

# Referrals to Urgent Care

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# Barnsley Emergency Department

- 82,000 attendances /year
- 240 /24 hours
- 12 ED Consultants



Accidents and  
Emergencies

Emergency

AMBULANCE

1447

NO  
SMOKING

# Case 1

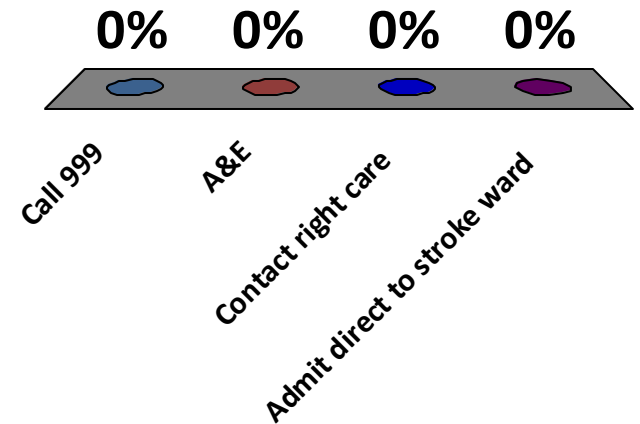
65 year old female

Complains of right sided arm and facial weakness

FAST test positive

# Enter Question Text

- A. Call 999
- B. A&E
- C. Contact right care
- D. Admit direct to stroke ward



# Treatment Choices

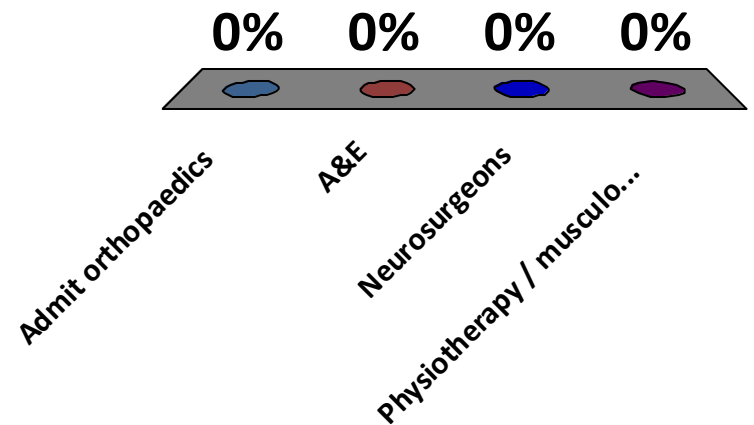
- Thrombolysis – YAS assess and discuss with thrombolysis centres
- Urgent CT scan – NICE guidelines in 1 hour
- Admission and assessment in ED direct to specialist stroke ward
- TIA s – unresolved symptoms, crescendo TIA, atrial fibrillation

# Case 2

- 69 year old man
- Longstanding history of back pain
- Two week history of pain radiating down both legs
- Urinary symptoms – poor flow, incomplete emptying, frequency

# Enter Question Text

- A. Admit orthopaedics
- B. A&E
- C. Neurosurgeons
- D. Physiotherapy /  
musculoskeletal services





# Cauda Equina Syndrome

- Compression of lower nerve roots
- Loss of motor and sensory function to lower limbs and perianal area
- Altered bowel/ bladder control
- Diagnosis – urgent MRI

# Orthopaedic Referrals

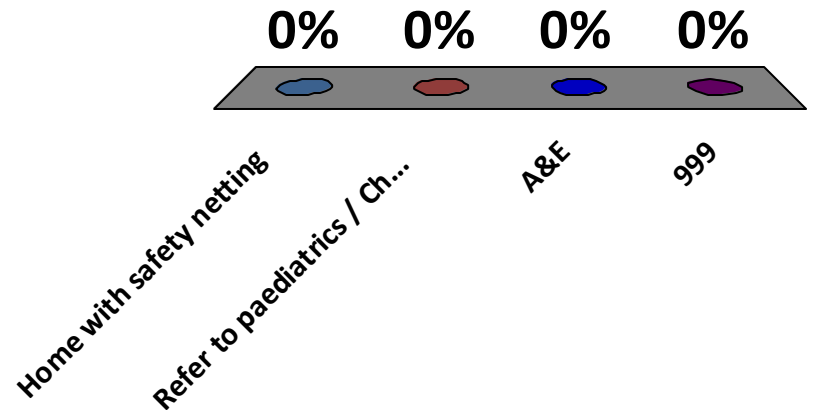
- Orthopaedic Junior Dr
- See in fracture clinic – not in the ED
- Post op problems, swollen joints, back pain
- Minor injuries and fractures – Emergency Nurse Practitioner 0800-2200

# Case 3

- 5 month old baby
- Born at 34/40, 2/7 history coryzal and not feeding, Mum concerned about breathing
- RR 50/min, O2 sats 96, mild pyrexia

# Enter Question Text

- A. Home with safety netting
- B. Refer to paediatrics /  
Children's assessment  
unit
- C. A&E
- D. 999



# ? Diagnosis










- PEWS score ? **Traffic light ?- BEST website**
- Clinical assessment
- Paediatric referral – immediate assessment in ED and transfer to Children’s – non blanching rash, unwell
- Future Children’s assessment unit ?

