CHAPTER I

ACCIDENT AND EMERGENCY DEPARTMENT

1.1 Due to rapid industrialisation and increase in vehicular traffic the number of road traffic accident are increasing, resulting in injuries, which are complex in nature and management, hence this department assumes critical importance in the hospital.

1.2 The emergency department should function 24 hours of the day throughout the year.

1.3 As per Hon'ble Supreme Court ruling, no patient requiring emergency medical care should be refused adequate treatment, even if no bed is available and the particular specialisation is non-existent.

1.4 Emergency department should have adequate physical facilities, equipments including stores of medicines and other consumables.

1.5 Sympathetic and well-trained staff should be posted who can render immediate and appropriate life saving treatment and also able to meet the emotional requirement of patient and their attendants.

1.6 An efficient and foolproof communication system should be available. There should be efficient communication system within the department and from department to the various intensive care areas of the hospital and also to contact consultants or senior doctors on matters pertaining to better patient care. These can be telephones, intercoms, paging system or public announcement system.

1.7 Liaison with police in Medico legal cases should be maintained.

1.8 The emergency department should preferably be located on the ground floor and it should have direct access from main road for ambulances.

1.9 Directions to the emergency department should be well marked and clearly visible both far away and close to the hospital, day and night.

1.10 At the entrance of emergency department, plenty of coloured coded wheel chairs and trolleys should be available for transferring the patient from ambulance to emergency department.

1.11 Proximity to other supportive services: like X-ray, CT Scan, Ultrasonography, Emergency clinical laboratory, Pharmacy, ECG facilities

should be available.

1.12 Admission and Inquiry Office should also be adjacent to emergency department.

1.13 All areas of Accident & Emergency Department should be able to handle seriously ill patients. An adequate numbers of oxygen, suction and electrical outlets must be available.

1.14 Patients coming to accident and emergency department should be examined by Chief Medical Officer in triage area, close to entrance door, to evaluate degree of extent and severity of injuries and urgency of treatment.

1.15 There should be a control room in the casualty with Specialist/ Chief Medical Officer as Nodal Officer to deal with administrative problem for better patient care.

1.16 There should be examination rooms/cubicles, doctor's room, Medico legal record room, Police constable room, Nursing station, storeroom, injection room, Minor OT and Plaster Cast room. Doorways should be wide enough to accommodate stretcher/trolleys.

1.17 Observation wards for medical and surgical diseases should be there with specialist on call, and senior residents and junior residents to be available round the clock.

1.18 Adjacent to emergency department there should be a Registration (Admission) cum Inquiry Office, ambulance and driver's room, ambulance/mortuary van parking area, stretcher and wheel chair's bay, waiting area, public telephone and other public convenience like drinking water, tea or coffee bar, drug store etc.

1.19 Preferably, 24 hours piped oxygen and suction line supply to be available with sufficient number of outlets

1.20 Special attention to be given for maintenance of light and temperature of the room. In case of power failure provision for emergency light through the generator of the hospital to be available.

1.21 To have an efficient emergency services for better patient care it is desired that all types of stores/equipments required in the emergency department are sufficiently available and equipments are in working order.

Some of the essential equipment and other items required are as follows :

(i) Centralized 24 hour piped oxygen and suction supply
(ii) Airways and resuscitation bags (both paediatric & adult size) with laryngoscopes.
(iii) Good numbers of manometers mounted on pedestal or wall
(iv) Resuscitation room with Boyles apparatus, Ventilators for life threatening emergency, Defibrilators, ECG Machine, Nebulisers, Oxygen Cylinders, special medications, intravenous lines/cannulas and I.V. Fluids disposable gloves etc.
(v) Bandages, sterilised gauze and cotton, plaster should be available in plenty
(vi) All life saving equipment should be periodically checked so that it is always in perfect functioning state.

1.22 The department should be headed by Officer Incharge of a rank of Addl. Medical Superintendent, supported by C.M.O. for delivery of efficient health care to the patient and further supported by Nodal Officer (Specialist/C.M.O.) available round the clock in the casualty to solve the day to day administrative problems.

1.23 Various categories of manpower like GDMOs, Specialists, Resident Doctors, Nursing Staff, Technical, Paramedical staff, Security and Group D should be posted in the emergency in adequate number.

