

# Cork Emergency Medicine SHO Manual, January 2012



## **Welcome Colleagues,**

Enclosed is your electronic SHO manual. You will find your rota, teaching programme and additional information about the hospital to which you have been assigned.

Please read all the information carefully. Please email [kathleen.foley@hse.ie](mailto:kathleen.foley@hse.ie) to confirm that you have read the SHO manual on [the Emergency Medicine Handbook](#).

There will be two induction days for staff. Attendance on one of the days is mandatory. The day is repeated, to allow you to attend when you are not scheduled for duty. . If you are concerned about your ability to attend, please contact your Emergency Medicine (EM) registrar.

Locker keys and scrubs for CUH may be acquired from Kathleen Foley in the Secretariat Office in the Emergency Department of Cork University Hospital at a deposit of €50.

If you are attending CUH you will require an identification badge and swipe access to the Emergency Department. You may wish to arrange to have your photo (for your swipe card) taken before you begin your rota.

Thank you and we look forward to meeting you.

Sincerely,

Kathleen Foley,  
Emergency Department Secretariat. Ph: 021-492-2412, Fax: 021-434-6130

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## Introduction

Dear Colleague,

Welcome to the Emergency Medicine service for Cork City and county. We look forward to seeing you when you start as a Senior House Officer in one of the three departments in the city (at Cork University Hospital [CUH], the Mercy University Hospital [MUH], or the South Infirmity Victoria University Hospital [SIVUH]).

## Attendance

**You are expected to attend following**

- 1) Induction Day on *either* the 11th *or* the 18th January 2012, lecture room b, 5th floor of the Cork University Maternity Hospital, depending on your rota. This full day program is identical, to allow you to attend when you are not scheduled for duty. It may be necessary for you to attend  $\frac{1}{2}$  of one day and  $\frac{1}{2}$  of the other, depending on your allocated shifts in the department.
- 2) The first two weeks of teaching as outlined in the teaching programme (Daily 8:30-10:00am). To supply the best training possible an 'All Hands on Deck' policy approach has been developed in the Emergency Department at the CUH. You are therefore expected to complete your rota, without change or absence, for the first two weeks.
- 3) Wednesday morning teaching between 08h30 and 09h30, every week commencing Wednesday the 25<sup>th</sup> of January in the ED teaching room CUH.

The Irish Medical Council has become far more particular in recording medical education and training. Failure to attend at least 60% of the scheduled teaching sessions (as point 7 above and schedule details below) may make it impossible to certify you as having satisfactorily completed your six months in Emergency Medicine. You may legitimately claim teaching time as time working.

If you will have difficulty with this, please see your mentor or any of the consultants.

## Manual Details

It is important that you review the list below and confirm that you have received all the relevant pages, rotas and schedule for teaching programs. You can find a copy of the entire manual on the following site [www.handbook.muh.ie](http://www.handbook.muh.ie) (including copies of your rota) under “administration / introduction”

Please confirm that you have received and read the SHO manual by e-mail to <mailto:kathleen.foley@hse.ie>. Please feel free to browse the handbook website [www.handbook.muh.ie](http://www.handbook.muh.ie)

1. A copy of the CUH SHO rota (which for the first two weeks at least should be changed only in extreme circumstances). If you do not have a rota, ask at your department.
2. The intranet page that leads to the handbook for the citywide division of emergency medicine.
3. The fracture clinic proforma that must be filled out for all referrals to the fracture clinic and soft tissue services.
4. A copy of the Ten Commandments of Emergency Medicine and the Ten Commandments of Emergency Radiology.
5. A copy of the Professional Reference Proforma, which is used for SHO's in Emergency Medicine: you will see the objective, structured nature of your future appraisal.
6. A Confidential Medical Staffing Record form which you should complete, attaching a passport-type photograph, and return to Kathleen, Education secretary. (This is of utmost importance to facilitate the completion of references).
7. Professional reference proforma. Note again that compulsory SHO teaching takes place every Wednesday morning, without fail between 08h30 and 09h30 in CUH ED teaching room. A record of your attendance at these teaching sessions are kept.
8. Attendance is mandatory on each day of scheduled teaching for the first two weeks. It is expected that you will attend at least 70% of the teaching sessions thereafter.
9. Details for PAX (radiology) access
10. Social Work document on protection of children and vulnerable adults.

Yours sincerely,

G McCarthy FRCSI FRCSEd(EM) FCEM  
S P Cusack MB BSc(Hons) FRCSI FCEM  
L C Luke FRCSEd (EM) FRCPI FCEM  
G Kelleher MB BCh BAO MMedSc(Hon) FRCSI FSEM  
Í O'Sullivan FCEM FRCSEd (EM) MRCPI MMedSc (Hon)

## SHO Rotas

All rotas will follow this Induction Pack.

### **SIVUH:**

Any alterations to the rota (i.e. swapping shifts) must be notified in writing to one of the Registrars' and Ms. Anita Regan, Medical Manpower Manager. All requests for leave must be discussed with a Registrar and Ms. Anita Regan.