# Paediatrics

- Primary care attendances increasing
- Limited access to primary care stream
- Paediatric EM consultants and paediatric nurses
- Separate Paediatric ED

Home

## Clinical support by body system

 <b>Brain and mental health</b>	 <b>Ophthalmology and ENT</b>	 <b>Respiratory and</b>
 <b>Endocrine and Diabetes</b>	 <b>Gastroenterology</b>	 <b>Renal, Urology and</b>
 <b>Obstetrics and Gynaecology</b>	 <b>Orthopaedics</b>	 <b>Cardiology</b>

# Diagnostic tools

[Dementia screening tool](#)

[Stroke score -TIA / Barnsley TIA Clinic Referral Form](#)

[FIB4 / LFT Barnsley / FIB4](#)

[Kidney Injury AKI](#)

[Units](#)

[Peak Flow Monitor chart](#)

[Transfusion thresholds](#)

[Stool score / Laxative guidelines](#)

[Fever Score/Fever SCORE](#)

[HAS BLED /2 VASC /HAS BLED](#)

[Algorithm](#)

[Thresholds Barnsley](#)

[Quality of Life Index DQLI](#)

[Hypertension diagnosis and treatment / Home blood pressure](#)

[IBS Diagnostic pathway / IBS treatment](#)

[IPSS / fluid input/output chart /LUTS pathway](#)

[Iron deficiency Anaemia](#)

[Menstrual Diary/PMS symptoms/premenstrual syndrome diary](#)

[MRC Dyspnoea Scale Questions](#)

[NEWS -National Early warning Score](#)

[Pain Rating Scale](#)

[PHQ-9 Questions](#)

[Pneumonia -CURB Score](#)

[Paeds: Traffic Light System/ vital signs normal range](#)

[QRISK](#)

[URTI- evidence based on RTI](#)



## Traffic light system for identifying risk of serious illness\*

	<b>Green – low risk</b>	<b>Amber – intermediate risk</b>	<b>Red – high risk</b>
Colour (of skin, lips or tongue)	<ul style="list-style-type: none"> <li>• Normal colour</li> </ul>	<ul style="list-style-type: none"> <li>• Pallor reported by parent/carer</li> </ul>	<ul style="list-style-type: none"> <li>• Pale/mottled/ashen/blue</li> </ul>
Activity	<ul style="list-style-type: none"> <li>• Responds normally to social cues</li> <li>• Content/smiles</li> <li>• Stays awake or awakens quickly</li> <li>• Strong normal cry/not crying</li> </ul>	<ul style="list-style-type: none"> <li>• Not responding normally to social cues</li> <li>• No smile</li> <li>• Wakes only with prolonged stimulation</li> <li>• Decreased activity</li> </ul>	<ul style="list-style-type: none"> <li>• No response to social cues</li> <li>• Appears ill to a healthcare professional</li> <li>• Does not wake or if roused does not stay awake</li> <li>• Weak, high-pitched or continuous cry</li> </ul>
Respiratory		<ul style="list-style-type: none"> <li>• Nasal flaring</li> <li>• Tachypnoea:               <ul style="list-style-type: none"> <li>– RR &gt;50 breaths/minute, age 6–12 months</li> <li>– RR &gt;40 breaths/minute, age &gt;12 months</li> </ul> </li> <li>• Oxygen saturation <math>\leq 95\%</math> in air</li> <li>• Crackles in the chest</li> </ul>	<ul style="list-style-type: none"> <li>• Grunting</li> <li>• Tachypnoea: RR &gt;60 breaths/minute</li> <li>• Moderate or severe chest indrawing</li> </ul>
Circulation and hydration	<ul style="list-style-type: none"> <li>• Normal skin and eyes</li> <li>• Moist mucous membranes</li> </ul>	<ul style="list-style-type: none"> <li>• Tachycardia:               <ul style="list-style-type: none"> <li>– &gt;160 beats/minute, age &lt;12 months</li> <li>– &gt;150 beats/minute, age 12–24 months</li> <li>– &gt;140 beats/minute, age 2–5 years</li> </ul> </li> <li>• CRT <math>\geq 3</math> seconds</li> <li>• Dry mucous membranes</li> <li>• Poor feeding in infants</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced skin turgor</li> </ul>

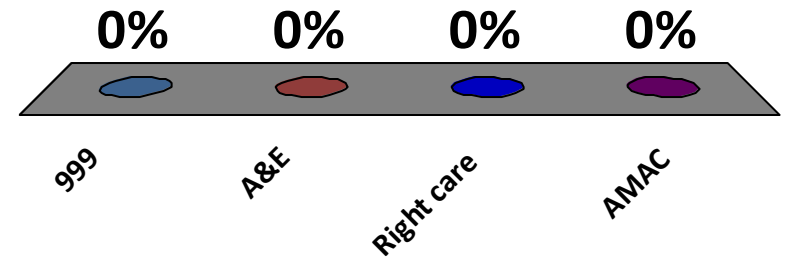


# Case 4

- 55 year old lady
- 1 week history of sudden onset worst ever headache
- Continued headache, vomiting