1.24 Pre-Hospital care is provided by a fleet of ambulances fully equipped with first aid equipment and trained manpower for safe transportation of patients from accident site or residence of patients to enable them to reach hospital for definite medical care. This is provided by 'CAT' Service ambulances equipped with wireless sets to communicate the nearest points of patients whereabouts, to inform the nearest ambulance and to shift the patient to nearest hospital.

HOSPITAL CARE :

1.25 Patients requiring observation for short period are kept in observation wards under observation by Specialist (on call), Medical Officer, Resident Doctors and Nursing Staff. Proper records should be maintained for such patients.

1.26 Patients requiring intensive care are sent to I.C.U./I.C.C.U. only after confirmation of availability of beds.

1.27 Specialists on call are to be called to see a patient whenever C.M.O./Resident doctor want to take opinion of expert.

1.28 All medico-legal cases are to be entered in medico-legal register indicating patients name, age, sex, complete postal address, telephone number if any, identification mark, date, time, MLC No., details of history, examination, investigations done, provisional diagnosis, signature of attending doctor with stamp and designation and Police is to be informed accordingly. Details of the person who brought the MLC to the casualty be recorded.

1.29 Patients brought to Casualty as brought dead (except old age, natural death cases) are made MLC cases and sent to Mortuary for post-mortem examination. Other non-MLC death cases are sent to the Mortuary for disposal to next of kin of the deceased.

1.30 Death in casualty to be countersigned by Casualty Medical Officer in regular service.

1.31 Addl. Medical Superintendent assisted by C.M.O. Casualty has a pivotal role for smooth functioning of Casualty & Emergency Department, and implementation of various policies, procedures and guidelines issued by Min. of Health & F.W./Dte.G.H.S. and Medical Superintendent.

RECORDS:

1.32 Various records to be kept in Casualty are as follows :

(i) Patient's attendance record (Name, Age, Sex , complete postal address , time of attendance etc.).
(ii) Observation and follow-up record.
(iii) Referral record within and outside hospital.
(iv) Treatment record.
(v) M.L.C. record with all the diagnostic and investigation results.
(vi) Log Book of vehicles
(vii) Attendance Register of all categories of staff.
(viii) Duty roster of Addl.M.S., Doctors, Specialists (Nodal Officer)
(ix) Daily record of administrative problems and their management.

1.33 All documents eg. admission card, case sheet, forms etc of medico-legal cases like accident, trauma, assault, rape, poisoning, unconscious, brought dead etc. should be stamped as M.L.C.

1.34 Three copies of M.L.C. to be made. Original is handed over to the police and a carbon copy retained for hospital record for future Court cases.

1.35 The particulars of patient and doctor attending the M.L.C. should be correct with legible handwriting. The Medical Officer should sign and write his name in block letters for future retrieval of the record.

1.36 The M.L.C. report preferably be completed within 48 hours unless there is unavoidable delay.

1.37 The treatment is to be given priority over the paper work.

1.38 The Radiological opinion should be given along with M.L.C. report to police only.

1.39 A conscious patient with mild injury, if not interested in making MLC case, the fact should be recorded with his signature but such practice to be generally avoided.

1.40 In all poisoning cases vomitus to be preserved and also the clothes if necessary.

1.41 M.L.C. Register to be kept under lock and key by C.M.O. Casualty.

1.42 When M.L.C. Register is full, it must be sent to Medical Record Department with receipt slip to be kept by responsible officer, CMO I/c Casualty.

DISASTER PLAN:

1.43 A mass casualty situation arises whenever a rapid influx of large number of critically injured people exceeds the capacity of the receiving facility to provide individualised medical care in the usual way. In order to meet such a situation a disaster plan of the hospital should be available. The disaster plan must be rehearsed periodically to ensure effectiveness when the need arises.

