Non-Admitted PET KPI Project

EM to AMAU Redirection Policy[$] [EM SHO/Registrar to MAU Registrar]

Assumptions

- **Direct Referrals (Redirects) based on EM 'best working diagnosis' & do not require diagnostic results nor specialty consults as a condition of acceptance. Refusal of suitable redirect requests should result in immediate escalation to both EM + AMAU Consultant.**
- **Where AMAU capacity exists, suitable EM Redirect patients should not be kept in ED (particularly during hours of AMAU operation, 0800-1700)**
- **Redirection can only happen once patients are seen by EM Clinicians – this may be at any point from Triage.**

- CVS[$$]: Undifferentiated Chest Pain (troponin-ve), CCF*, AF* [See below re Patients with ICD /Pacemaker in situ**]
- Resp: Premorbid conditions requiring medical optimisation*** (Asthma, COPD, Fibrosis, PHTN) [+ PE (Where no CDU capacity available)].
- GIT: PUD, stable UGiB, stable lower GiB, IBD, Non-specific D&V; Refractory Nausea & Vomiting.
- Neuro^: Perceived deterioration in (or complications with) pre-existing neurological conditions (not requiring resuscitation); [eg. UTI in MS, Stoma complications]; *Note: Moderate/High Risk TIA go directly to Stroke Team.*
- ID****: Limb / Facial Cellulitis [where CDU bed not available]. [Exclusion: Breast Cellulitis (Breast Team)/ Abdominal Wall cellulitis (Gen Surg) + Nec Fasc (Plastics)]
- Endocrine^: Diabetics requiring medical optimisation (therapeutics, diagnostics or access to CNS);
- Syncope: All cases of Non- Vasovagal Syncope to be accepted by MAU Team, if requested by ED Team
- Social: Unsafe discharges (eg. Social vulnerability / failed FITT or OT/PT assessment) [where CDU / GEMS bed is not available];
- Other : Non-emergent cases (such as Unintentional Weight Loss , Altered LFTs, refractory emesis etc) (ie. unlikely to require admission) requiring optimisation of therapeutics / requiring additional diagnostics [where CDU bed is not available]

[$] non-comprehensive list (EM Clinician discretion may identify an additional cohort which is considered suitable for AMAU Redirection)
[$$] Cardiology: Cardiology Direct Referrals: (a) Primary AF (b) Primary CCF (c) Likely Cardiogenic Syncope (d) Presentations likely related to ICD / Pacemaker dysfunction (e) NSTEMI
* MAU referral appropriate if requirement is medical / pharmaceutical optimisation (and presentation not in clinical context of in-situ ICD / Pacemaker)
** Patients presenting with ICD in-situ may be referred to MAU if ICD not primary reason for patient attendance
*** Medical optimisation: non-emergent management of polypharmacy or downstream diagnostics
^ every effort will be made to contact CNS where available
**** ID Consults are not a mandatory condition of referral to the Medical Team. If consults are required, this is the responsibility of the Medical Team.

V2.0
JC
05/24

$ non-comprehensive list

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