
**STANDARD OPERATING PROCEDURES
AT THE EMERGENCY ROOM**

POLICY NO: NSO-007

DIVISION: NURSING SERVICE DIVISION

SECTION: EMERGENCY ROOM

POLICY REVIEW DATE: July 12, 2016

Reviewed by:		
Aleli T. Ortega, RN ER- Head Nurse	Concepcion A. Lacson, RN ER Nurse Supervisor	Angeline L. Brillante, RN, MAN Assistant Chief Nurse
Reviewed by:		Approved by:
Arleen G. Herrera, RN, MAN OIC- Nursing Division	Lea Grace M. Vasquez, MD OIC- Chief of Clinics	Ephraim Neal C. Orteza, MD, MHA Hospital Director

OBJECTIVES: This policy aims to define the structured guidelines of this Section and the adjoining area of the Hydration- Observation.

COVERAGE: This policy shall cover the Medical and Nursing Division specifically the stated area of concern.

REPONSIBILITIES:

- I. It shall be the responsibility of the **Head of this Section** to monitor the effectiveness of this policy; to exercise supervision over all those under him/her; to affect readiness of staff in response to any emergency and to coordinate with the various authorities of this hospital if needed for immediate execution of services.
- II. It shall be the responsibility of the **Medical Officers** to abide with the guidelines incorporated into this policy to minimize conflicts and confusion; to refer all difficult and admitted cases to Medical Specialists in charge and to coordinate referrals of patients as needed.
- III. It shall be the responsibility of the **Medical Social Service Section** to classify all patients prior to admission, whenever available.
- IV. It shall be the responsibility of the **Staff Nurse** to prioritize patient care to patients; carry out doctor's order promptly and administration of medications and nursing management.

- V. It shall be the responsibility of the **Nursing Attendant** to assist ER nurse in taking vital signs of all incoming patients, do monitoring of vital signs as ordered by doctors, to assist the nurse in all procedures to be done.
- VI. It shall be the responsibility of the **Institutional Worker** to ensure regular check-up of all hospital equipment and instruments within the unit, ensure availability of these items and report to Head Nurse any breakages and losses and they will be held liable for any losses. All equipment must be cleaned after each use and kept clean at the end of the shift. Maintain cleanliness of the area and to assist the staff in some procedures to be done.
- VII. It shall be the responsibility of the **Clerk on duty** to do recording of all patients examined, admitted, and transferred. She shall return charts of non-admitted patients to the Medical Records.

POLICY:

- I. This policy shall enforce the proper procedures to facilitate the timeliness of admitting patients from this section to the Ward;
- II. This policy shall enforce compliance by all to the guidelines incorporated into it to institute order and quality of delivered services.

PROCEDURE:

- I. Upon consultation patient must be given initial assessment by the triage nurse and doctor to medical and nursing care to be instituted. Vital signs taken and ER physician is notified. If urgency is foreseen, emphasis is made to the physician, date, time and nursing management noted on the side of the chart.
- II. In emergency cases, triage form must be accomplished and provided for documentation of the management rendered to patient while waiting for the relatives to secure patient chart. Patient who seeks consultation to ER but later advised by ER doctor for transfer shall be logged at the emergency transfer logbook and must be reported daily to the Chief of Hospital.
- III. Relatives are given ER slip and made to secure patient record at the Admitting area.
- IV. Nursing management done shall follow the same for all cases seen at this section:
 - A. Vital signs taken include: blood pressure, height, and weight, heart rate and respiratory rate. All instituted measures **MUST** be done with specific orders/ instructions from the ER physician to serve justification.
 - B. All admitted cases shall be classified by the social worker on duty. In the absence of Social Worker, patient who wishes to be under Private Classification shall sign a waiver in the presence of the SHO. Later in the morning all patient in the ward will be coded by the Social worker on duty.
 - C. All patients treated as Out Patients shall have clearance from the clinical areas (Laboratory/ ECG, Radiology and Pharmacy) prior to discharge.