### **MUH:**

Any alterations to the rota must be discussed with the Registrar. All leave applications must be notified in writing to the Registrar, Consultant and to Medical Personnel. Requests for leave require two weeks' notice.

### **CUH:**

Welcome to the Department. Please find below some pointers that allow the SHO rota to run with a minimum of difficulty.

1. Only two people may be on holidays at any one time.
2. The SHO rostered on the locum week (weeks 3 and 8) is either on holidays or covering the week of a colleague on holidays. If neither of these apply that SHO works 1000-1800 Monday- Friday.
3. If you choose to take holidays on a week during which you are rostered to work the weekend you must arrange for someone to work the weekend for you and pay them back (usually the SHO on the locum week) or else work it yourself. For this reason most people choose to take the locum week as a week of leave-this has the added advantage of being next to the week off after nights, giving you two weeks off for the price of one.
4. Holidays are not allowed on weeks your are working nights.
5. Holidays must be signed off by Dr. McCarthy, on the appropriate leave application form.
6. You are entitled to three weeks holidays-everybody will get these. We will endeavour to give you study leave if appropriate but this is dependent on service requirements. Usually SHO's obtain study leave when they need it.
7. If you swap a shift both you and the person with whom you are swapping must sign the "Swaps" list on the wall of the doctors' room. This enables us to know who is supposed to be here and at what time. It is the responsibility of the person who requests the swap to ensure the list has been signed appropriately.
8. If you are ill and unable to work please let the registrar on duty know as quickly as possible. This enables us to adjust the rota to suit service requirements. Occasionally when colleagues are unwell you may be asked to change shifts at short notice-please be flexible. (This is uncommon.)
9. For those on the GP scheme. Your teaching on a Wednesday needs to be covered in the rota. If more than one GP trainee is rostered to work on a Wednesday, (which should only ever occur 1 in 8), ONLY ONE may be off to attend teaching.

## Leave:

Everybody is entitled to three weeks annual leave. Annual leave is taken in a logical manner and in acknowledgement of the fact that a service must be provided. For instance, not everybody that works in Brown Thomas can take leave at the same time. The same holds true for a twenty-four hour per day 365-day per year job in the Emergency Department.

Study leave is at the discretion of the Consultant. It is not a natural right and can only be given when all other things are equal, locums are available, and service needs allow. Study leave is also dependent upon approved exams, courses etc. being under taken.

Both Consultant and Registrar must approve all leave on the appropriate form. Notice of leave must be given. At least one month's notice of leave must be given, except in exceptional circumstances.

Sick leave must be notified by phone to the Registrar or Consultant on duty. Certificates must be provided as outlined in your contract.

## SHO Teaching sessions

	Date	Topic	Organisers/Contributors	Venue
Monday	09.01.2011	Introductory Session	Prof. Stephen Cusack	ED Tutorial Room & Resuscitation Room
Tuesday	10.01.2011	Plastering Workshop	Mr Noel Murphy	ED Tutorial Room
Wednesday	11.01.2011		INDUCTION DAY	
Thursday	12.01.2011	Trauma Management	Dr. Jason van der Velde	ED Tutorial Room
Friday	13.01.2011	Chest Pain	Dr. Gerry McCarthy	ED Tutorial Room
Monday	14.01.2011	Matters of the Head	Prof. Stephen Cusack	ED Tutorial Room
Tuesday	17.01.2011	Limb Injuries	Dr. Chris Luke	ED Tutorial Room
Wednesday	18.01.2011		INDUCTION DAY	
Thursday	19.01.2011	Suturing Workshop	SpR/Anita Murphy	Room 1b 5 <sup>th</sup> Floor CUMH
Friday	20.01.2011	PACS Training	Oliver Daly	ED Tutorial Room

# Induction day

## REGIONAL EMERGENCY MEDICINE SHO INDUCTION DAY

### CORK UNIVERSITY HOSPITAL

Wednesday 11<sup>th</sup> and Wednesday 18<sup>th</sup> January 2012

### Morning Session

- 9.00 am - 9.15 am**      *Registration/coffee*
- 9.15 am - 9.30 am**      What's it all about? What is required of you when the patient presents to the  
Emergency Department?  
**Dr. G. McCarthy**      *Consultant in Emergency Medicine, Cork*
- 9.30 am – 10.00 am**      Small but dangerous (keeping out of trouble)  
**Dr. G. Kelleher** *Consultant in Emergency Medicine, Cork*
- 10.00 am - 10.30 am**      Recognition of the seriously ill patient (when to call for immediate help)  
**Prof. S. P. Cusack** *Consultant in Emergency Medicine, Cork*
- 10.30am – 11.00 am**      The Review Clinic and CDU  
**Dr. Damien Ryan** *Consultant in Emergency Medicine, Limerick*
- 11.00 am – 11.30 am**      *Coffee*
- 11.30 am – 12.00 pm**      Early indicators of likely admission or discharge (seeing the wood for the trees)  
**Dr. Gareth Quin** *Consultant in Emergency Medicine, Limerick*  
**(Dr. Damien Ryan on the 18<sup>th</sup>)**
- 12.00 pm – 12.30 pm**      The seriously ill child  
**Dr. Í. O'Sullivan** *Consultant in Emergency Medicine, Cork*
- 12.20 pm - 12.45pm**      Ambulatory emergency care (keeping patients off trolleys)  
**Dr. C. Luke** *Consultant in Emergency Medicine, Cork*
- 12.45 pm -1.30pm**      *Lunch*