# Enter Question Text

- A. 999
- B. A&E
- C. Right care
- D. AMAC



# Ambulatory care clinic

- Based on acute medical unit
- Potential candidates for ambulatory care unless there are clear clinical indications to the contrary
- Admission avoidance

# Cases suitable for AMAC?

- Flip chart

# AMAC

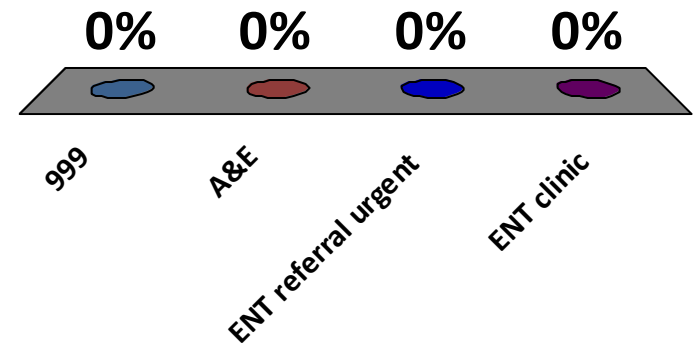
- Acute headache
- Anaemia
- Mild Asthma
- Cellulitis
- Uncomplicated chest pain / normal ECG
- Community acquired pneumonia ( CURB 0 or 1)
- LRTI / COPD
- New AF
- Painless Jaundice
- Non surgical related abdominal pain
- DVT /PE
- Hypertension
- Hyperkalaemia

# Case 5

- 26 year old patient
- 3 day history of sore throat
- Systemically unwell, not eating /drinking
- Unilateral tonsillar swelling

# Unilateral tonsillar swelling

- A. 999
- B. A&E
- C. ENT referral urgent
- D. ENT clinic





# THROAT

Presenting Symptoms	Advise and Treatment
<b>Sore Throat</b>	
Acute minor sore throat in otherwise well patient who is able to eat and drink.	Antibiotics not usually indicated. Advise fluids both mouth, rest and analgesics (paracetamol / ibuprofen in alternating doses every 4 hours). If recurrent sore throats (>5 per year) see GP regarding ENT referral.
Acute sore throat with Centor score 3-4 (score 1 for each of tonsillar exudate, tender lymphadenopathy, fever and absence of cough):	5 day course of phenoxymethylpenicillin or clarithromycin. Consider glandular fever blood test.
Severe sore throat, unable to eat and drink, peritonsillar abscess, significant neck swelling, suspected epiglottitis / supraglottitis (do not examine throat in a child).	All require IV access, FBC, U+E, CRP, glandular fever test, urgent ENT referral.
<b>Foreign Body - Swallowed</b>	
Patient aware of having swallowed a FB which went down. Able to eat and drink, no residual discomfort or other symptoms:	Discharge with advice to return if problems develop.
FB "scratched" on the way down but passed: patient able to eat and drink, only minor discomfort. Nothing to see on examination and lateral soft tissue X ray of neck normal:	Allow home but must return if discomfort increases, develops temperature, SOB or dysphagia.
FB still impacted, unable to eat or drink, sharp object (bone, pin etc), ALL dentures:  Button batteries swallowed	IV access, urgent ENT referral.  Must be removed almost immediately, risk of chemical perforation of oesophagus.

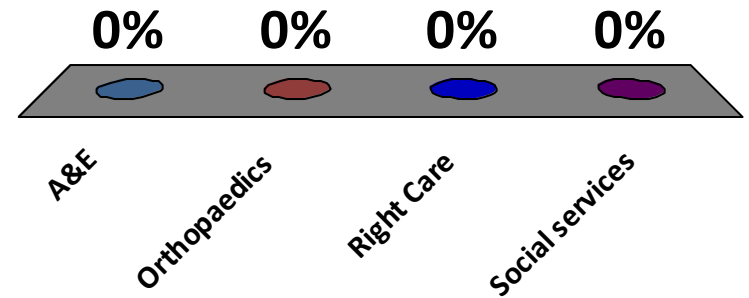


# Case 6

- 82 year old lady
- Fell 2 days ago, injured hip, attended ED Xray normal, usually independent but now struggling to manage at home, family concerned

# Enter Question Text

- A. A&E
- B. Orthopaedics
- C. Right Care
- D. Social services



# Emergency Department

- Review patient and Xray
- May require a CT scan
- Clinical decisions unit – admission, OT and physio review, analgesia, frailty team, access to respite

# Clinical Decision Unit

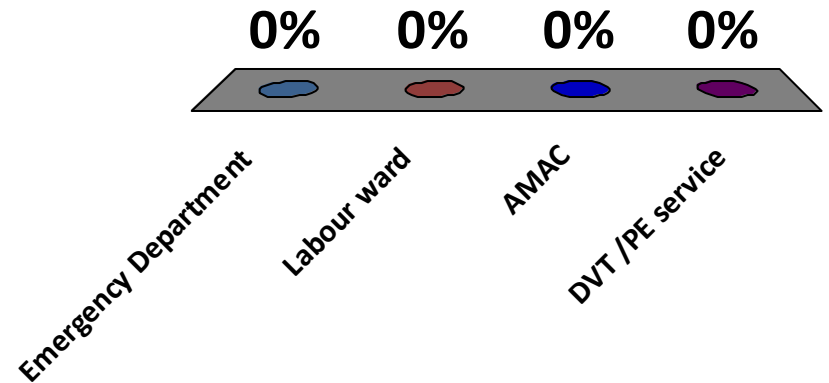
- 48 hour short stay ward
- Mobility / social , overdose / mental health, asthma, cellulitis, head injury, chest injury, renal colic
- End of life care
- 10 beds ( 2 cubicles)

