

Emergency



# INTRODUCTION

- It is an integral part of an hospital
- Microcosm of the hospital as whole
- front door of the hospital
- Portal of entry that interacts with the highest volume of patients requiring critical care.

# DEFINITION

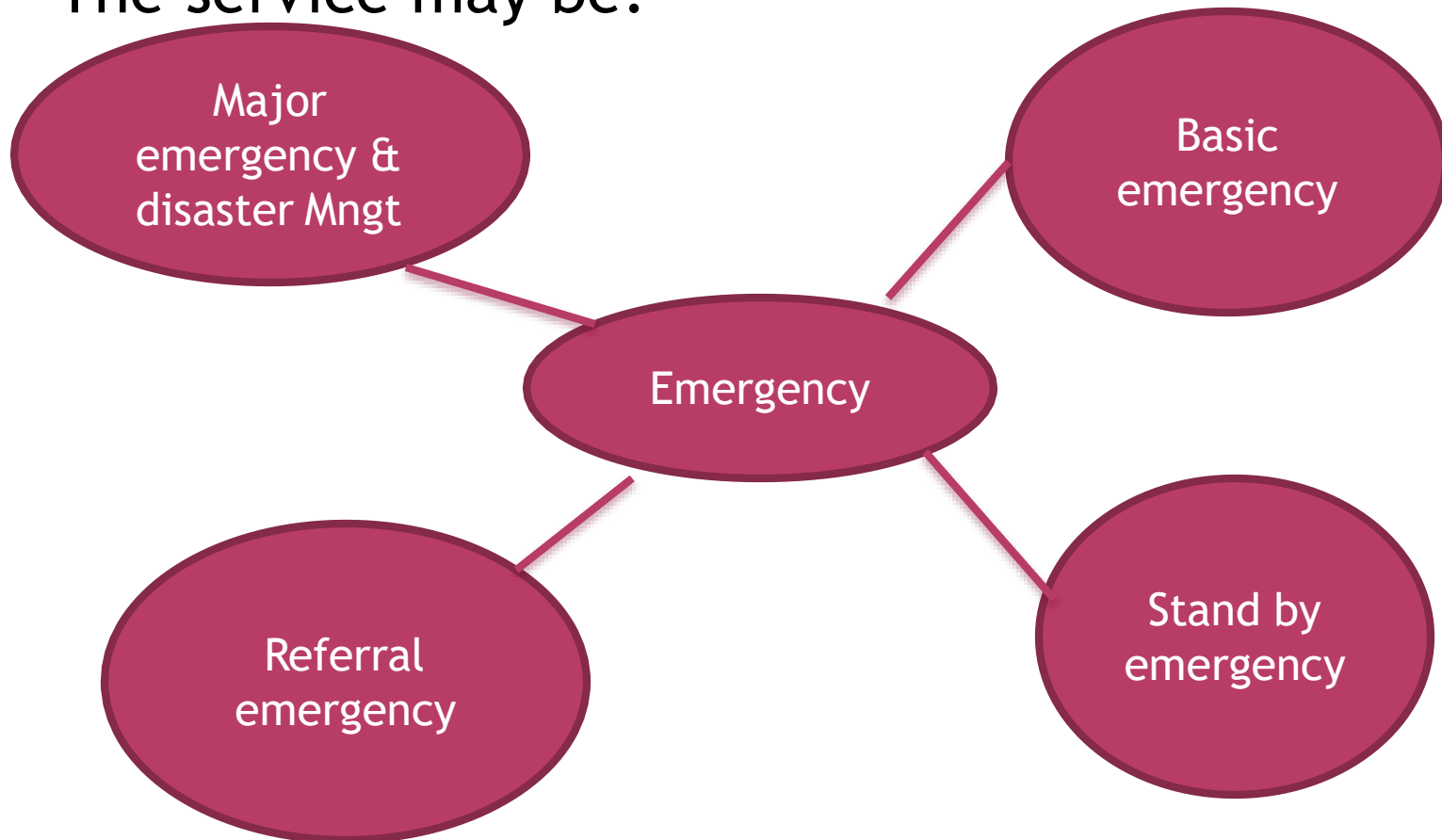
- Emergency has been defined as a condition determined clinically or considered by patient or his/her relatives as requiring urgent medical services, failing which , it could result in loss of life or limb....WHO
- Medical emergency is a situation when patient requires urgent and high quality medical care to prevent loss of life or limb and/ or to initiate action for the restoration of normal healthy life.