### Afternoon Session

1.30 pm – onwards ( 4 x 35 minute approx. small group sessions)

**Joint Examination** (Dr. G. Kelleher)

Radiology and electrocardiography (**Prof. S. P. Cusack**)

Note keeping and medico legal issues (**Dr. C Luke**)

Emergency procedures \ Resuscitation (**Paul Allan/Dr. Jason van der Velde**)



## Ten Commandments of Emergency Medicine

1. Your first duty is to minimise the danger of death or deterioration in your patient's health, to relieve their distress and to arrange for their appropriate disposal. (Please see [Handbook](#)).  
Worry about distress and deterioration, not diagnosis.
2. Be meticulous, legible and logical in your clinical notes. This will help everyone else involved in the patient's care, initially and later.
3. Wash your hands before every patient contact. This is the simplest way of reducing disease transmission.
4. Only undertake investigations in the ED if they are going to alter the immediate management of your patient. You may need to justify your actions (e.g. ordering x-rays or blood tests) to the individual patient (and family), in a clinical governance setting and in a court of law.
5. Be evidence-based, logical and cost-effective in your prescribing. Don't prescribe adverse reactions and unnecessary expense.
6. Follow the ([Handbook](#))WHO recommended "analgesic step ladder" in relieving pain, i.e. (i) Paracetamol; (ii) Ibuprofen, (iii) Codeine-Paracetamol combinations (iv) Opioids. Only in unusual circumstances should alternative medication be provided (e.g. **NEVER** use Pethidine unless discussed with your consultant).
7. Only undertake procedures whose benefit to the patient outweighs the hazard: e.g. Plaster of Paris should not be badly applied when a simple splint might do. And don't give medication intravenously when normal gastrointestinal function exists, unless there are special indications.
8. Get advice or a review whenever in doubt: this means asking senior medical and nursing colleagues.
9. Arrange follow-up for every patient: e.g. by their GP, if no other follow up arranged. The easiest way to reduce error is to ensure that all patients who come to the ED are reviewed medically at least once thereafter.
10. Treat the patient, not the test.

## Radiology

1. Treat the patient, not the x-ray: the diagnosis of many important conditions depends mainly on clinical findings (e.g. fractured base of skull, scaphoid fracture, Salter-Harris Type I injuries to the paediatric epiphysis, a pulled elbow in a toddler).
2. Take a history and examine the patient before requesting an x-ray: a clear understanding of the mechanism of injury may prompt the discovery of a second injury (typical “paired injuries” include a cervical spinal injury in the significantly head injured patient, fracture of the radial head with Colles fracture, a fracture of the styloid process of the 5th metatarsal and an ankle fracture, a fractured calcaneus and fractured thoraco-lumbar junction).
3. Only request a radiograph when necessary: imminent European legislation will penalise clinicians who unnecessarily irradiate patients (e.g. x-rays are rarely required in cases of a fractured coccyx, fractured nose, head injury undergoing CT scanning or isolated rib fracture).
4. Never look at an x-ray without seeing the patient first, and never see a patient without looking at their x-ray.
5. Look at every x-ray, the whole x-ray and the x-ray as a whole: remember the ABC’s of x-ray interpretation (A = Adequacy and Alignment; B = Bone; C = Cartilage and joints; S = Soft tissues).
6. Re-examine the patient when there is an incongruity between the x-ray and the expected findings.
7. Apply the Rule of Twos: i.e. get two views (at right angle to each other), include two joints (above and below the injury site), x-ray two sides (when necessary, e.g. with subtle epiphyseal injuries in children), on two occasions, (e.g. for stress or scaphoid fractures), and where possible get two x-rays (reference and abnormal).
8. Take x-rays before and after procedures: e.g. removal of foreign bodies or reduction of dislocations and fractures.
9. If an x-ray does not look quite right, ask and listen: there probably is something wrong.
10. Try to ensure that you are protected by a variety of “fail-safe” mechanisms: e.g. a green and red label system for prioritising radiology reporting.