# Case 7

- 26yo lady who is 34 weeks pregnant
- Right lower leg swelling for 3 days
- Minor shortness of breath

# 34 weeks pregnant, leg pain , SOB

- A. Emergency Department
- B. Labour ward
- C. AMAC
- D. DVT /PE service



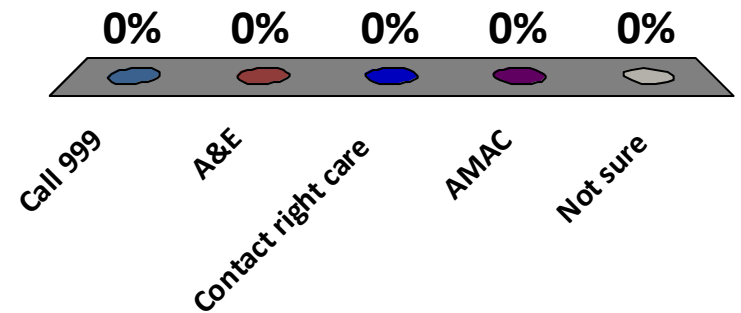
- Role of d-Dimer
- ? Pulmonary embolism
- AMAC ( DVT service exclusions)



Extra cases !!!

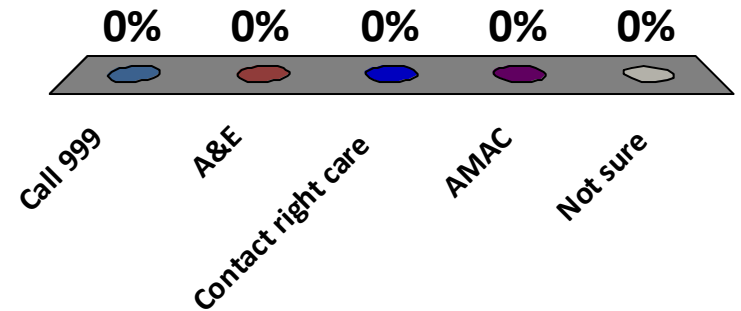
# Chest pain <4 hours ? MI..

- A. Call 999
- B. A&E
- C. Contact right care
- D. AMAC
- E. Not sure



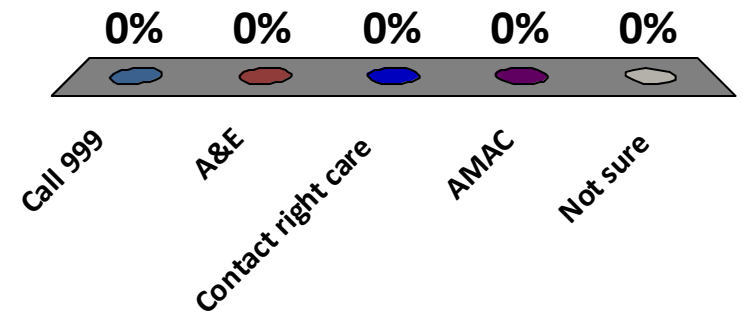
# Chest pain >4 hours ago ?MI

- A. Call 999
- B. A&E
- C. Contact right care
- D. AMAC
- E. Not sure



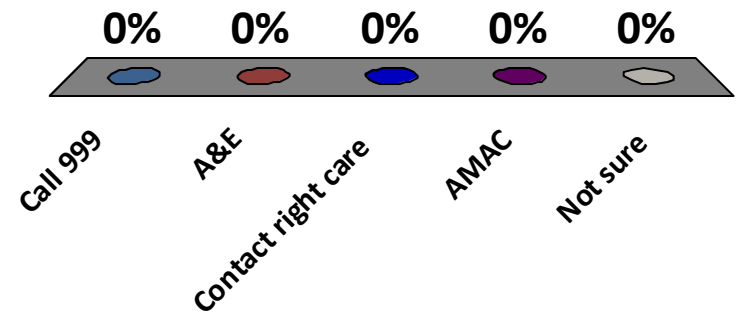
# Chest pain Unstable angina?

- A. Call 999
- B. A&E
- C. Contact right care
- D. AMAC
- E. Not sure



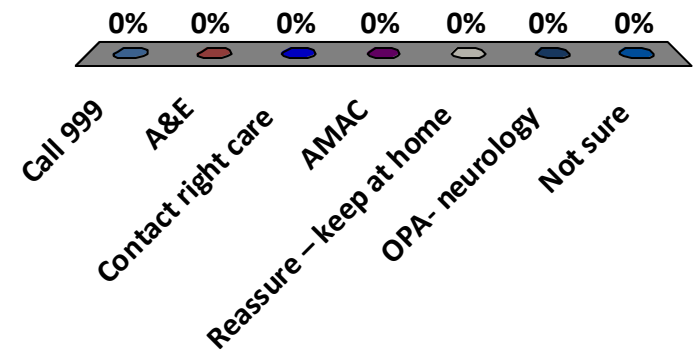
# First seizure ?