# FUNCTION

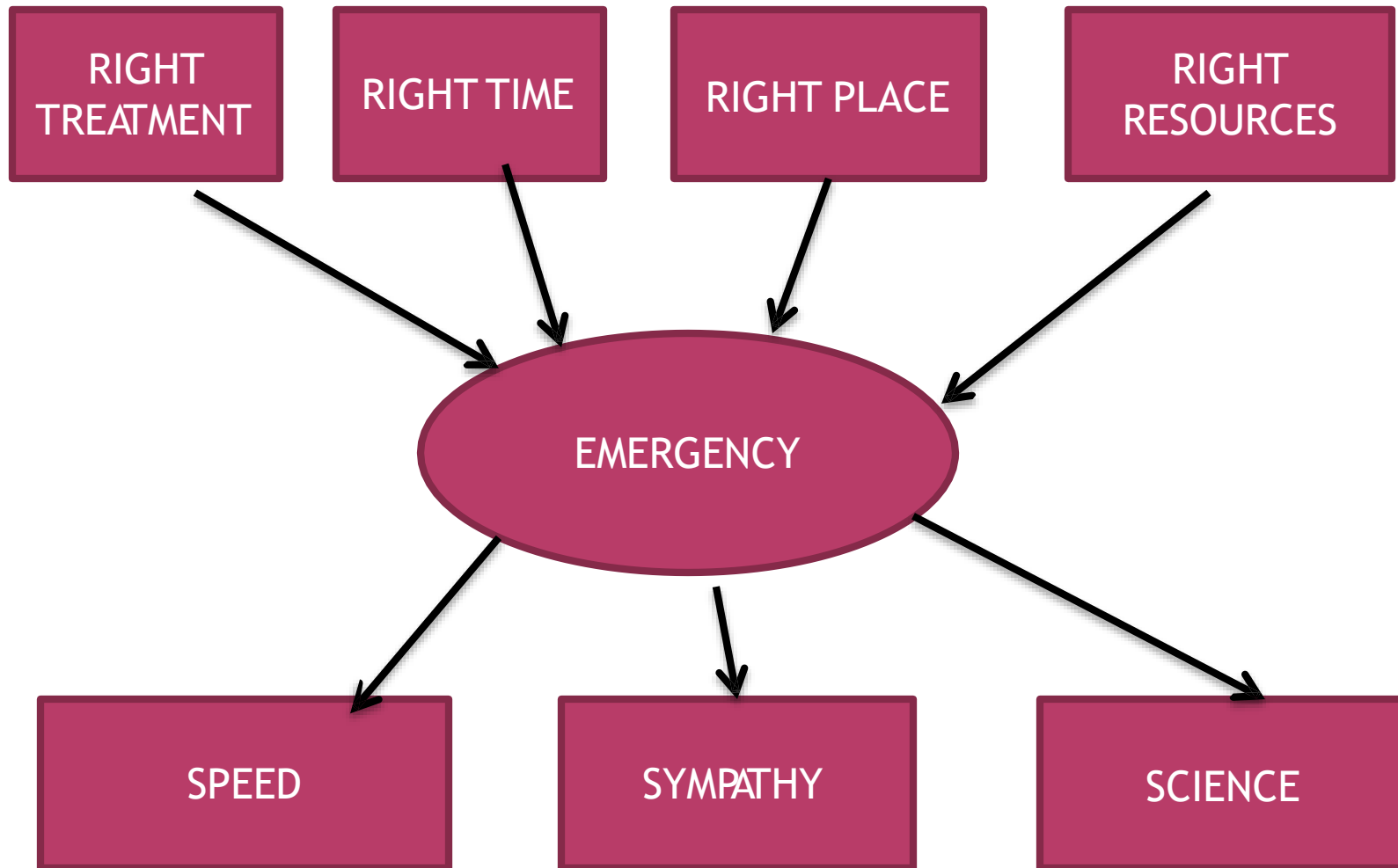
- Provision of immediate & correct life saving treatment at all times and for all situations
- Collection of casualties
- Rapid institution of BLS to critically ill at site, en route and in hospital
- Information centre to render advice on telephone or in person on simple medical queries
- Capacity and capability to provide effective management during disaster situations.

# TYPES

- Depending on size of hospital, nature of injuries, population and catchments area. The service may be:



# AIMS AND OBJECTIVE



# EQUIPMENTS

- All essential and functional equipments, ventilators, defibrillator, monitors ,OT Facilities, X- ray , USG ,CT ,path labs ,EKG machines.
- Central gas pipelines, plenty of fluids.
- Crash cart & Emergency medicines
- IV lines and catheters
- Vital essential medicines , nebulizers
- Dressing materials plasters, dressing trolley
- Minor operation theaters equipments
- Fire fighting equipments

# PLANNING

## LOCATION

- ❑ Should be located on the ground floor
- ❑ Direct access from the main road
- ❑ Separate approach , other than OPD with a spacious parking area
- ❑ Location adjacent to OPD
- ❑ Well lightened and boldly sig posted both for day and night
- ❑ A helipad is required for major trauma centre, hilly or unapproachable areas