### Reference:

Touquet R, Driscoll P, Nicholson D. Teaching in Emergency Department medicine: 10 commandments of Emergency Department radiology. *BMJ* 1995;310:642-5

## Applying for a Citrix (iPM) and iCM User Account On-Line

For anyone who does not as yet have a Citrix (iPM)/iCM user account they need to apply for one online via the staff directory intranet pages (there should be a shortcut to this intranet site on all desktops)...Once accounts are set up we can arrange training in the training facility in High Street House. In addition there are on-line resources such as quick reference guides and flash movies that demonstrate how to perform certain tasks in iCM. These resources can be accessed via the toolbar on the iCM application or from the staff directory pages under the 'Policy & Procedures' Menu.

CUH Staff Directory - Application Forms - Windows Internet Explorer

http://shbdirectory/Menu\_ApplicationForms/application\_forms.asp

File Edit View Favorites Tools Help

AA Roadwatch - Up To Date... Suggested Sites Free Hotmail Web Slice Gallery

CUH Staff Directory - Application Forms

Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

CUH  
Ospidéal Ollscoil Chorcaí  
Cork University Hospital

Directory Online Applications **CUH Forms** Policy & Procedures Help

- Application Forms
- Referral Forms
- Stock Reorder Requests

### Application Forms For CUH

- CUH Email Policy
- CUH Internet Policy
- CUH Email/Internet Application Form
- **ICM/iPM User Account Request**
- CUH Mobile Communications Device Request Instructions
- CUH Mobile Communications Device Request
- BTU Travel Request Form

On the staff directory pages under the 'CUH Form' menu select 'Application Form' and then the 'ICM/iPM User Account Request' option

...Users need to create a password protected profile for themselves under which the application for system user account is submitted...

CUH User Account Request - Login - Windows Internet Explorer

http://shbdirectory/Menu\_ApplicationForms/UserAccountRequestForm/RequestLogin.asp

File Edit View Favorites Tools Help

CUH User Account Request - Login

## CUH User Account Request

Please enter your Username and password to login to the system.

Username:

Password:

---

*Please note that all sessions are set to 'time-out' after 30 minutes of non-use!  
Expired Sessions will return users to the log on page!  
To determine if a session has expired click the browser refresh button before attempting to enter details*

[Contact IT Help Desk](#) [Forgotten Logon](#) [Create A Profile](#)

Create a password protected profile

.....Some basic personal details including medical council number or another professional registration number (e.g. *Bord Altranais* PIN) must be recorded in order to create this profile. All medical council numbers or Bord Altranais PINs will be verified on the relevant professional body's website.

CUH User Account request - User Registration - Windows Internet Explorer

http://shbdirectory/Menu\_ApplicationForms/UserAccountRequestForm/RegisterGenUser.asp?NewUser=Yes

File Edit View Favorites Tools Help

CUH User Account request - User Registration

## Create Intranet Profile for requesting CUH system user c

Please note the username/password you select to create this profile is to be used to submit requests for CUH system user retrieval of log on credentials and will not allow access to hospital computer systems

Select a Username for Intranet Profile:

Forename:

Surname:

Medical Council Number (or other professional registration no.):

Hospital:

Department/Office/Ward:

Contact Tel No:

Password:

Verify Password:

[Log-in Screen](#) [Users Menu](#)

..Once a profile is created an application form pre-filled with some information will need to be completed and submitted. There is also a requirement to acknowledge a policy statement on obligations with respect to data protection and system use.

### CUH User Account Request Form

Please Complete the form to apply for CUH system(s) user account(s)

First Name(s):   
Last Name:   
Job Title:

It is now mandatory to record the medical council number for all clinical correspondences (Medical Practitioners Act 2007)  
Please ensure your Medical Council No. is correct. Your medical council number is recorded under your personal details when setting up your profile for this on-line requesting page and can be modified if required. (N.B. all numbers will be validated on the Medical Council's website)

Medical Council No:  <- Please ensure your MCN is correct, Your MCN can only be changed from the 'Edit Personal Info Screen'  
Dept/Specialty:   
Consultant:   
Contact Number/Bleep:

If you are a current holder of a CUH network/email account or have held an account previously in another HSE hospital please provide details of your account User Name and Hospital where the account was assigned

Username:   
Previous HSE Hospital/Location:

Please indicate the system(s) you need access to:

Citrix 4.5 Log On  Clinical Manager (Orders & Results)

**Policy Statement**

To comply with the provisions of the Data Protection Act and to conform with HSE Policy on protecting Patient Privacy it is essential that you do not share your user account details or leave computer systems 'logged on' and unattended.