- D. Follow up instructions shall be given based on details of procedures done with discharge instructions properly signed by the discharging MD/Nurse and the patient/relatives.
 - E. All requests shall bear patients' middle name and the date of birth for PhilHealth purposes.
 - F. Every procedure should be explained with consent secured prior to commencement.
- V. Strictly no visitors allowed; only one watcher per patient.
- VI. Procedures to follow if patient is for admission:
 - A. ER Nurse shall notify Ward of admission and proceed to accomplish the checklist necessary for such: Kardex, OPD record, admission record, admission consent, informed consent for procedures, complete history and physical examination and the physician's order sheet, nurses notes, wrist tag prior to endorsement.
 - B. Additional requirements are attached for surgical cases. OR proposal, consent, pre-op checklist, signed by ER NOD, blood clearance from the SW, consent and requests for blood transfusion if needed. Consent shall be signed by the patient, if or legal age and conscious or by an adult relative if minor and unconscious patient. Any of the relatives or companion will sign as witness.
 - C. All admitted cases shall be classified by the Social Worker on duty whenever one is available. All private patients will sign a waiver in the office of the Social Worker or in the absence of the later; will be done by the SHO.
 - D. All STAT examinations MUST be done prior to transfer to Ward all x-ray to be performed prior to transfer, whenever possible. Routine examination (lab, ECG) to be done at the Ward.
 - E. Unused supplies and other remaining medications, unaccomplished procedures/ medication due to non-availability must be endorsed properly to receiving nurse.
 - F. All patients hooked with 2nd IVF even if for observation shall be considered and admission and therefore shall follow the same.
 - G. Patient MUST have stable vital signs and consent of ER physician prior to transfer to another area.
 - H. Receiving area MUST readily accept admissions to be done as bedside endorsement. Delay in acceptance shall not exceed more than 20 minutes from time of call by ER nurse unless the Nurse Supervisor shall deem justified. Endorsement shall be made before 5:30 am/pm to 6:30 am/pm.
 - I. Classification of Newborn admission: a) Non-institutional delivery where baby is separated from the placenta: Admitted with record from Admitting Section and separate registry number from mother. Prepare necessary documentation for Newborn record, to include Dubowitz/ballards scoring) Newborn delivered within
 - J. The hospital premises/ ER delivery: accomplish newborn record with case number assigned by the Delivery Room staff nurse, and history of parturition. Newborn delivered outside the hospital shall receive cord care at the ER to be done by the midwife.

- K. Direct admission to OR and DR shall have notification of admission prior to transfer. OB patient must be advised to wear underwear while transporting to DR to be accompanied by ER nurse. Skin preparation for surgery 1. Elective surgery at the ward. 2. Emergency operation “Stat” cases shall be done in the emergency room.
- VII. Patients for transfer to another institution for definite management shall follow different set of guidelines:
 - A. ER physician shall upon decision issue a Referral Letter to the patient and/or relative and reason for referral shall be indicated in the patient’s chart. Patient and/or relative shall sign a waiver for transfer.
 - B. Ambulance conduction must be accompanied by ROD and Nurse at all times. All transfers shall be properly communicated by the attending MO to the receiving healthcare facility. If doctor is unavailable Nurse Supervisor to do proper documentation. Stabilization of vital signs shall precede each transfer. Charge ticket for use of ambulance shall also be secured.
 - C. Difficult cases MUST be referred by attending Medical Officer to Medical Specialist in charge prior to transfer and documented on the chart.
 - D. Ambulance MUST be furnished by drivers with full tank of Oxygen and functioning gauge prior to conduction. Trip tickets shall be processed by the same.
- VIII. All patients seen in this Section shall be recorded into separate logbooks and disposition indicated.
- IX. Nurse Supervisor shall be informed at any time when complicated or difficult cases are beyond decision by the ER staff.