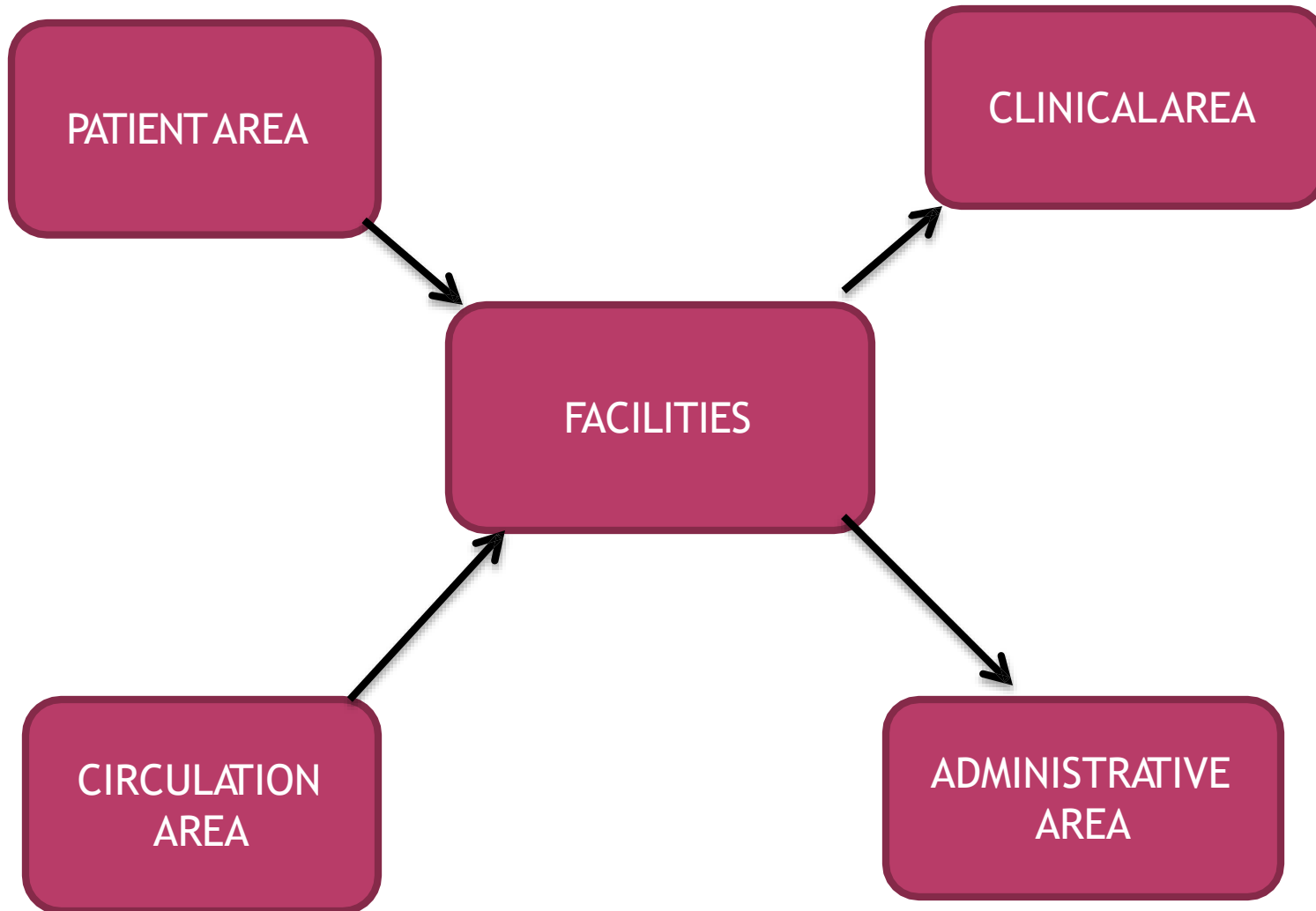


# INTERRELATIONSHIP

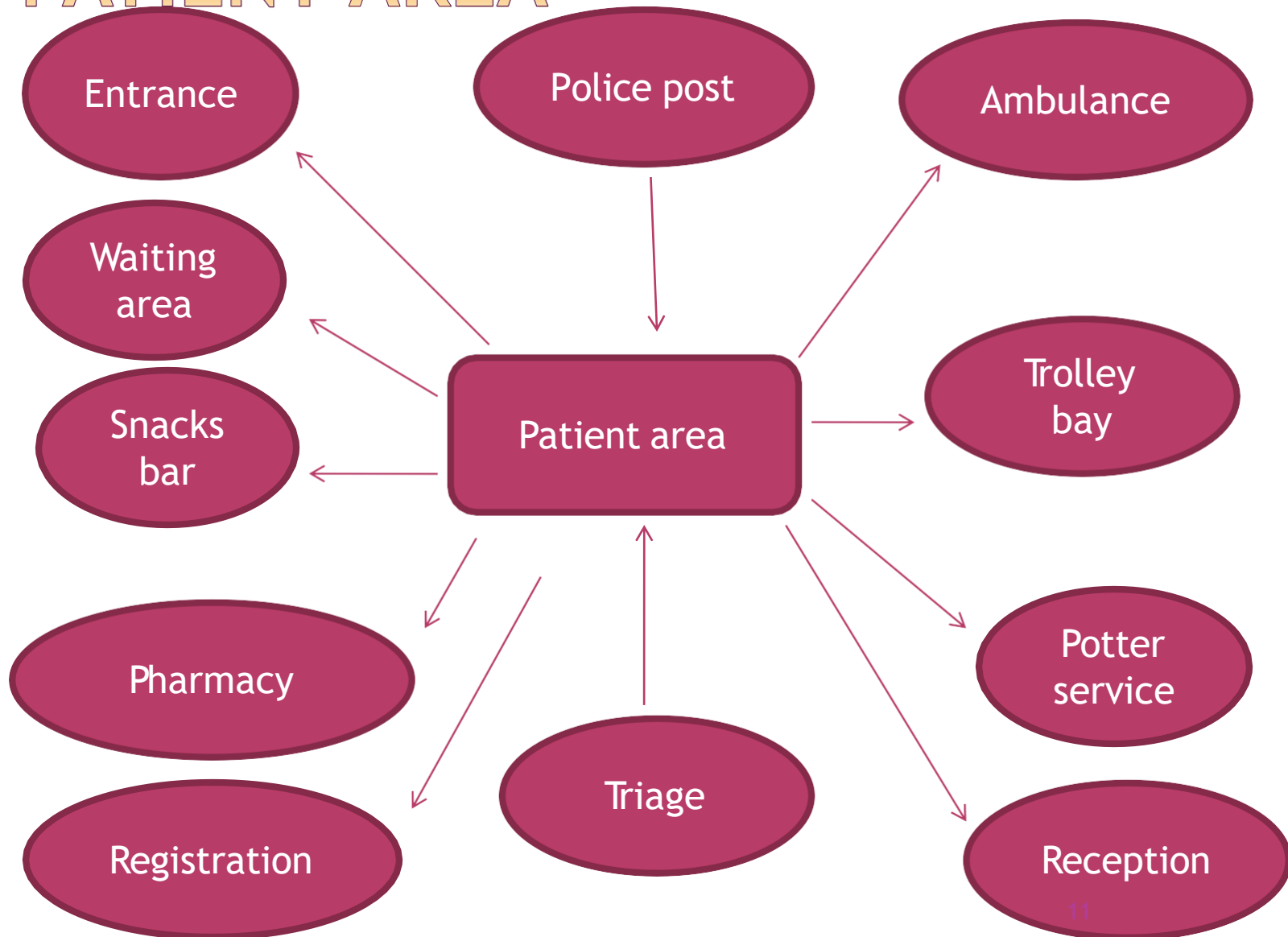
## CLOSE RELATIONSHIP WITH :

- OT
- ICU
- Blood bank
- Laboratory
- OPD
- Mortuary
- Some authorities recommend a close relationship with CCU as well.
- Radiology
- Endoscopy