In accordance with the Medical Practitioners Act 2007 your Medical Council Registration Number will be attached to any transactions made under your assigned username and you will therefore be deemed responsible for those transactions. If you suspect that the security of your user account has been compromised please contact the CUH IT helpdesk immediately on 28000

Non-compliance with appropriate system use will lead to un-necessary delays in processing of requests under your name as the details may need additional validation

Please Acknowledge that you have read and understand your obligations with respect to information security and CUH IT system use

## CUH Referral forms

The below referral forms must be completed or patients will be bounced back to the referring emergency department. Please see the [Handbook](#) clinics or administration pages or search for referral

<b>CORK UNIVERSITY HOSPITAL Emergency Department</b>	
<b>Referral Request to:</b> /Fracture Clinic / Review Clinic / Dressing Clinic / Soft Tissue Clinic	
<b>Patient Label</b>	<b>Date of Referral:</b> /     /
<b>Date of Injury:</b> /     /	<b>Date of (Suspected) Diagnosis:</b> /     /
<b>Details of Incident:</b>	
<b>X-ray / Imaging Results:</b>	
<b>(Suspected) Diagnosis:</b>	
<b>Treatment to Date:</b>	
<b>Additional Information:</b>	
<b>Referring Doctor (BLOCK CAPITALS)</b>	
<b>Patient's General Practitioner:</b> Address of GP:	
-----	
<b>FOR OFFICE USE ONLY:</b>	
<b>Date and Time of Appointment:</b>	
<b>Signed:</b> <b>N.B. PATIENT WILL NOT BE REVIEWED WITHOUT THE RELEVANT DOCUMENTATION AND X-RAYS.</b>	

**CUH doctors room**

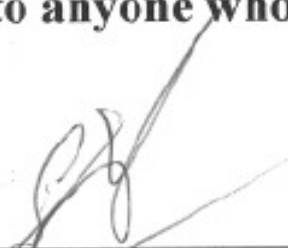
**TO/EMERGENCY DEPARTMENT NCHDs**

**RE:EMERGENCY DEPARTMENT DOCTOR'S ROOM.**

**All NCHDs are asked to keep the doctor's room in the Emergency Department tidy. Some NCHDs seem to create an explosion of notes and stationery which are left for Emergency Department staff to tidy up. This is unacceptable.**

**When providing discharge GP letters to patients, a copy of the pro forma letter should be torn out of the letter book and placed in the patient's chart.**

**Under no circumstances should sickness certificates be provided to anyone who has not registered as a patient.**



---

**DR. STEPHEN CUSACK.**

**June, 2006.**

## References

Cork Division of Emergency Medicine  
Professional Reference

Name of applicant: \_\_\_\_\_

Candidate for: \_\_\_\_\_

	Highest order Top 5%	First rate Top 20%	Good	Satisfactory	Comments
Medical Knowledge					
Clinical performance					
Organisation Note-keeping, Investigations					
Communication with patients					
Relationships with colleagues					
Academic potential					
Attendance at Teaching					

General comments regarding career advice/prospects: _____ _____
---

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Confidential Medical Staffing Record

These details are required of all doctors working in the department to facilitate medico-legal record keeping and management. Please print the details.

Name: \_\_\_\_\_

Current Cork address: \_\_\_\_\_

Date	Month	Year

Date of Birth:

Photograph  
Extremely  
Important

Capacity in which employed: \_\_\_\_\_

Overseas or forwarding address: \_\_\_\_\_

Tel. No.: Current/home \_\_\_\_\_ Forwarding \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail: \_\_\_\_\_

### Irish Medical Council Registration details:

Number \_\_\_\_\_ Type \_\_\_\_\_ Period valid \_\_\_\_\_

**Medical Indemnity details:** MDU  MPS  Other (specify)

Number \_\_\_\_\_ Type \_\_\_\_\_ Period valid \_\_\_\_\_

Dates worked in Emergency Department:

From: \_\_\_\_\_ To: \_\_\_\_\_

Dates worked in Emergency Department:

From: \_\_\_\_\_ To: \_\_\_\_\_

Specimen signature: \_\_\_\_\_

Please provide a copy of CV

## **Ground Rules - CUH Emergency Admissions**

Interdisciplinary / Departmental Referral Policy

Agreed by CUH Consultant Medical Staff Committee (April '06)

All emergency medical/paediatric/surgical referrals should be admitted to the appropriate ward of the relevant medical/paediatric/surgical service, either directly or via the Emergency Department, as rapidly and efficiently as possible.

If a patient presents to the Emergency Department and is deemed to warrant admission to the medical/paediatric/surgical on-call service then contact with and referral to the appropriate on-call team should occur without delay.

If there is a difference of opinion between the ED SHO and the on-call Acute Unselected Medical Take (AUMT) SHO as to whether a patient being referred for general medical admission is 'medical' or not, then the On-Call Medical Registrar Must See That Patient in the Emergency Department before determining that the patient should be admitted under the care of a medical specialty. [Note: It is current policy as per the Division of Internal Medicine's SOP (Standard Operating Procedure) that all medical patients presenting to ED MUST be seen by the duty Medical Registrar].

If there is a difference of opinion between the ED SHO and the on-call Paediatric SHO as to whether a patient requires paediatric admission or not, then the on-call Paediatric Registrar MUST see that patient in the Emergency Department before determining whether the patient needs admission or otherwise. All paediatric patients received with a GP letter addressed to "Paediatrics on-call" should be discussed with Paediatrics prior to discharge.

