

Emergency Department
Queens Medical Centre
Nottingham University Hospitals



CP1 Handbook

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Welcome

Welcome to your placement in the Emergency Department (ED). The department provides an excellent opportunity for you to learn new skills and see a vast quantity of patients arriving with different presentations. The field of emergency medicine is based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders.

The Emergency Department in QMC is one of the busiest in Europe seeing on average 550-600 patients every day, approximately 25% of those are aged 16 or under and treated in the paediatric area of the department.

The purpose of this booklet is to provide you with information about the department and staff that will aid your learning and help you to navigate the department.

During your placement you must adhere to the trusts dress code at all times ensuring that your appearance projects a professional image and is smart, clean and safe for yourself and patients. More information on the trust dress code can be found on the intranet or if you have any questions please talk to one of the team.

Your bags, drinks and food must not be taken into clinical areas but instead stored in the lockers within DREEAM. You will need to provide your own padlock and will have access to the lockers through the doors in DREEAM throughout your placement. Ask someone in the team for a locker and one can be allocated to you. The staff room for your breaks during your placement is located up the stairs from the door by resus.

It is worth noting that on a Thursday morning (usually about 9am) there is a fire alarm test which should only last for a few seconds. If there is a real alarm don't panic you will be told what to do by a senior member of the team you are working in. If you would like more information on the fire alarm system it can be found on the intranet.

If you are unable to attend any of your placement days due to sickness etc then please get in touch with Julie Cannon as soon as possible. The number to call is stated below.

If you have any problems or questions the key people to contact are:

1. Julie Cannon, Undergraduate Medical Education Administrator
Email: Julie.cannon@nuh.nhs.uk
2. Alison Wells, Clinical Skills Educator/Emergency Nurse Practitioner
Email: Alison.wells@nottingham.ac.uk Ext 87965
3. Andrew Beckham, Teaching Fellow in Emergency Medicine
Email: Andrew.Beckham@nuh.nhs.uk Ext 80757

Staff in the Emergency Department

The ED contains a multi-professional team with a vast array of knowledge and skills.

Purple Scrubs – DREEAM Educators and Researchers

The DREEAM team can be easily distinguished from other members of staff in ED. The team, including nurse educators and teaching fellows, can be found working on the shop floor or in DREEAM. Please approach them if you have any questions, they are always happy to help.

Black Scrubs – ED Consultants

Consultants are usually allocated to be in charge of a clinical area i.e. MU or Resus. It's a good idea to introduce yourself to whoever is in charge of the area where you are working.

Dark Green Scrubs (Olive) – ED Registrars

The registrars work in all areas of ED and will be delivering some of your teaching sessions.

Light Grey Scrubs – Doctors

The junior doctors (clinical grades F1, F2, CT1-3) work across the department.

Dark Grey Scrubs (Charcoal) – ACP (Advanced Clinical Practitioner)

The ACPs are deeply knowledgeable permanent workforce in the ED, with a thorough and well-structured method of taking histories and examining patients.

Light Blue Scrubs – ENP (Emergency Nurse Practitioner)

ENPs' main priority is to manage patients with limb problems or head injuries.

Blue Scrubs (Light-band 5, Royal-band 6, Navy-Band7) all with white trim – Nurses

There is usually a band 6 nurse in charge of a clinical area so when you start work introduce yourself to them. The ED nurses have vast experience and can teach you many varying skills.

Dark Green Scrubs with a white trim – CSW (Clinical Support Worker)

The CSWs main roles are around recording obs, taking ECGs, venepuncture and cannulation.

Light Green Scrubs with a white trim – EDA (Emergency Department Assistant)

EDAs perform many different tasks within ED including patient transport, clerical work, and direct patient care. Many have advanced roles including cannulation and performing ECGs.

Blue Polo Top – Play Specialist (Paediatrics only)

The play specialists provide distraction therapy to children to allow them to cope with invasive procedures.