APPENDIX: Emergency Room Flow Chart

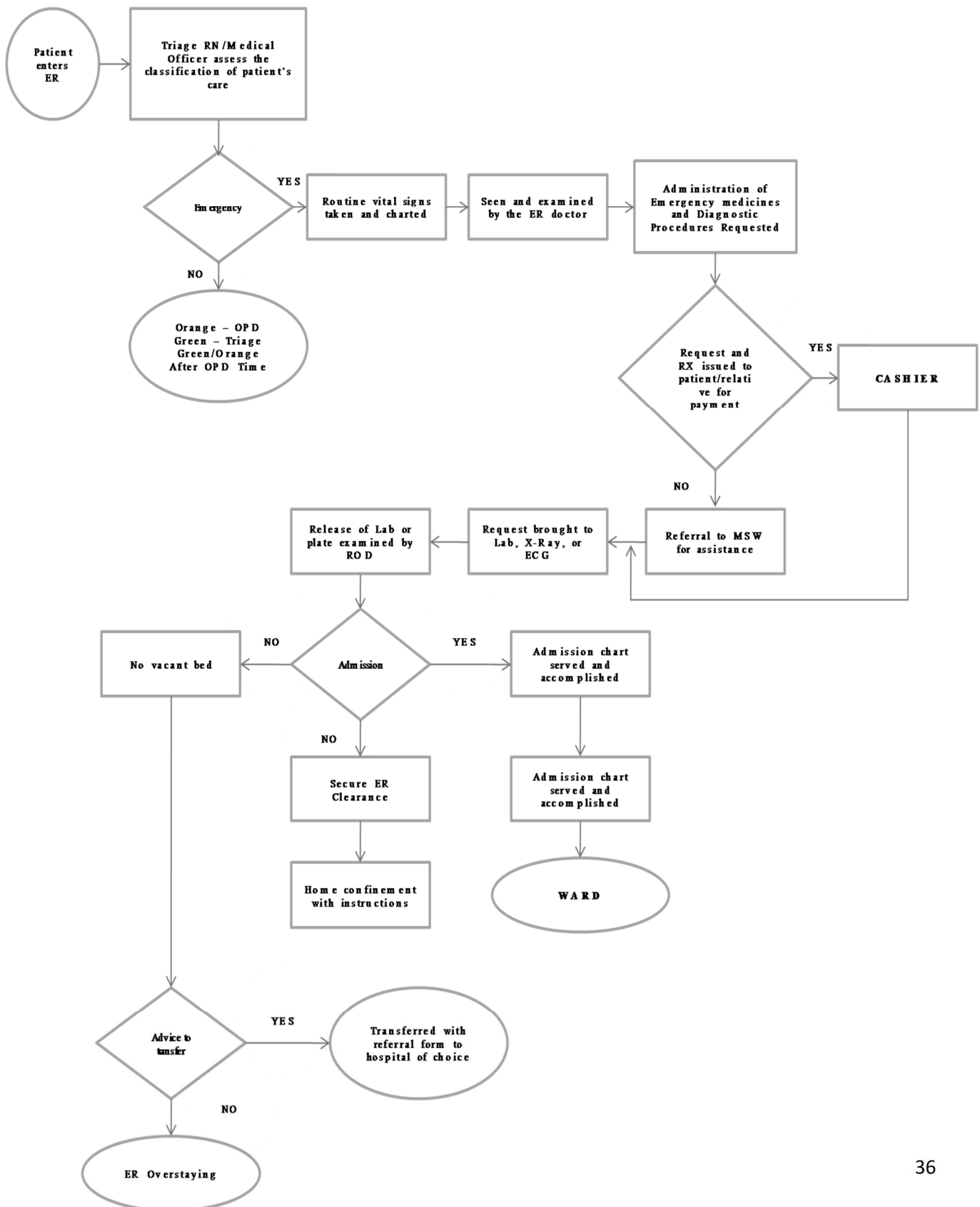
DATE OF IMPLEMENTATION:

This part of the policy has been in implementation since 1978; however revision has been issued since 1994, 1998, 2001, and 2003 with minor revision 2006, reviewed 2011, 2016. This policy will continue to be implemented as rewritten.

SCHEDULE FOR POLICY REVIEW:

This policy shall be reviewed every three (3) years or as deemed necessary.

EMERGENCY ROOM FLOWCHART



**STANDARD OPERATING PROCEDURES
AT THE HYDRATION- OBSERVATION SECTION**

POLICY NO: NSO-008

DIVISION: NURSING SERVICE DIVISION

SECTION: EMERGENCY ROOM

POLICY REVIEW DATE: July 12, 2016

Reviewed by:		
Aleli T. Ortega, RN ER- Head Nurse	Concepcion A. Lacson, RN ER Nurse Supervisor	Angeline L. Brillante, RN, MAN Assistant Chief Nurse
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Arleen G. Herrera, RN, MAN OIC- Nursing Division	Lea Grace M. Vasquez, MD OIC- Chief of Clinics	Ephraim Neal C. Orteza, MD, MHA Hospital Director

OBJECTIVES: This policy aims to provide working guidelines on admission to this area.