1.44 There should be a disaster management committee preferably headed by HOD Anaesthesia/Surgery/Orthopaedic.

1.45 In Case of disaster, an action plan to be operated by CMO (Casualty) as follows :

(i) On receiving the message, Head of the Institution to be informed.
(ii) Mobilisation of disaster team members and other ancillary staff.
(iii) Advance trained team to be sent in the ambulances to the site of disaster, if called for. Ambulances to be equipped with first aid equipment.
(iv) Flexible space/beds should be ensured to accommodate patients and relatives.
(v) Availability of drugs and other supplies to be ensured.
(vi) Patients transport facility to be augmented within the organisation.
(vii) Communication within and outside hospital should be made effective.
(viii) All available information about the disaster victims to be communicated to DGHS/Ministry of Health & Family Welfare at regular intervals.
(ix) Documentation and identification of patients to be established.
(x) Cooperation from adjoining Government hospitals to be taken if required.
(xi) CMO/Nodal officer should try to decentralise patients to respective department.
(xii) PRO should be able to handle TV and media personnel.
(xiii) Inquiry counter to be opened for providing information about the disaster victims to their relations or friends.

DUTIES OF STAFF IN CASUALTY:

Responsibilities of Chief Medical Officer/Incharge (Casualty) :

1.46 CMO Incharge (Casualty) has a pivotal role in the management of Casualty and emergency services.

1.47 To check punctuality of other Medical Officers and Resident Doctors.

1.48 To prepare duty roster for Medical Officers, and other staff working under him.

1.49 To take supervisory round to see that all equipments are in working order and all essential drugs are available.

1.50 He will supervise the maintenance of all documents especially Medicolegal register and daily registration register.

1.51 Monitoring of the imprest money to be spent in emergency for patient care.

1.52 To ensure compliance of orders and guidelines issued by Medical Superintendent/ Addl. M.S.

1.53 Maintenance of sanitation and to follow guidelines for hazardous biomedical waste management in the department.

1.54 Examine patients as and when required.

1.55 Responsible for training/ reorientation classes of all categories of personnel working in emergency department.

1.56 Drill for emergency managements/ Disaster action plan should be rehearsed on a regular basis.

1.57 He is required to be calm, polite and at the same time alert and tactful to manage the difficult situation.

SPECIALIST :

1.58 He will be on regular duty or on call duty in Casualty as per order of the Head of Institution.

1.59 He will give expert guidance in management of the patient.

1.60 He will put his notes on the case sheets whenever he is called for consultation. Telephonic instructions are to be avoided as far possible but when given, it should be recorded by Sr. Resident in the case sheet with date and time and full signature

1.61 In complicated cases surgeon (specialists) on call will perform surgery in operation theatre.

1.62 He should guide his subordinate staff in history taking and examination of Medico-legal cases.

1.63 He will train the Junior Doctors in handling of all types of emergency patients.

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1.64 At regular intervals, specialists of Medicine, Anaesthesia Surgery and Orthopaedic should organise training programme for all casualty staff. CMO-(Casualty) will be the co-ordinator of training programme.

SENIOR RESIDENT :

1.65 To examine all patients and to give prompt treatment.

166 For all serious patients he will take consultation of specialist on call.

1.67 He will transfer the patient to ward /operation Theatre/ICU only after the advice of specialist.

1.68 He will cooperate with casualty Medical Officer in completing Medico-Legal records of patient.

1.69 Senior Resident to ensure that history, examination, laboratory investigations and provisional diagnosis are written on case sheet. The proper maintenance of hospital record is his responsibility.

1.70 He is responsible for certifying death of patient and getting it countersigned by Medical Officer/Specialist on duty.

1.71 A Senior Resident should be courteous and polite with patients and attendants.

JUNIOR RESIDENT :

1.72 He will be performing rotational duties in Casualty and Emergency Department.

1.73 He will carry out treatment as advised by Senior Resident/ Medical Officer.

1.74 He will write patient's case-sheet in neat and legible handwriting without missing out any important relevant finding.

1.75 He will perform minor operative procedure under supervision of Senior Resident.

1.76 He will do dressing on the advice of M.O./S.R.

1.77 He will take rounds of short observation patients along with his Senior Resident.

1.78 He will perform the work assigned to him during the rounds.

1.79 He will be tactful in handling patient's relative specially at the time of death of patients.

D.N.S./A.N.S./NURSING SISTER INCHARGE :

1.80 Nursing personnel are the back-bone of any hospital.

1.81 She is responsible for efficient working of emergency department.

1.82 She will judiciously allot staff nurses for the various point of time and supervise their work, especially at the time of mass casualties/ disaster.

