

Guiding Principles

- This document is designed to improve patient care, and abolish inter-specialty disagreements
- The policy has been agreed by the Clinical Directors and any deviation requires Consultant to consultant Conversation
- If a patient has waited in ED for more than 4 hours without agreement on which specialty should care for that individual; the ED consultant will discuss with the most appropriate specialty consultant in order to arrange a bed on that ward
- Following a specialty review, patients should not be referred to another specialty if the original team still have outstanding investigations pending eg CT scans etc, unless extenuating circumstances exist, discussed at a Consultant level

Specialty Triage Document Clyde Hospitals

Medical

- Acute coronary syndrome
- Alcohol withdrawal
- Alcoholic liver disease
- Anaemia of unknown or medical cause
- Arrhythmias
- Asthma
- Confusion (acute)
- Cellulitis (if involving hand, discuss with ortho)
- DVT including upper limb
- Diabetic emergencies
- Diarrhoea & vomiting
- Dizziness & blackouts
- Endocarditis
- Falls (without fracture or suspected fracture)
- Haematemesis & melaena
 - **If unstable for 3rd on review and d/w Gastro Oncall**
- Headache
- Heart failure
- Hepatitis (non-obstructive)
- Hypercalcaemia 2y to malignancy
- Inflammatory bowel disease (unless abdominal pain is prime complaint)
- Jaundice (non-obstructive)
- Liver failure
- Metabolic emergencies/significant electrolyte disturbances
- Mobility issues secondary to identifiable or suspected medical cause(s)
- Neutropenic sepsis of any cause
- Overdose
- Pleural effusion
- Pneumothorax (spontaneous)
- Polyarthritis
- Primary lung tumour
- Pulmonary embolism
 - **RV strain on CTPA admit CCU**
- Pyelonephritis
- Renal failure
- Respiratory failure
- Respiratory tract infections
- Septicaemia unless from intra-abdominal source/septic arthritis
- Stroke/High risk TIA
- UTI

Surgical

- Abdominal aortic aneurism for palliation
- Abscess of trunk/groin
- All Abdominal pain (including severe dyspepsia)
- Bowel ischaemia
- Bowel obstruction
- Bowel perforation
- Constipation
- Dysphagia
- Head injury (IRH only)
- Jaundice (obstructive LFT picture)
- Food bolus obstruction
 - **Above thoracic inlet refer ENT**
- Necrotising fasciitis of trunk
- Pancreatitis
- Post op complications with 5 days of discharge
- Rectal bleeding
- Stabbings to torso or buttock
- Traumatic pneumothorax
- Trauma to chest
- Trauma to abdomen
- Trauma with significant mechanism with torso injury and negative CT scan

Cancer Patients

- For RAH catchment, M-F 9-5 patients will be seen at Beatson AU. Out with these hours ED will review and refer as approp
- **Patients will be admitted to the parent specialty of their Cancer unless working diagnosis is listed in specialty lists found above**
- If a patient has waited in ED for more than 4 hours without agreement on which specialty should care for that individual; the ED consultant will discuss with the most appropriate specialty consultant in order to arrange a bed on that ward

Orthopaedics (Transfer to RAH)

- Back pain with or without vertebral fracture
- Cauda equina symptoms
- Discitis clinically or radiologically
- Fractures requiring admission in patients over 16 years
- Hip pain with suspected fracture but negative X-ray
- Limb stabbings
- Limb abscess
- Malignant Spinal Cord Compression
- Necrotising fasciitis limb
- Post op complications within 5 days of discharge
- Septic arthritis
- Trauma with significant mechanism with back/neck pain with negative CT
- **Patients presenting to IRH ED with orthopaedic injury not requiring surgery, but need admission can be admitted to K North IRH overnight under duty Ortho Consultant, operative cases should be transferred to RAH TAU**

Obstetrics & Gynaecology

- DVT/PE in pregnancy
- Ectopic pregnancy
- LIF pain in females of childbearing age
- Miscarriage requiring admission
- Suspected ovarian pathology
- Post op complications within 5 days of discharge

Remember the EPAS ambulatory pathway

Emergency Medicine (RAH Only)

- Head injury

Paediatrics

- IRH under2s and Resus cases bypass to RHC
- RAH ambulance bypass for <16y

All Specialties

- NG/PEG tube dislodged to parent specialty if ED unable to discharge
- Unplanned return with the same presentation within 24 hours of ward discharge

Maxillofacial

- Dental related facial cellulitis
 - Otherwise ENT

Urology

- Haematuria
- Renal colic
- Post op complications within 5 days of discharge
- Pyelonephritis with previous CT proven calculus
- Urinary retention (acute)
- Obstructive Uropathy

Referrals to other GGC Hospitals

Specialty	Hospital
Cardiology	Golden Jubilee
ENT	QEUEH
Infectious Diseases	Brownlee Unit
Interventional radiology	Contact on call Radiologist
Maxillo-facial Surgery	QEUEH
Neurosurgery	QEUEH
Plastic Surgery	GRI
Stroke	QEUEH
Vascular	QEUEH