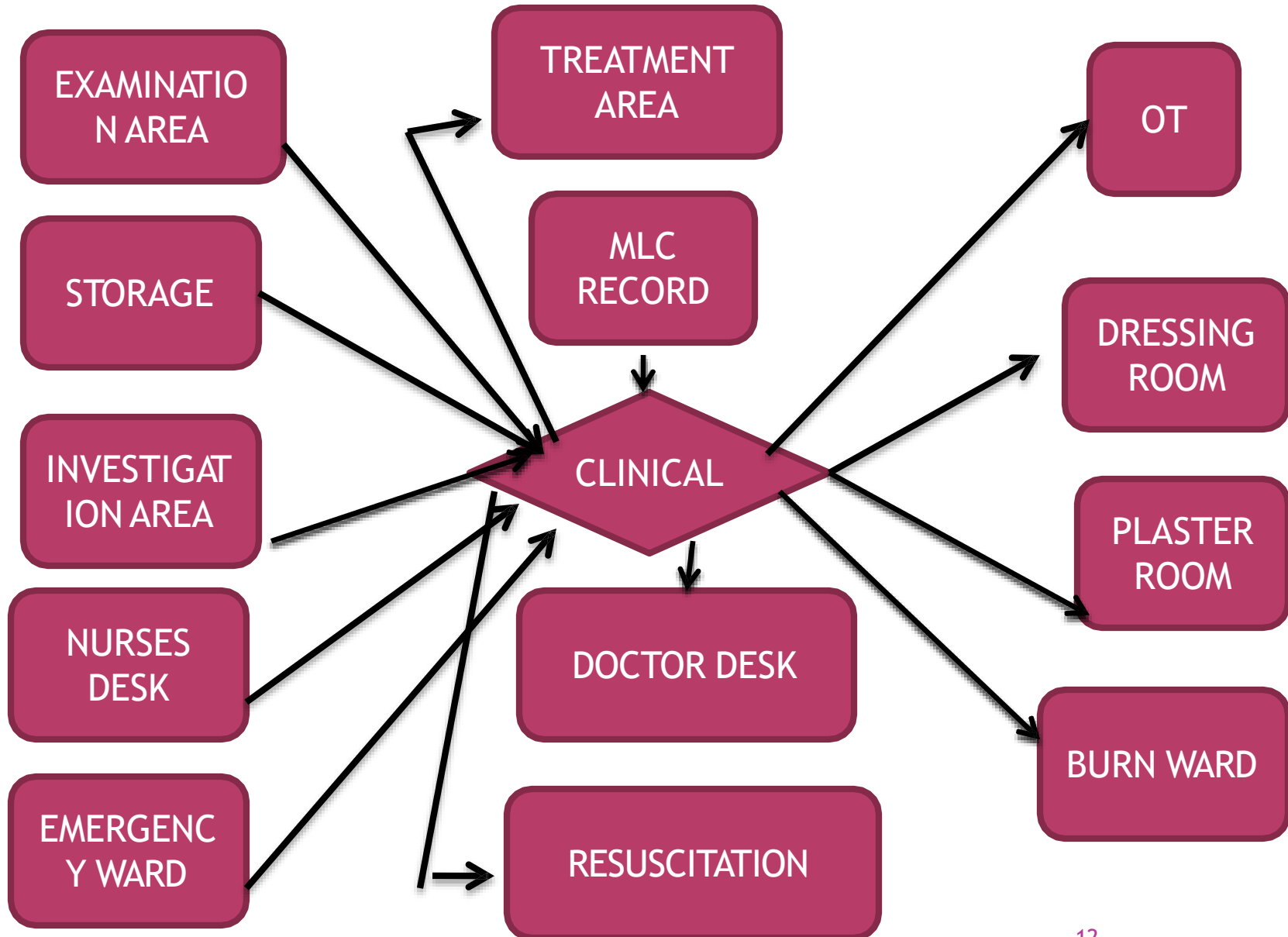
# PHYSICAL FACILITIES



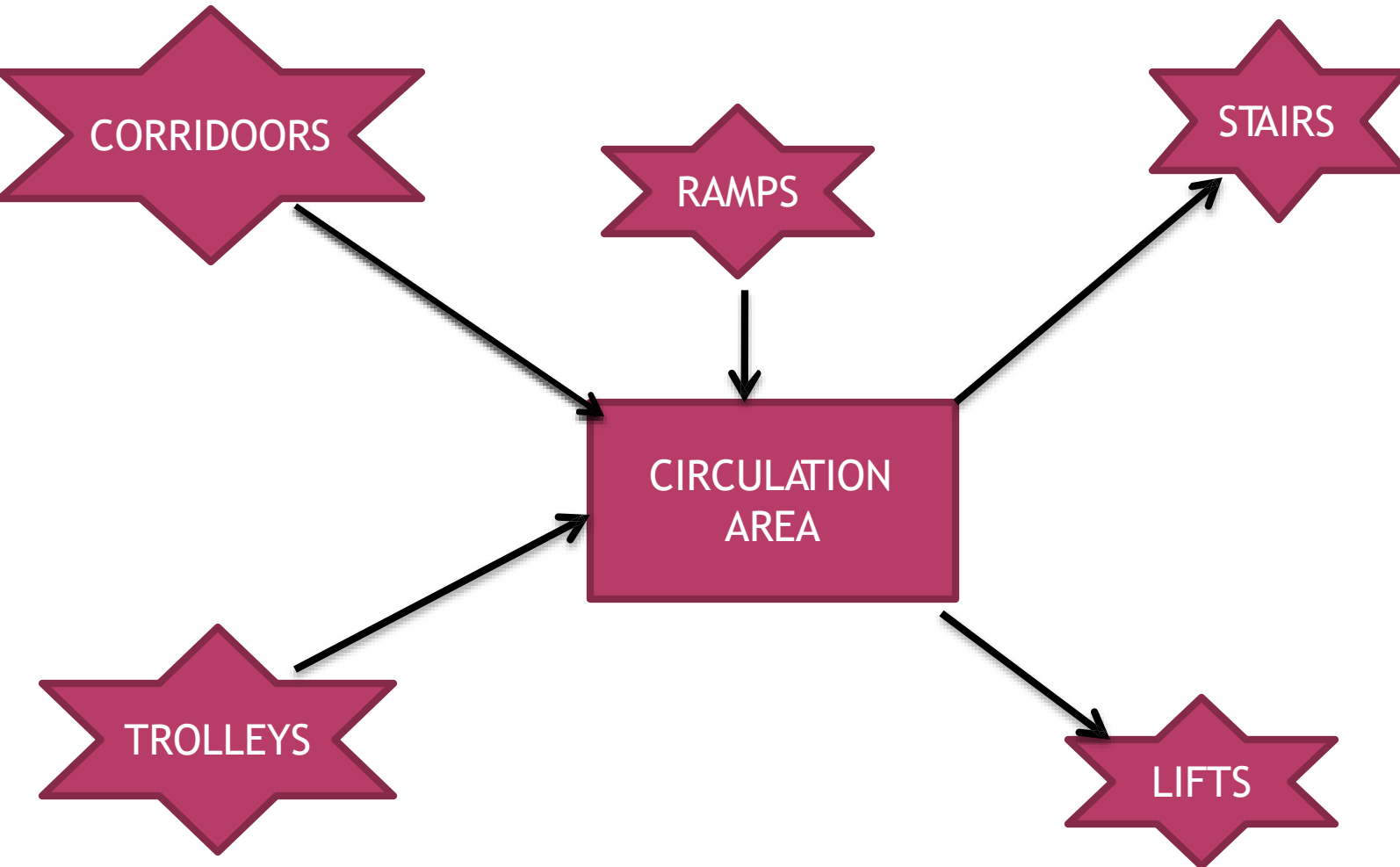
# PATIENT AREA

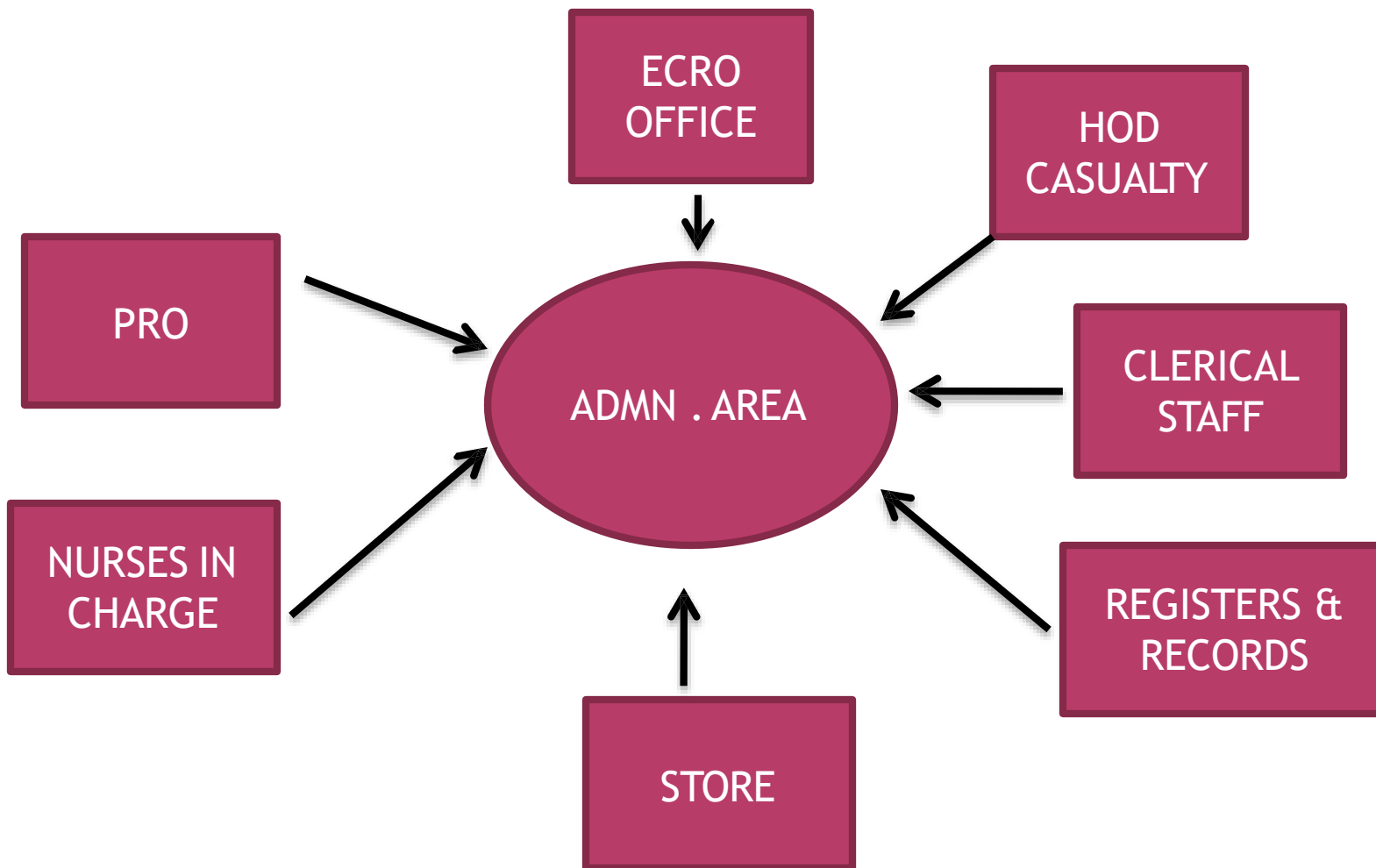


# CLINICAL AREA



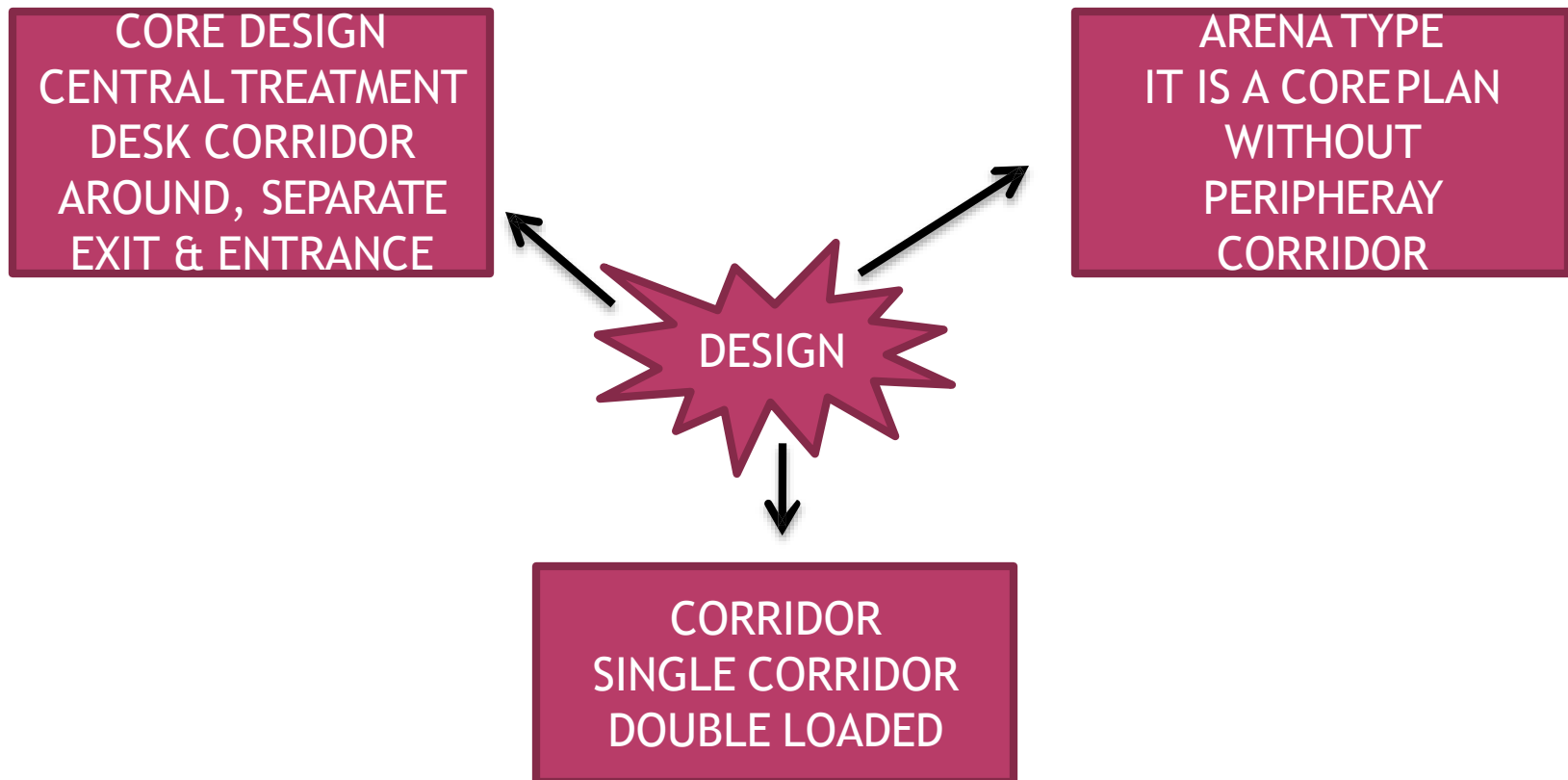
# CIRCULATION AREA





# ARCHITECTURAL DESIGN

- Major areas - 20 \* 20ft
- Minor area - 10 \* 10ft



# CODE BLUE

- Its term used to announce an emergency of serious nature
- Eg. cardiac arrest
- Staff from outside the emergency department respond to the code blue
- CPR TEAM:
  - Senior Intensivist
  - ICU Registers
  - CPR Nurse
  - Respiratory technician