Burgundy Scrubs – IDT (Integrated Discharge Team)

IDT work mainly with older or disabled patients to aid their safe return to the community.

Blue & White striped top – ED Physio team

Physiotherapists in ED deal with soft tissue and bony injuries.

Scrubs of ED



Purple scrub
DREEM / Research



Black scrub
Consultants



Dark Green (olive) scrub
Registrars



Light Grey scrub
Doctors



Dark Grey Charcoal scrub
ACPs



Light blue scrub
ENPs



Light blue scrub with
white trim
Band 5 Nurses



Royal blue scrub with
white trim
Band 6 Nurses



Navy blue scrub with
white trim
Band 7 Nurses



Dark Green scrub with
white trim
CSWs



Light Green scrub with
white trim
EDAs



Blue Polo Top
Play Specialist

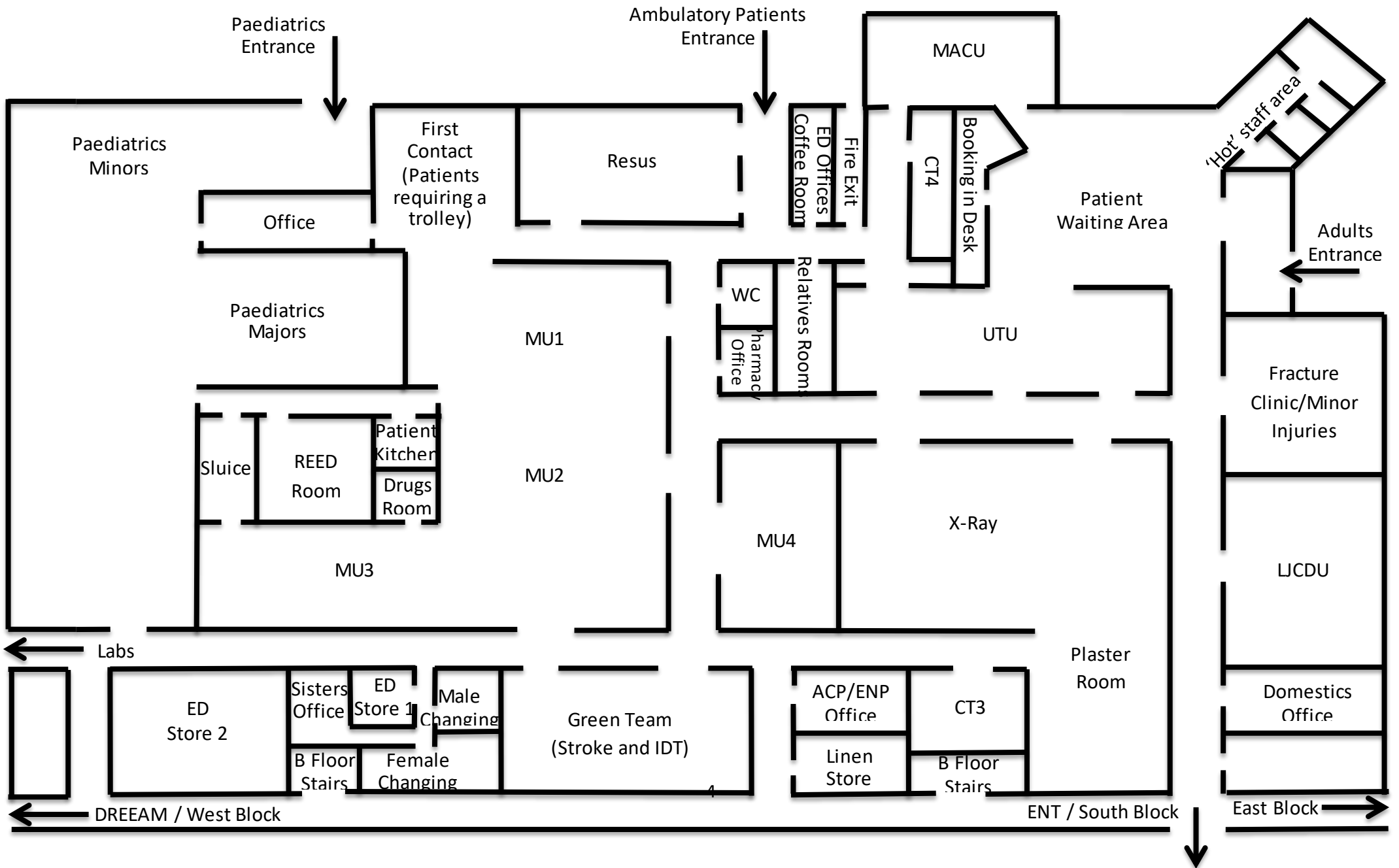


Burgundy Scrubs
IDT



Blue and white striped
top
Physios

Map of the Emergency Department



Information on Clinical Areas in ED

The ED is divided into 7 main clinical areas and 3 non clinical areas. These are:

Clinical areas:

Resus
Majors Unit (MU)
Urgent Treatment Unit (UTU)
Fracture Clinic/Minor Injuries
MACU
Lyn Jarrett Clinical Decisions Unit (LJCDU)
Paediatrics

Non Clinical areas

DREAM
REED Room
Staff rooms

Resuscitation

Also known as 'Resus'; where patients with severe life-threatening injuries or illnesses are cared for. Patients who arrive in this area of the department usually come via ambulance, but patients can still self-present and need to be in resus or even deteriorate in another area of the department and need transferring to resus for more immediate care.

Some examples of cases that you could see in resus are:

- Cardiac problems (eg MI, arrhythmia)
- Severe Breathlessness (eg Life threatening asthma, exacerbation of COAD)
- Shock (eg Sepsis, Anaphylaxis)
- Major Trauma (eg High Impact RTC, Penetrating injury)
- The unconscious patient (eg Head injury, intoxication, seizures)
- Cardiac arrest

During the Covid-19 pandemic the physical environment of the ED has had to be flexible.

Resus is currently being used as the 'Hot' area of the department, alongside MACU.