- A. Call 999
- B. A&E
- C. Contact right care
- D. AMAC
- E. Not sure



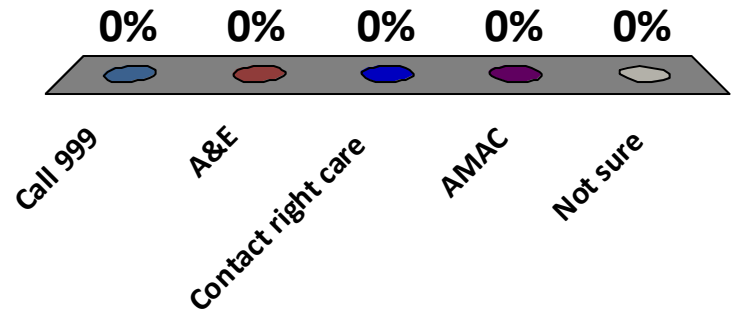
# Epilepsy- 2<sup>nd</sup>- 3<sup>rd</sup> seizure ?

- A. Call 999
- B. A&E
- C. Contact right care
- D. AMAC
- E. Reassure – keep at home
- F. OPA- neurology
- G. Not sure



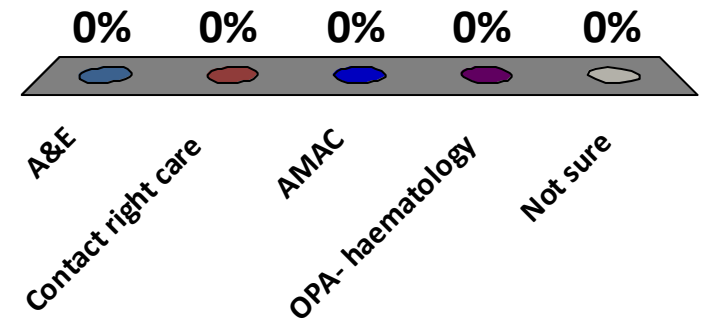
# Acute moderate - severe asthma attack ?

- A. Call 999
- B. A&E
- C. Contact right care
- D. AMAC
- E. Not sure



# Low platelets 45 ?

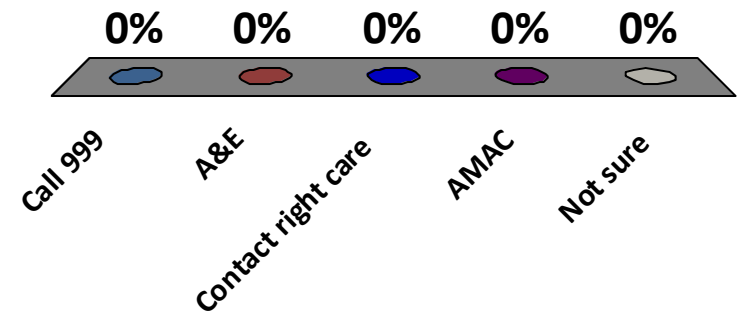
- A. A&E
- B. Contact right care
- C. AMAC
- D. OPA- haematology
- E. Not sure





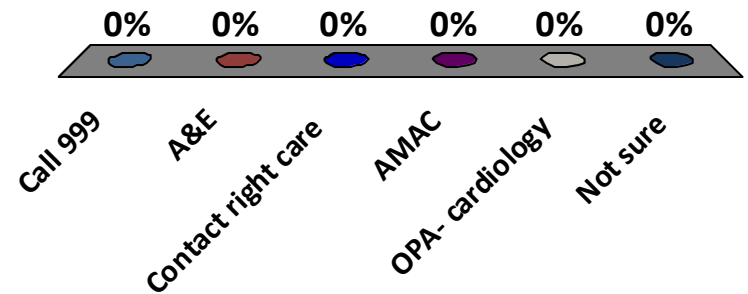
# Arrhythmia – brady < 45 BP low ?

- A. Call 999
- B. A&E
- C. Contact right care
- D. AMAC
- E. Not sure



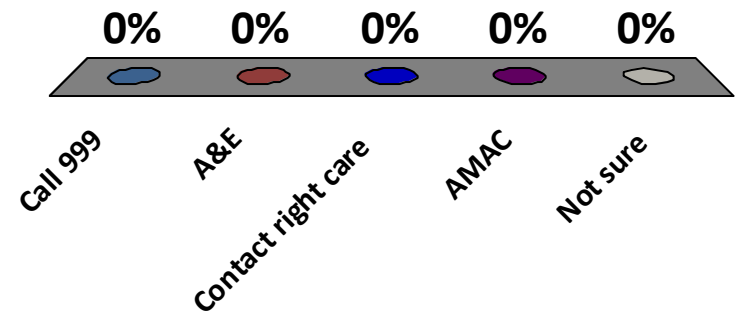
# Arrhythmia >130 BP normal ?