# **ADMINISTRATION STRUCTURE**

**MEDICAL SUPERINTENDENT**



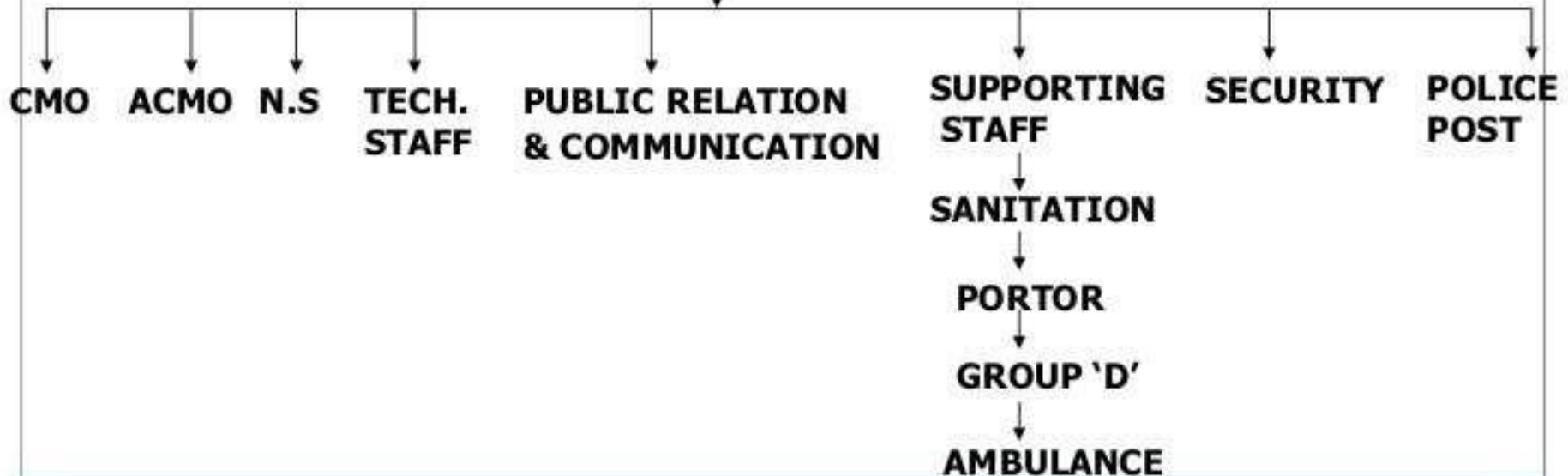
**ADDL. MEDICAL SUPERINTENDENT**



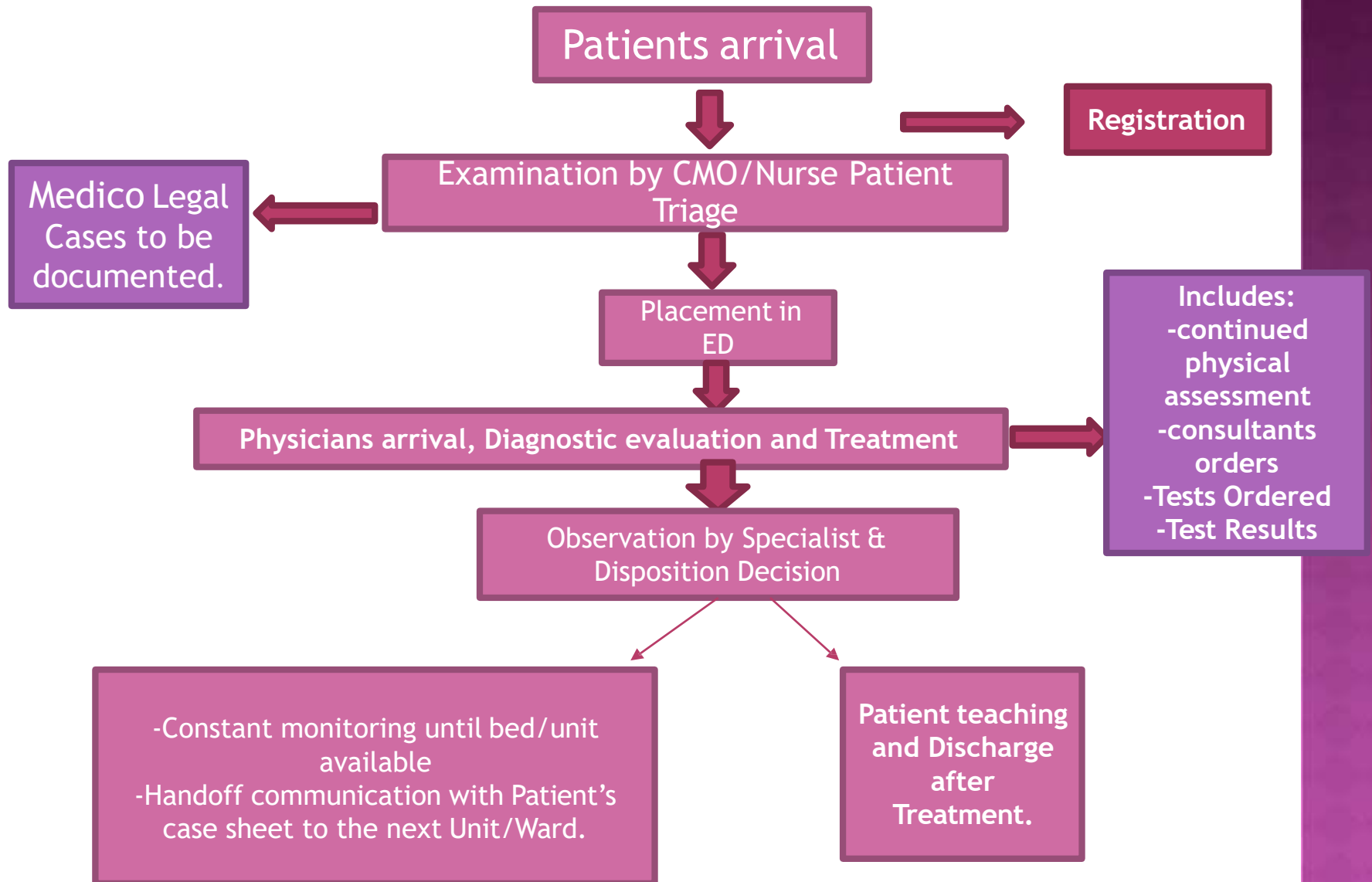
**HOD (CASUALTY & EMERGENCY)**



**ECRO**



# Emergency Department.



- Patients brought to casualty dead are made MLC cases and sent to mortuary for Post-Mortem examination
- Other non-MLC cases are sent to the mortuary or Handed over to the relatives of the deceased
- Death in casualty to be counter-signed by Casualty Medical Officer in regular service.

## **DISASTER MANAGEMENT PLAN IN EMERGENCY DEPARTMENT.**

Disaster management committee-  
preferably headed by H.O.D ,  
Anaesthetist , Surgery, Orthopaedic.

# TRIAGE

It is the process by which patients are **classified according to the type and urgency of their condition** to get the right patient to the right place at the right time with the right care provider

- **Routine Triage**

(depending on the condition of the patients).

