

Cork University Hospital Emergency Department



Clinical Decision Unit Operational Policy 20/06/2018

1 Background

The Emergency Department Clinical Decision Unit (CDU) is an integral part of the Emergency Department (ED). Its sole use is for ED patients who require a short period of observation or treatment, typically for a maximum of 24 hours.

2 Staffing, responsibility and admission procedure

- 2.1 The unit will be staffed by ED personnel.
- 2.2 Medical responsibility lies with the duty ED consultant.
- 2.2 A consultant in Emergency Medicine will undertake a review of all patients in the CDU every morning and afternoon. Further reviews will occur on an *ad hoc* basis.
- 2.3 Patients will be admitted to the CDU at the behest of the duty EM consultant. The EM Registrar in consultation with Senior Nursing colleagues may admit patients with a list of standardised conditions as listed below.
- 2.4 The duty Consultant/Registrar should confirm trolley availability on the CDU and appropriateness of admission. They should ensure that an appropriate history has been recorded and a comprehensive clinical examination has been undertaken. The reason for admission and a management plan should be clearly documented. A medication, fluid and medical gas prescribing chart should be completed.
- 2.5 Patients must have essential wound care prior to transfer to the CDU*.
- 2.6 Patients who proceed to have specific medical needs will be referred early to the appropriate in-patient team.

3 Inappropriate admissions. The following cases are **not** suitable for the CDU:

- 3.1 Patients who are unlikely to be fit for discharge within 24 hours
- 3.2 Psychotic or extremely violent patients
- 3.3 Patients judged to be at extreme risk of suicide
- 3.4 Complex medical problems (e.g. Diabetic Keto-Acidosis, Pyrexia Unknown Origin)
- 3.5 Unstable physiological parameters (e.g. sustained tachycardia)
- 3.6 Elderly care patients with mobility issues
- 3.7 Obstetric and gynaecological cases
- 3.8 Abdominal pain not typical of renal colic
- 3.9 Patients who are under the active ** care of other in-patient consultants (unless prior consultation with specific attending team Registrar)

4 Criteria for admission. The following sorts of cases *may* be suitable for

CDU management:

- 4.1 Deliberate self-harm/overdose
- 4.2 Minor traumatic brain injury
- 4.3 "Rule out" subarachnoid haemorrhage
- 4.4 Minor trauma requiring analgesia e.g. soft tissue injuries
- 4.5 Acute soft tissue infection e.g. cellulitis
- 4.6 Alcohol intoxication
- 4.7 Acute alcohol withdrawal
- 4.8 Mechanical back pain in those under 65 years old
- 4.9 Renal Colic once surgical abdomen not suspected
- 4.10 Acute allergic disorders (e.g. treated anaphylaxis or angioedema)
- 4.11 Victims of high-energy trauma after significant injury excluded.

5 Referral to other specialties

- 5.1 If it transpires that CDU patients require more than 24 hours hospital care, they will be referred to the duty in-house consultant *at that stage*.
For example, a patient admitted to the CDU on a Sunday, but found on the Monday to warrant continuing hospitalization, will be referred to the relevant Monday on-take consultant and transferred to an in-hospital bed after assessment by the admitting team
- 5.2 The relevant in-patient teams will be informed prior to discharge of patients who were admitted with a specific “medical” problem e.g. prior to discharge, the endocrine team will be made aware of known diabetic patients admitted with hypoglycaemia

6 Bed Planning

- 6.1 Constant efforts will be made to minimize the length of time patients spend on trolleys.
- 6.2 The “trolley wait time” will be recorded on all patients (both those in the main Emergency Department and those in CDU).
- 6.3 CDU patients who require continuing in-patient care (i.e. beyond 24 hours) should be transferred back to the main ED or directly to an in-hospital area with agreement by the in-patient team.

7 CDU Performance Assessment and Audit

CDU activity will be subject to continuous scrutiny. There is scope for audit based on the amounts of data collected/collectable. Data will be collected every month regarding the following:

- 7.1 Daily trolley occupancy rate.
- 7.2 Mean length of CDU stay.
- 7.3 Diagnosis on admission and discharge.
- 7.4 Deaths on the CDU (or in former CDU patients).
- 7.5 Patients who have remained on the CDU for more than 24 hours.
- 7.6 Critical incident reports.

(*) Wound debridement or closure by ED staff. Patients requiring operative intervention will be admitted to an in-patient bed. Such patients will not return from theatre to the CDU.

(**) Admitted to in-patient bed within last six months or seen in out-patients (with same problem) within last two years

Dr Íomhar O' Sullivan, Dr Kanti Dasari
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