- A. Call 999
- B. A&E
- C. Contact right care
- D. AMAC
- E. OPA- cardiology
- F. Not sure



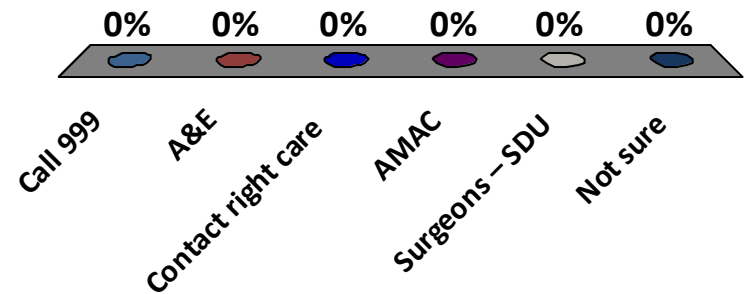
# Arrhythmia >130 BP low ?

- A. Call 999
- B. A&E
- C. Contact right care
- D. AMAC
- E. Not sure



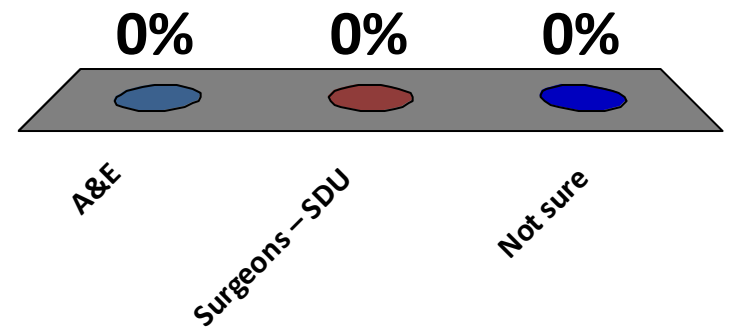
# Acute GI bleed?

- A. Call 999
- B. A&E
- C. Contact right care
- D. AMAC
- E. Surgeons – SDU
- F. Not sure



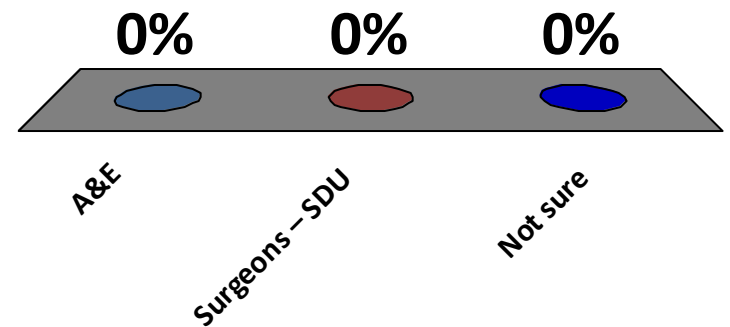
# Abdominal pain? appendix

- A. A&E
- B. Surgeons – SDU
- C. Not sure



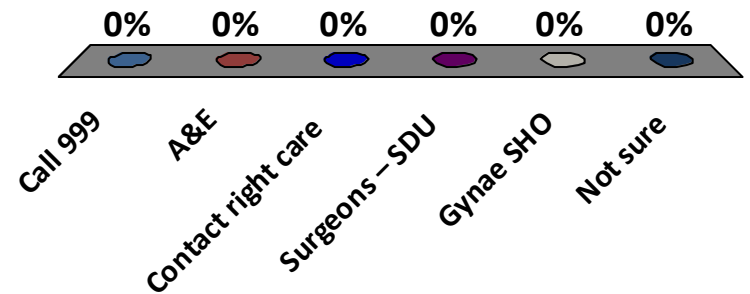
# Abdominal pain? GI obstruction

- A. A&E
- B. Surgeons – SDU
- C. Not sure



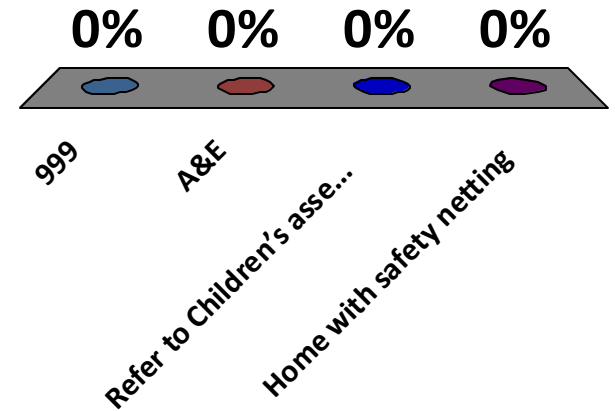
# RIF Abdominal pain? Ectopic ? appendix

- A. Call 999
- B. A&E
- C. Contact right care
- D. Surgeons – SDU
- E. Gynae SHO
- F. Not sure