- **Mass Influx Triage.**

- **Priority I (Immediate):** life threatening injuries or conditions
- **Priority II (Delayed):** Patients may remain stable for 10 to 20 mins.eg: Limb injuries
- **Priority III (Minimal):** minimal injuries or minor conditions, and are ambulatory
- **Priority 0 (Expectant/Dead):** Victims are dead or have lethal injuries and will die despite treatment.

**EMERGENCY**



**TRIAGE NURSE**  
*Being the worst  
makes you first.*

# RECORDS

- **Patient's record**
- **Casualty death register**
- **Observation and follow-up record**
- **Referral record**
- **Treatment record**
- **Minor OT records**
- **Incident Report forms & Register**
- **Attendance register of all categories of staff**
- **Register of Duty doctors, Specialists. etc.**
- **All documents e.g. Admission card , case sheet , drug charts, death certificate forms**
- **M.L.C record with all the diagnostic and investigation results and kept under lock and key under C.M.O Casualty.**
- **Medico Legal cases like accident, trauma, assault. Rape, poisoning , unconscious, brought dead, should be stamped as MLC**
- **Police intimation book**
- **In all poisoning cases vomitus and first urine sample to be preserved as well as the clothes**

# MEDICO LEGAL CASE

- All medico legal cases are to be entered in the Medico legal case register indicating patient's name, age, sex, complete address, telephone number, identification mark, date, time, MLC number, examinations, investigations, signature of the doctor with stamp and designation.
- Police is to be informed and the name and details of the person who brought the MLC to the casualty also be recorded.
- MLC record should be preferably be completed within 48 hours unless there is unavoidable delay.**



# **Duties of staff in Emergency Department**

## **Chief Medical Officer In-charge**

- checks the punctuality of the other Medical officers and Resident Doctors
- prepares the duty rooster for the doctors
- Supervisory rounds of equipment's and drugs
- Checks registers, documents, Medico legal register and registration register
- Supervise the maintenance of sanitation and Bio medical waste management
- Responsible for training re-organisation classes of all categories.
- Drill for emergency management/ disaster action plan

### ❖ Senior Resident

- examine and give prompt treatment
- he is responsible for certifying death certificates and getting it countersigned by CMO i/c of casualty

### ❖ Junior Resident

- He carries out treatment as advised by the senior doctor
- take rounds along with senior resident
- Perform minor operations and write patient's case sheet in legible handwriting.

### ❖ Specialist

- he will be in regular duty or on call
- put his notes in the case sheet when he is consulted
- Give expert guidance
- Guide his subordinate staff
- Train junior doctors in handling emergency cases

### ❖ **D.N.S/ A.N.S/ Sister-in-charge**

- She is responsible for the efficient working of the Emergency Department
- Prepare duty rooster
- Store essential drugs, i.v. fluids, ensure all the equipment's are in working order.
- ensures that all equipment's are in working order. E.g, suction apparatus, Central oxygen supply, Boyles apparatus.
- Nursing Personnel will seek guidance of Nursing Superintendent and appraise her day to day problems.

### ❖ **Nursing staff.**

- carry out Doctor's orders
- maintain the vitals
- pack dead bodies

## ❖ **Nursing Attendants/ward boy/Aya's**

- assist nursing staff in patient care
- Getting the indent from stores and also sterilised items from C.S.S.D
- transferring patient to other ward/units
- assist Nursing Personnel in packing dead body
- carry out any work assigned by superiors

## ❖ **House Keeping.**

- keep the area neat and clean
- perform all the duties as required by the supervisor.
- change soiled linen
- transport dead bodies to the mortuary

### ❖ **Stretcher Bearer.**

- He will be on duty near the entrance of the casualty.
- He will assist in transferring the patients from Ambulance to Casualty.
- Trained in First Aid Treatment.

### ❖ **Security Guards.**

Duty as per rooster prepared by the Security officer/CMO

- Regulating the flow of patients or their attendants
- Security of the area is answerable to CMO casualty for any untoward incidence
- He will perform any other duty as required by his supervisor/Security officer.

# AMBULANCE



- An **ambulance** is a vehicle for transportation of sick or injured people to, from or between places of treatment for an illness or injury, and in some instances will also provide out of hospital medical care to the patient. The word is often associated with road going *emergency ambulances* which form part of an emergency medical service, administering emergency care to those with acute medical problems.

# AMBULANCE TEAM.

- Physician
- Nurse
- Paramedic/senior paramedic
- Ambulance care assistants
- Ambulance driver
- call handler/emergency medical dispatcher

It should have a proper parking space,

- Separate entrance.
- Spacious Parking area.
- Adjacent to OPD
- Steps/Ramp.





# AIR AMBULANCE.



# WHAT IS AIR AMBULANCE?

- **Air Ambulance Aviation is the flying ICU by helicopter and flights, around the world with all multi-speciality, medical care with the experts in 24/ 7\*365 days any where any time, for the purpose of saving the lives of people around us.**

# FEATURE OF THE AIR AMBULANCE

- Air ambulance Advance ICU support
- Medical escort 24/7
- all the multi speciality
- Doctor and aero nurse will available in air ambulance
- ICU to ICU transfers (inter-hospital intensive care patients)
- Ventilator-dependent patients
- Cardiac emergencies
- Multi-trauma cases
- Spinal cord/head injury
- rehabilitation
- Transplant recipients
- Babies and children needing emergency
- Medical attention ,ACLS , ITLS Care
- Medical equipment's' transport s high-density infusion pump, cardiac monitor ,ventilator, defibrillator

# TYPE OF AIR AMBULANCE IN BANGALORE

- Air ambulance Helicopter**
- Air ambulance Flights**
- Air ambulance Seaplane**
- Air ambulance Space shuttle**



A red pushpin is pinned to the top left corner of a yellow sticky note. The sticky note is slightly crumpled and has the words "Thank you" written in a dark blue, casual script. The background is white with faint, repeating watermarks of a camera icon and the text "Q123RF".

Thank  
you