1.83 She will prepare duty roster of group-D staff working in casualty and ensure their presence. Day to day absent report to be given to CMO I/c Casualty.

1.84 She is responsible for maintenance of sanitation and cleanliness of wards through group-D staff.

1.85 She will stock all essential drugs, I.V. Fluids, all essential consumables and maintain proper record.

1.86 She will ensure that equipment like Suction Apparatus, Central Oxygen Supply, Boyles apparatus, E.C.G. Machine are in working order.

1.87 There should be an atmosphere of harmony & Co-ordination amongst all level of staff working in the casualty.

1.88 Nursing personnel should be active, alert and sympathetic while discharging her duties.

1.89 The Nursing Personnel will seek the guidance of Nursing Superintendent and apprise her of day to day problems.

NURSING STAFF :

1.90 She will attend to the patients with utmost sincerity and devotion.

1.91 Safai-karamchari and Nursing Orderlies will provide full co-operation to Nursing Staff by providing bedpan and urine pot to the patient.

1.92 Nursing Personnel will make the bed, feed the patient, administer injections, medicine etc., and arrange for investigation and diagnostic procedure to the patients with the assistance of Nursing Attendant.

1.93 She will carry out administration of oxygen, catheterisation, dressing and toileting of the patient.

1.94 She will maintain, a record of pulse, B.P., Intake/output, medicines and injections administered/ ordered by the treating doctor, with date and time.

1.95 She should be polite and sympathetic to the patient.

NURSING ATTENDANT/NURSING ORDERLY/WARD BOY/AYA'S:

Responsible for

1.96 Dusting of the casualty department and will also assist the Nursing Personnel for disinfection of the rooms.

1.97 Assist Nursing Personnel in patient care.

1.98 Getting the indent from Stores and also bringing sterilised items from C.S.S.D.

1.99 Taking referral call to various departments.

1.100 Providing first-aid to patients when required.

1.101 Transferring patient from casualty to other supportive departments for investigations and diagnostic procedure. Special care should be taken of MLC/critical patients, not to leave the patients unless the doctor on duty/Nurse on duty has taken charge of the patient and papers.

1.102 Assisting Nursing Staff in packing the dead body and its transportation to mortuary.

1.103 They should be courteous and polite towards patients and their attendants.

1.104 They will perform any other work assigned to him by his/her superiors.

SECURITY GUARD:

Responsible for

1.105 Polite, tactful, sympathetic, courteous service under all circumstances.

1.106 Duty as per roster prepared by Security Officer /CMO Incharge Casualty.

1.107 Regulating the flow of patients or their attendants.

1.108 Security of the area under his charge and is answerable to CMO Casualty for any untoward incidence.

1.109 He will perform any other duty as required by his supervisor/ security officer.

STRECHER BEARER:

1.110 He will be on duty near the entrance of casualty or in the ambulance.

1.111 He will assist in transferring the patient from ambulance/car to the Casualty or other departments on a stretcher or wheel chair/trolley.

1.112 He will be prompt in carrying out his duties while transferring the patient to casualty department.

1.113 Should be conversant in first aid treatment.

1.114 He will do any other duty as assigned by Casualty Medical Officer.

1.115 He should be polite and sympathetic to patients.

SAFAI KARAMCHARI:

1.116 He will keep the area neat and clean.

1.117 He will give urinals and bedpans as and when required by patient after thoroughly cleaning and disinfecting with disinfectant/ antiseptic lotion.

1.118 He will carry stool, urine samples, blood and other body fluid and tissues samples to respective laboratories and bring back reports from there.

1.119 He will transport dead bodies to mortuary and dispose of dead foetus and amputated limbs or other parts of body to incinerator for final disposal.

1.120 He will be cleaning the soiled linen with water and after treatment with 1% bleach solution or sodium hypo chloride, will send it to laundry for further washing of linen.

1.121 He will take all personal precautions while handling infectious bio-medical waste of the hospital.

1.122 He will be courteous to patients and their attendants.

1.123 He will do any other duty assigned by CMO Casualty.