Te Whatu Ora
Health New Zealand

Procedure

Emergency Department Senior Medical Officer On-Call Service	
Applicable to: Emergency Department Whanganui District Health Board	**Authorised by:** Chief Medical Officer
	Contact person: Clinical Director ED

This procedure is overarched by Te Whatu Ora Whanganui's commitment to honouring our obligations under Te Tiriti o Waitangi and the five Tiriti principles: Tino rangatiratanga; Equity; Active protection; Options; and Partnership, as articulated in Te Tiriti o Waitangi Policy. In seeking to fulfil these obligations, the organisation is guided by the values and strategy outlined in He Hāpori Ora -Thriving Communities.

1. Description

Guideline for an Emergency Department (ED) Senior Medical Officer (SMO) on-call service to improve the quality of care for clinically scripted scenarios, where an ED SMO's contribution is required.

2. Expected outcome

The introduction of an on-call service will enhance the quality of care provided for certain scripted scenarios, particularly critically unwell patients at the bedside. This guideline allows the ability for an ED SMO to be called in on the basis of criteria-based guidelines (below) between the hours of 2400 – 0730 daily. On-call arrangements by other inpatient specialties remain in place for clinical circumstances not described in this document.

3. Personnel

All ED SMOs and on-duty Resident Medical Officers (RMOs).

4. Process

Consultation with and questions relating to referrals of patients who are likely to require admission (and who are not critically ill) should still be forwarded to the appropriate senior doctor on call for that specialty. For situations other than described below, registrars in surgery and orthopaedics are to be contacted in the usual way for advice and/or bedside assessment as required.

Who should make the call?

Either of the ED RMOs on duty for the night shift of concern. Consultation with a senior nurse on duty and/ or duty nurse manager may help identify a critically ill patient requiring SMO input.

Mandatory to call the ED SMO:

Major trauma

Refer to "Trauma Call Criteria".

Major resuscitation

Critically ill patients presenting with life-threatening concerns requiring immediate resuscitation involving airway and circulatory interventions, i.e. serious physiological instability. Often described as a status 1 patient.

Major incident/multiple casualties

Refer to “Mass Casualty Plan”.

Optional to call ED SMO - on case-by-case basis:

- The apparently unwell patient with undifferentiated pathology for whom you have serious concerns.
- Extreme behavioural disturbance/violence where interventions described in the “Combative Patient Protocol” are unsuccessful.
- Excessive volume of category 2 and 3 patients.

If a situation arises where the on-going direction of clinical care for a patient remains unclear to the RMO on duty who is providing the lead in clinical input, and having consulted with clinical colleagues as appropriate who are also on duty, that RMO should, without hesitation, contact the ED SMO on call for advice and support.

Morning review

It is expected that night shift RMOs will briefly discuss all discharged patients seen overnight in the ED who had not already been seen or discussed with the ED SMO on-call overnight prior to then being discharged. This discussion should be with the in-coming ED SMO on-call for the morning shift. It is expected that this will occur at 8am.

5. Associated documents

Appendix one - Major Trauma Call Criteria
Appendix two – Mass Casualty Plan

6. Key Words

SMO/on-call/ ED/ Emergency department

APPENDIX ONE

Major Trauma Call Criteria

Based on ambulance call or assessment at any time in hospital

Criteria A

Any of

Physiological parameters

M Massive uncontrolled haemorrhage
A Intubated or compromised airway
B Respiratory Distress: Respiratory rate >40/min or SpO2<90%
C Systolic BP <90mmHg
D Impaired Consciousness: GCS <10

Call

ED consultant first – will decide on assembly of trauma team. May include:-

Anaesthetist
Surgical consultant
Surgical registrar
X-ray
Lab
Consider calling in CT, x-ray, laboratory

Criteria B

Any of:-

Specific injuries

- Paraplegia or quadriplegia
- ≥ 2 long proximal bone fractures
- Traumatic amputations proximal to knee or elbow
- Flail chest
- Significant trauma involving gravid female >24 weeks
- Major joint dislocations – the orthopaedic registrar should be called in the first instance to attempt reduction with the aid of parenteral narcotics, nitrous oxide or local anaesthesia. If this fails, then the ED consultant can be called to assist.