



ED Consultants SOP

General Principals

- Encourage an educational mindset in us and others
- Always be helpful and never dismissive when approached by nurses and doctors
- Embrace and model the NSW Health CORE values and encourage the same in all staff in the department
- Foster a spirit of positivity & calm in the department-avoid negative verbalisation
- Provide mentorship to all staff and be available to, and understanding of, staff concerns. Provide appropriate counselling where required.
- In general, it should be encouraged that the same consultant is sought for advice on the same case.

In Charge Consultant

- Run the 08:00 and 23:00 hand overs and take over patients (or delegate hand over to a doctor of a grade of registrar or above)
- Ensure all patients in the department have a named 'checked in' doctor allocated to them
- Based next to the NUM /Charge of Shift when not performing specific duties
- Provide clinical advice and supervision to junior doctors and other staff
- Read ECG in patients complaining of cardiac chest pain within 10mins (together with registrars and other consultants)
- Actively drive patient flow ensuring that wherever possible a disposition is made by 2 hours
- Attempt to make early 'Admit' decisions whenever possible and ensure that charts and documentation are completed and a bed booked to speed up flow out of the department (and document Specialty Consultant Name/Bed type in the Bed management column in FirstNet)
- Ensure that patients not reviewed by the specialty are suitable for the ward, documentation is completed and the specialty registrar is aware of them going to the ward, and the appropriate form is completed prior to transfer
- Early liaison directly with ICU consultant for all likely HDU/ICU admissions
- Hourly board round with the NUM/COS and ensure good communication with NUM/COS (+/- CNM) to ensure all are aware of issues and plans.
- If possible, dependant on department staffing and workload, avoid picking up a patient load to ensure availability for advice, troubleshooting, trauma & resus, telephone calls, etc. Attempt, where possible, to take over patients who have been referred in from outlying hospitals and are accepted by the specialty teams (to avoid JMO's taking a long time 'clerking' patients who are 'expects').
- Support CIN or nurses in RAT to provide initial treatment and investigations to speed up patient care in the low priority (with use of 'ED-Physician Exam' to stop the Triage clock) when no RAT consultant
- Ensure early initiation of appropriate treatment/investigations in high priority area patients (with use of 'ED-Physician Exam' to stop the Triage clock)
- Process pre-arrival calls as appropriate (when no PFU doctor)
- Provide CCAS support where required
- Chase specialty teams for consults and subsequent plans on patients
- Team leader (together with consultant on Clinical) for trauma and resus patients
- Provide advanced clinical interventions as required (eg ultrasound, difficult IV access, procedures etc)

Clinical Consultant

- Relieve day shift consultant for their lunch break (after a hand over board round). Then one consultant is 'Clinical' and the other is 'In-charge'
- Encourage most advice requests be directed to 'In-charge' consultant where possible (unless they are tied up) to free up for direct patient care
- Pick up full patient load and provide direct patient care with other clinicians
- Work with In-charge/RAT consultants to team lead/team member in trauma and resus patients and read ECG within 10mins in patients complaining of cardiac chest pain
- Provide advanced clinical interventions as required (eg ultrasound, difficult IV access, procedures etc)

RAT Consultant

- For patients in the RAT area and waiting room:
 - Support CIN or nurses to guide initial treatment and investigations to speed up patient care (with use of 'ED-Physician Exam' to stop the Triage clock), whilst also stopping inappropriate ordering to aid in cost savings.
 - Actively drive patient flow ensuring that wherever possible a disposition is made by 2 hours
 - Attempt to make early 'Admit' decisions whenever possible and ensure that charts and documentation are completed and a bed booked to speed up flow out of the department (and document Specialty Consultant Name/Bed type in the Bed management column in Firstnet)
 - Provide advice and clinical support to junior doctors seeing patients in the RAT area
 - Read ECG within 10mins in patients complaining of cardiac chest pain
 - Chase specialty teams for consults and subsequent plans on patients
- Pick up full patient load and provide direct patient care with other clinicians
- Assist triage in directing appropriate patients to other services, such as ambulatory care, PACS clinic or GP surgeries
- If RAT is not busy, but the high acuity area is busy with a build up of sick patients, it is reasonable to provide assistance
- Be based in the writing room opposite triage to ensure that the RAT doctor is visible and immediately accessible to the other staff in the RAT area and foster the feeling of RAT being a self contained team.
- Provide advanced clinical interventions as required (eg ultrasound, difficult IV access, procedures etc)