COVERAGE: This policy shall cover all staff of this section only.

REPONSIBILITY:

- I. It shall be the responsibility of the Head of this Section to monitor the effectiveness of this policy and to ensure that all abide with the guidelines incorporated into it.

POLICY: This policy shall ensure that criteria set for the admittance to this section be complied with by all professional staff.

PROCEDURE:

- I. All cases admitted to this area shall follow the strict criteria to minimize cross infection and contamination.
 - Dehydration of moderate to severe type, due to a gastrointestinal pathology of whatever age. Any infectious case with diarrhea as a secondary problem IS NOT admissible to this area.
 - Patients brought in by public/private organizations or individual doing Good Samaritan unaccompanied by any relative may be admitted to this area if with

- doctor's order. Proper coordination of staff with the Social Worker for location of relatives or for transfer to an institution when care has been completed.
- I. Admission procedures shall be the same as in other areas.
 - II. Clearance for charges prior to discharge shall be undertaken by Charge Nurse and completion of chart is a MUST.
 - III. Emergency transfers from this area to another hospital for further treatment shall be similarly processed as in any case stipulated in discharge policy requiring clearance slip
 - IV. Transients to their area (not a primary diarrheal case requiring hydration) shall be allowed to stay for not more than 2 days.
 - Medical Officer shall re-assess patient's status on a daily basis to ensure efficiency of isolation and prevention of cross-infection
 - Staff nurse shall ensure proper steps for control of cross-infection, if case is communicable.
 - V. Policy on visiting hours shall be strictly implemented. Likewise, only one watcher per patient shall be monitored.
 - VI. Staff Nurse shall regularly educate patients and watcher on proper hand washing and waste segregation and disposal.

APPENDIX:

None.

DATE OF IMPLEMENTATION:

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SCHEDULE FOR POLICY REVIEW:

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CLEARANCE FOR DISCHARGE
Emergency Room/Ward

In order to maintain assurance of the security and privacy of our patients; The following policies and procedures shall likewise serve as counter measures against patient absconding and unpaid charges.

1. **Clearance Slip** shall be issued by the Charge Nurse once the following items in the checklist has been complied with:
 - a. OR number encoded
 - b. Bed and side table inspected by the IW and/ or NA for wastes
 - c. Linen (beddings an gown) properly disposed by IW
 - d. Signature of MSW, if code D
 - e. Signature of CWU
 - f. Patient wrist tag surrendered
2. Clearance accomplished in duplicate copies (one copy for the CWU at the ground floor and one copy retained in the chart for auditing purposes).
3. Security assigned at Wards shall always include the patient's wrist tag in their routine inspection. If and when prescribed tag is not available, staff nurse shall improvise one. Security shall be required to inspect the OB ward only in the presence of the staff nurse.
4. All patients shall dress into the hospital gown prior to endorsement into the wards and maintained in such until time of discharge.
5. Security team shall be authorized to confiscate the street clothes brought in for the patient. Confiscated items shall be surrendered to the Nurse's station and returned only when the watcher goes home.
6. The surety shall allow entry of street clothes for the patient only upon issuance of clearance pass from the Charge Nurse.
7. Strictly one (1) watcher per patient only shall be allowed at any given time. Children 14 years old and below are not allowed to be inside the wards. If ever, they will be made to seat at the waiting area only.
8. Strict observance of the visiting hours should be enforced. Only 2 visitors per patient shall be allowed at any given time except at the Isolation Ward.
9. OB Ward patients may be allowed to entertain visitors only after 8 hours after vaginal delivery and 36 hours after CS. Staff Nurse shall be required to evaluate their patients prior allowing them to stand or walk towards the Nurse Station II where she may talk with her visitors.
10. Visitors for OB patients shall be required by the Security to have clearance pass from the charge nurse.

APPENDIX:

ER Clearance for discharge

DATE OF IMPLEMENTATION:

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SCHEDULE FOR POLICY REVIEW:

This policy shall be reviewed every three (3) years or as deemed necessary.

ER Clearance for Discharge

OSPITAL NG PARAÑAQUE
E.R TRANSFER SLIP/ CLEARNCE

NAME: _____ DATE : _____

ITEM

QTY

AMOUNT

PHARMACY		
LABORATORY		
X-RAY		
BILLING		
CACHIER		

PREPARED BY: _____ HOSPITAL # : _____