# Febrile convulsion?

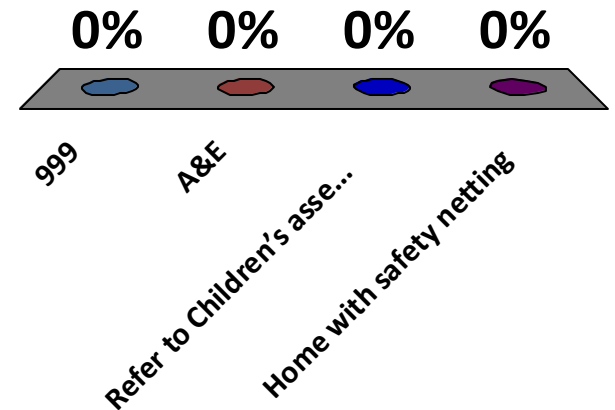
- A. 999
- B. A&E
- C. Refer to Children's assessment unit
- D. Home with safety netting





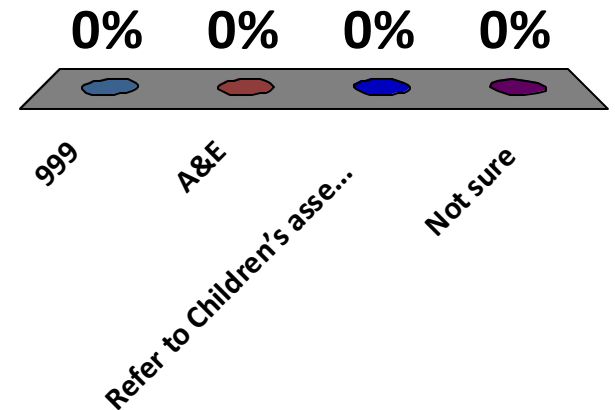
# Paediatric – moderate Croup/ bronchiolitis/asthma ?

- A. 999
- B. A&E
- C. Refer to Children's assessment unit
- D. Home with safety netting



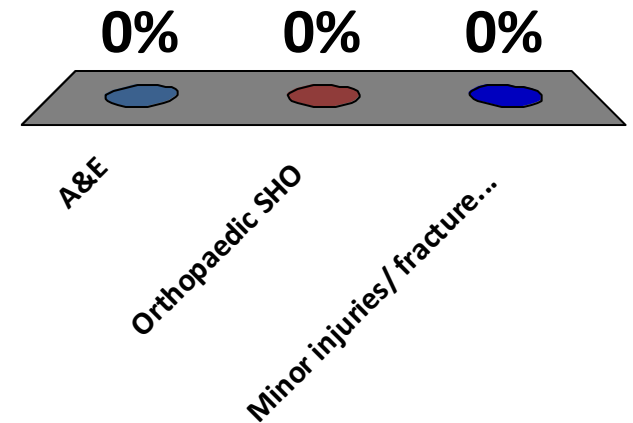
# Paediatric – severe Croup/ bronchiolitis/asthma ?

- A. 999
- B. A&E
- C. Refer to Children's assessment unit
- D. Not sure



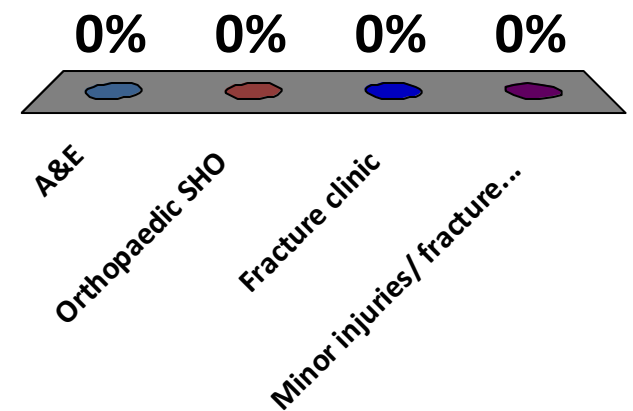
# ? Fracture ankle- new

- A. A&E
- B. Orthopaedic SHO
- C. Minor injuries/ fractures  
– Emergency Nurse  
Practitioner



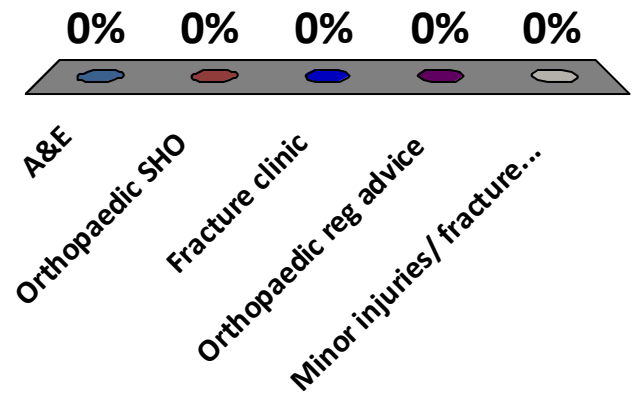
# ? Fracture foot- 1 week ago

- A. A&E
- B. Orthopaedic SHO
- C. Fracture clinic
- D. Minor injuries/ fractures  
– Emergency Nurse  
Practitioner