'Cold' resus is currently found in the MU1 area.

Majors Unit (MU)

The Majors unit is for patients who are not in immediately life-threatening situations but are too unwell to be seen in UTU. They will be most likely be on a trolley either for patient comfort or to ease assessment and management.

Mu is split into 3 teams (MU2, MU3, MU4). Each team has several nurses working with clinicians to assess and care for patients. When you're working in this area attach yourself to a team and introduce yourself to everyone, especially the team leaders. It is an ideal place to take histories, examine patients and present to medical staff.

Urgent Treatment Unit (UTU)

UTU is one of the busiest areas in the department and is at the front of the ED. Patients in UTU are ambulatory and need to be well enough to sit in the chairs in the waiting area before assessment and whilst awaiting investigations or treatments.

Procedures such as wound management / suturing, joint aspiration, local anaesthetic nerve blocks and incision and drainage of minor abscesses can be performed here.

Fracture Clinic/Minor Injuries

Fractures and soft tissue injuries in stable patients are seen in Minor Injuries. The team normally consists of ENPs and Physios.

MACU

Part of the 'Hot' area of the ED. Guidance regarding Personal Protective Equipment (PPE) is different in this area and staff members do not move from 'Hot' to the rest of the department during a shift to maintain infection control.

Lyn Jarrett Clinical Decision Unit (LJCDU)

Patients are admitted to LJCDU from ED when there is a period of observation required. Patients can stay on this 'ward' for up to 12 hours before either being admitted to the hospital or discharged. The area is staffed by nurses and either a clinician at all times.

Paediatrics

This is where children and young adults aged 16 and under are assessed and treated for a wide range of conditions. The area is divided into a minors and majors area, much like the adults equivalent.