If there is a difference of opinion between the ED SHO and the on-call General Surgical SHO as to whether a patient being referred for general surgical admission is 'surgical' or not, then the on-call Surgical Registrar MUST see that patient in the Emergency Department before determining that the patient is 'surgical' or otherwise.

Patients admitted from the ED to the Paediatric Unit shall be admitted under the care of the consultant paediatrician on-call. Transfer of care of that admission to another consultant will only take place when there is contact and agreement at consultant level that confirms such a transfer of care.

Medical patients admitted from the Emergency Department shall be directed by the AUMT Team to the appropriate AUMT or other Specialty service, as per existing protocols. Transfer of care from an AUMT service must include contact and agreement with the other medical specialty at consultant level confirming the transfer of care.

Patients admitted from the Emergency Department to the on-call general surgical team shall be admitted under the care of the general surgical consultant on-call. Transfer of care of that admission to another consultant will only take place when there is contact and agreement at consultant level that confirms such a transfer of care.

## ED Physiotherapy

The Physiotherapy ED review clinic is held in the ED department in the decontamination room. The Physiotherapists are Carol Forbes and Iosolde Dromey. During our clinic hours we carry a phone- ext 20221.

Clinic Hours are Monday to Friday, 9am-12.30pm

During this time the Physiotherapist sees patients with scheduled physiotherapy appointments, patients from the ED review clinic. We endeavour to also see any patients presenting to the minor injury unit in ED during our clinic times-please call to the decontamination room or call 20221. If we are unable to see them on the day, an appointment can be arranged by reception within a few days.

### Indications for referral to physiotherapy

Early Soft Tissue Injuries e.g. Knee and Ankle sprain Neck sprain, Acute Low Back pain, Muscle injuries. Day 2-5 Post injury for early movement and advise. Send the patient to reception with the blue physiotherapy referral form (Please sign and date).

### Advice leaflets

There are patient advice leaflets available for the more common soft tissue injuries- knee, ankle, wrist and hand, acute back pain, acute neck pain. These are kept in the minor injury unit and some are on the [EM Handbook](#). There is also a separate advice leaflet in the application of Ice and principles of RICE and MICE. This is a very useful leaflet for this client group but again the audit showed that it was rarely used.

The advice leaflets are designed to provide information to the patient on how they can best self manage their soft tissue injury for the first week after the injury. For soft tissue injury patients it is very useful for them to have this written advice on the importance of early movement, use of ice etc. We need to increase the use of soft tissue injury advice leaflets.

The audit will be repeated in March 2010. We need to increase

Following grade 1-2 ankle sprain the patient should be advised to start partial weight bearing and heel to toe gait with crutches by day 1- 3 post injury. They should start wearing a shoe on the affected ankle get a larger size shoe if necessary. Measuring for elbow crutches- the handle should reach the wrist crease. Always give 2 elbow crutches. Crutches are single patient use only.

### Mobilising patients

If an ED patient needs to be shown how to use a walking aid, up/down stairs etc before discharge the ward physio should be bleeped. Each Consultant has a physiotherapist responsible for their patients e.g. Orthopaedic and EM Consultants bleep 351. Bleep numbers can be found at the nurses' station.

## IV Cannulation

Please remember: With Peripheral venous cannulation (PVC)

- Up to 80% of inpatients are cannulated.
- Cannulation has complications, particularly sepsis, phlebitis and septicaemia
- In the past, a significant proportion of cannulae inserted in the ED were never used
- Please THINK before inserting a potentially harmful cannula
- Blood sampling is not an appropriate indication for the insertion of a PVC.
- Avoid insertion sites over joints (particularly the antecubital area)
- Start distally
- Use the smallest gauge practical needle
- Always use an extension set to prevent mechanical phlebitis
- Document details of cannulation (on the sicker below, placed on the back page of the ED notes)
- Full aseptic, no touch technique

The rules are:

- Don't put them in
- Get them out
- Look after them properly

And

**SCRUB THE HUB EVERY TIME**



It is imperative that the hub of the MicroCLAVE needle free connector on peripheral and central lines is swabbed with 70% alcohol prior to each use.

In order to prevent contamination, evidence supports scrubbing the hub using time and friction (15 seconds) with a 70% alcohol swab each time a line is accessed ( Kaler et al 2007).

<p><b>1 Peripheral Cannula Insertion Record</b></p> <p>Date: _____</p> <p>Ward: _____</p> <p>Size: _____</p> <p>Reason for insertion: _____</p> <p>Inserted by (print): _____</p> <p>Peripheral Cannula Removal Record</p> <p>Date removed: _____</p> <p>Reason for removal: _____</p> <p>Removed by (Sig.): _____</p>	<p>Please indicate insertion site:</p> <div style="text-align: center;"> </div> <p>24 hours: _____</p> <p>48 Hours: _____</p> <p>72 Hours: _____</p> <p>Daily Inspection (Sig.): _____</p>
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## Specialities on site

<b>SPECIALTY ON-SITE</b>	<b>CUH</b>	<b>SIVUH</b>	<b>CUMH</b>	<b>MUH</b>
Anaesthetics	✓	✓		✓
Cardiology	✓			✓
Cardiothoracic Surgery	✓			
Dermatology			✓	
Endocrinology	✓	✓		
ENT		✓		
General Medicine	✓	✓		✓
General Surgery	✓	✓		✓
Geriatrics	✓	✓		✓
Gynaecology			✓	
Haematology	✓			✓
Infectious Diseases	✓			
Neurology	✓			✓
Neurosurgery	✓			
Obstetrics			✓	
Oncology	✓	✓		✓
Ophthalmology	✓			
Orthopaedics	✓			
Paediatrics	✓			✓
Plastic Surgery	✓			
Psychiatry	✓			✓
Radiology	✓	✓		✓
Radiotherapy	✓			
Respiratory Medicine	✓			✓
Rheumatology	✓	✓		
Urology	✓			✓

### Notes

Neurology and Urology are available in both CUH and MUH. On-call commitment is rotated between the two hospitals.

### ***Facial & Soft Tissue Clinic:***

The Facial & Soft Tissue Clinic is a clinic run each morning by the plastic surgical service at CUH. They will see facial trauma and complex lacerations that are deemed to require exploration or other plastic surgical input. They also see patients with facial fractures, other than mandibular fractures. Access to the clinic is by contacting the registrar in Plastic Surgery on call in CUH.

It is often appropriate in children with significant lacerations that a general anaesthetic be administered, to facilitate closure in a less stressful manner for the child. Some such cases may be suitable for management in the ED under procedural sedation. Such cases should be discussed with the emergency medicine or plastic surgical registrar on call.

### ***Review Clinics:***

Review clinics are run in each of the hospitals (CUH, MUH and SIVH) by the consultants in emergency medicine. Any member of the medical staff in the Emergency Department may refer patients to this clinic. However, if you are in doubt about whether or not the referral is appropriate, please discuss this with the registrar or consultant. In CUH all referrals must be discussed with the registrar.

Please note that the review clinics are most definitely not a substitute for a GP surgery, another hospital outpatient clinic or a proper diagnosis at first presentation. Referral onwards to this clinic will not result in a patient "jumping the waiting list" for referral to another specialty unless there is a genuine urgent development in their condition.

## **GP Letters:**

Poor communication is repeatedly cited as a significant cause of adverse incidents in patient care. In an ideal environment, all patient attendances would result in a letter going to the GP. Whilst it is acknowledged that this may not always happen, there are certain categories of patients who must have a GP letter upon discharge-please refer to the policy overleaf.

### **Policy for GP letters in the Emergency Department**

A standard GP letter for patients discharged after assessment from the department is in a duplicate book. One copy is sent to the General Practitioner and the other is filed with the Emergency Department chart for departmental record.

The following patients discharged from the Emergency Department should have General Practitioner letters forwarded to their current GPs:

- All Patients discharged from the ED that are referred for assessment by a GP.
- All prisoners that attend the Emergency Department escorted by prison officers must have a letter forwarded to the Medical officer for that prison.
- All Patients under the age of eighteen years and over the age of 65 years

If a competent patient does not wish to inform their GP of their attendance no letter should be sent. However, the reason for this should be explored.

## TOXBASE Poisons Information Database

Toxbase is an online clinical toxicology database, run by the UK National Poisons Information Service on behalf of the UK and Irish poisons information centres. It is an excellent up-to-date resource for information on acute poisoning. Toxbase is accessible to registered users at: <http://www.toxbase.org> or via the [Handbook](#)

The Emergency Department at Cork University, Mercy University, Mallow and South Infirmity Victoria University Hospital's are registered with this service. Each department has its own username and password for access to the database – these are available within each department.

Toxbase contains information on the toxicity, features and management for thousands of substances. A factsheet containing a summary for each product should be printed for inclusion in the individual patient's notes. Please **do not print** off information to keep for reference "later", as the site is regularly updated and printouts of information may soon become outdated.

### Useful Web Sites

Cork Emergency Department [Handbook](#): <http://www.handbook.muh.ie>

For further details and relevant links, please see the [Links](#) page on the [Handbook](#) Emergency

### Useful textbooks

\*\*[Emergency Department Handbook](#)\*\*

**Oxford Handbook of Emergency Department Medicine ISBN 0-1926-2751-1**

Authors: JP Wyatt, RN Illingworth, MJ Clancy, P Munro, and CE Robertson

**ABC of Emergency Radiology ISBN 0-7279-0232-4**

DA Nicholson and PA Driscoll Pub: BMJ Publishing Group

**Emergency Department Radiology, a Survival Guide ISBN 0-7020-1905-4**

N Raby, L Berman, G de Lacey Pub: Saunders

**The ECG Made Easy ISBN 0-4430-5681-1**

**The ECG in Practice ISBN 0-4430-5680-3**

**BMJ ECG Series: (free) on-line at [www.bmj.com](http://www.bmj.com) .**

**Outline of Orthopaedics ISBN 0-4430-7024-5**

JC Adams, D Hamblen Pub: Churchill Livingstone

## Useful Local Information

### ***South Infirmary-Victoria University Hospital (SIVUH)***

Two consultants have commitments to the Emergency Department in SIVUH, Drs. Gemma Kelleher and Gerry McCarthy.

The most regularly required specialties available on-site in the SIVUH are: General Medicine, General Surgery, Anaesthetics, Radiology, ENT.

Other specialties which may be consulted are: Dermatology, Oncology, Endocrinology, Rheumatology.

The [Sexual Assault Unit](#) for Southern Health Board region is located at SIVUH.

There is no Orthopaedic Service on-site. If a definite limb fracture suitable for outpatient management is diagnosed in the Emergency Department SIVUH, the patient can be referred directly to a Fracture Clinic in CUH. If you have a doubt about the initial management of any fracture, please contact your registrar, consultant, Emergency Department registrar on duty in CUH or the orthopaedic service directly while the patient is still in the department.

It should be noted that there are no CT services available “after hours” in the SIVUH. If you need immediate CT services please contact the appropriate specialist team in SIVUH who will assess and transfer to CUH if necessary.

There is no In-patient Paediatric Service available in SIVUH. Any children who present with medical problems that require paediatric assessment will be assessed and transferred to the Mercy University Hospital or on to CUH.

Similarly, there is no Neurology, Urology, Ophthalmology or Emergency Plastic Surgery service in SIVUH. Neurology and Urology operate a rota, which alternates between CUH and MUH.

There is no resident psychiatrist at SIVUH. However, there is a visiting psychiatrist. Patients presenting with deliberate self-harm are seen by a crisis nurse after appropriate resuscitation, who will decide whether or not further psychiatric assessment/intervention/admission is required.

## **Mercy University Hospital:**

### **Original Building**

Ground Floor	Reception, Admissions, Administration, Out-Patients, IT Dept, Social Workers, X – Ray Dept., Chapel, Visitors Canteen, Staff Canteen, Main Kitchen, Post Room, Finance, Toilets.
1st Floor	Security Office, Pastoral Care Centre, Switchboard, Library St. Therese’s Oncology Unit, The School of Nursing, Dr. Bennett’s Rooms.
2nd Floor	Physiotherapy, Occupational Therapy, St. Anthony’s Ward, Intensive Care Unit, Pulmonary Function Room, Human Resource Dept., Deputy Chief Executive Office Link to New Wing = St. Joseph’s, St. Finbarr’s, St. Michael’s.
3rd Floor	P.C. Wards 1, 2, & 3. St. Oliver’s Ward, Dept. of Neurophysiology (E.E.G.) Link to New Wing = St. Catherine’s, St. Patrick’s, Laboratories, Clinical Pharmacology.
4th Floor	Operating Theatre’s, St. Anne’s Ward, C.S.S.D, The School of Nursing, The Leukaemia Unit

### **New Building**

Ground Floor	Entrance & Exit for St. Michael’s Ward Only. St. Mary’s Ward, Emergency Department, Emergency Exits
1st Floor	St. Michael’s Ward. Way Out via Ground Floor Exit
2nd Floor	St. Joseph’s & St. Finbarr’s Wards. Link = Way Out via Main Reception.
3rd Floor	St. Catherine’s & St. Patrick’s Wards. Link = Way Out via Main Reception.
4th Floor	Laboratories – Haematology, Biochemistry, Bacteriology, Histology. Dept. of Clinical Pharmacology, The Blood Storage Area
Sheare Street	Chief Executive Office, Purchasing
Peters Street	Stores Department
Henry Street	Consulting Rooms
Thomas Street	Dieticians

# MUH Security Office patrolman Bleep 6619.

## Phone List CUH

Security	20201
Reception Desk	20232 / 20233 / 20234 / 20235
Reception Fax	20229
Nurses Station (Main)	20200 / 20222 / 20223
Triage	20230
Minor Injuries	20202
Children's Treatment Area	20203
Resuscitation Room Desk	20226 / 20240
Nurses Station (CDU)	20231
X-ray Office	20219
Eye Treatment Room	20210
Plaster Room	20211
Procedures Room	20220
Doctors Duty Room	20224
Doctors Duty Fax	20225
Interview Room	20205
Relatives Room	20221
Clinical Nurse Manager 2	20212
Clinical Nurse Manager 3	20227
Administration	
Secretary to Prof. Stephen Cusack	22890
Secretary to Dr. Chris Luke	22414
Secretary to Dr. Íomhar O'Sullivan	22414
Secretary to Dr. Gemma Kelleher	22890
Secretary to Dr. Gerry McCarthy	22412
Helen McLoughlin -Staff Officer	20236
Sean Cotter - Business Manager	21372
Norah Twomey - Clinical Facilitator	20010