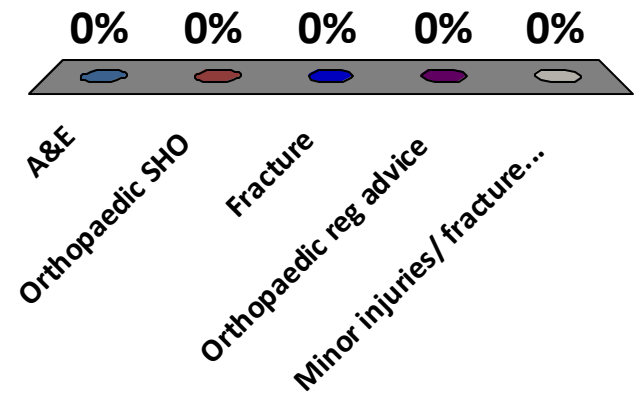
# ? Acute Biceps tendon rupture

- A. A&E
- B. Orthopaedic SHO
- C. Fracture clinic
- D. Orthopaedic reg advice
- E. Minor injuries/ fractures  
– Emergency Nurse  
Practitioner



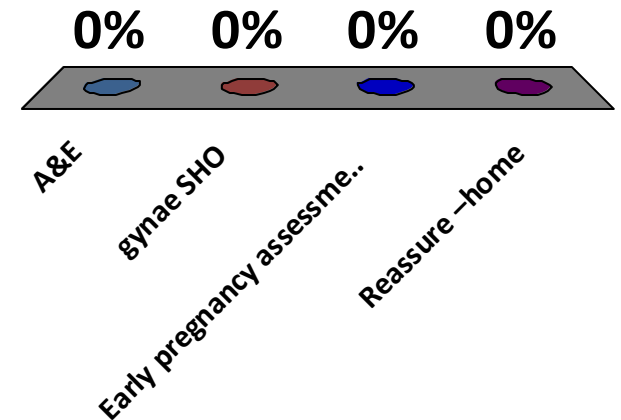
# ? Acute Achilles tendon rupture

- A. A&E
- B. Orthopaedic SHO
- C. Fracture
- D. Orthopaedic reg advice
- E. Minor injuries/ fractures  
– Emergency Nurse  
Practitioner



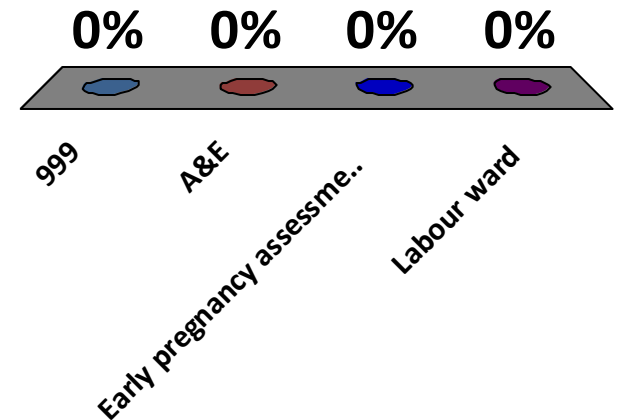
# Pregnant 1<sup>st</sup> trimester – pv bleed

- A. A&E
- B. gynae SHO
- C. Early pregnancy assessment unit EPAU
- D. Reassure –home



# Pregnant 3rd trimester – pv bleed

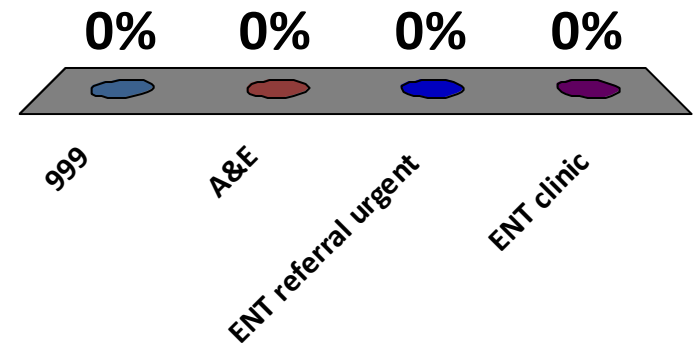
- A. 999
- B. A&E
- C. Early pregnancy assessment unit EPAU
- D. Labour ward





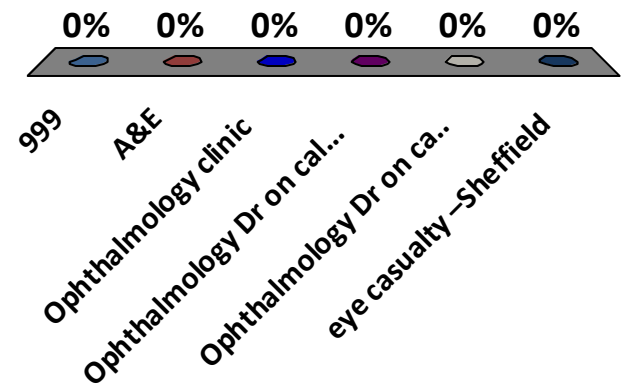
# Nose bleed

- A. 999
- B. A&E
- C. ENT referral urgent
- D. ENT clinic



# Acute red eye

- A. 999
- B. A&E
- C. Ophthalmology clinic
- D. Ophthalmology Dr on call  
Barnsley
- E. Ophthalmology Dr on call  
Rotherham
- F. eye casualty –Sheffield



# Acute painful eye

- A. 999
- B. A&E
- C. Ophthalmology clinic
- D. Ophthalmology Dr on call  
Barnsley
- E. Ophthalmology Dr on call  
Rotherham
- F. eye casualty –Sheffield