DREEAM

This is a self-contained area behind ED on the west block corridor; it is the location for most of the teaching and simulations that occur within ED. The area is staffed by a range of specialities including Drs, Nurses, ACPs, CSWs, EDAs and administrative staff. If you have any questions about things during your time in ED these are the best people to contact.

The area also houses the research team for ED and ITU.

REED Room

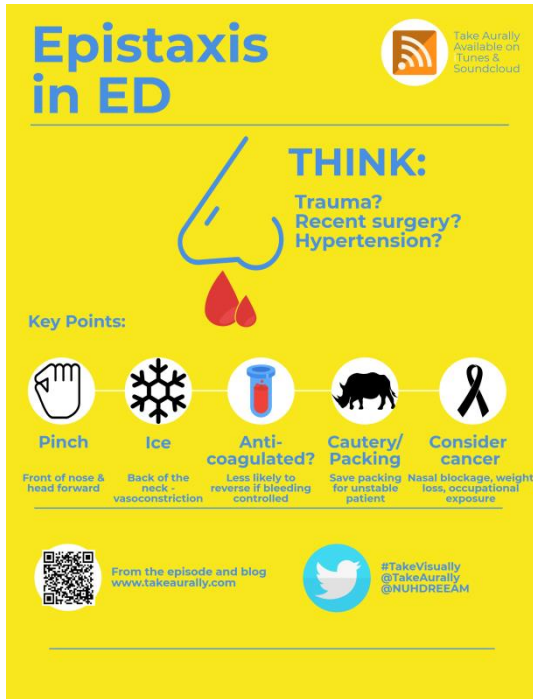
This room is located at the back of MU and is a small area used for small group teaching

Staff Room

The entrance to this room is located next to the doors for resus and is used by all the staff on shift in ED. You are welcome to use the facilities in here and leave your coat/bag.

Suggested Reading & Listening

One of our previous teaching fellows has created an online resource for podcasts and infographics that will be of great benefit to you during the placement. The website can be accessed via www.takeaurally.com. The website includes things like videos on how to take ECGs, applying slings, venepuncture and cannulation as well as podcasts on everything from adult emergency medicine to therapeutics and infographics that cover a range of topics from PE's to Parkinson's. Examples of these infographics can be seen below:



Social Media

We ask that when you are at NUH you adhere to the social media policy by not violating the privacy of the others, such as patients and colleagues, or by bringing the organisation into disrepute or by placing the trust in a position of liability.

You may find the DREEM website particularly helpful, with links to the CP1 programme:

dream.ac.uk/clinical-phase-1



@NUHDREEM



@teamEDnuh



@teamNUH

CHAMPS Clerking

Use this structured clerking sheet to help you get the most of your experience. This sheet takes you through some key steps in learning medicine and clinical reasoning skills.

You can fill this in and bring it to any case based teaching sessions you have – Do **not** write any patient identifiers on the sheet.

Age:

Occupation:

Male / Female

Complaint:

History:

1) History of Presenting Complaint

2) Cardinal Symptoms of the system

3) Red flags from Systems review

Allergies:

Medications:

Name	Route and Dose	What is the drug for?

Past Medical History:

Social History (including FH and TH)

Patient Examination:

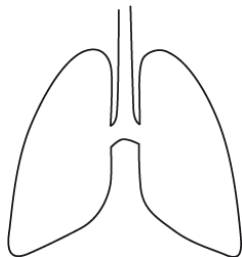
Vital Signs:

BP HR RR Temp
SpO2 on (Specify air/what oxygen)
AVPU

General Appearance:

Cardio Vascular:

Respiratory:



Abdominal:

Any other relevant examination (eg Neuro, MSK):

Initial Investigations:

Look at ECGs, X-rays and blood tests that the patient has had interpret them

ECG:

Imaging:

Blood results:

Differential Diagnosis:

Plan: