



Chapter XI

Emergency Room (ER)

Scoring:



Emergency Room (ER)

| Standard | | FM (3) | PM (2) | MM (1) | NM (0) | NA |
|----------|--|-----------|-----------|-----------|-----------|----|
| ER.1. | The department head is a qualified Physician. | | | | | |
| ER.2. | A qualified emergency physician with an experience of at least (2) years is present at each shift. | | | | | |
| ER.3. | All Emergency physicians are certified in Basic Cardiac Life Support (BCLS), Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS), and Neonatal Advanced Life Support (NALS). | | | | | |
| ER.4. | The Nurse Manager of the Emergency Room (ER) is a registered nurse, qualified by experience and education. | | | | | |
| ER.5. | All nursing staff working in emergency room is certified in BCLS and preferably ACLS, PALS & NRP. | | | | | |
| | ER.5.1. There is a copy of certificates for BCLS and if obtained, ACLS, PALS & NRP in personnel file. | | | | | |
| ER.6. | The unit has an established policy on how to triage patients and prioritize their needs. | | | | | |
| | ER.6.1 There is a written policy addressing the patient triage. | | | | | |
| ER.7. | The medical staff has a staffing plan based on patient volume and patient acuity. | | | | | |
| ER.8. | The nursing staff has a staffing plan based on patient volume and patient acuity. | | | | | |
| ER.9. | Both the department head and the nurse manager write the policies and procedures on how to provide the clinical care in the unit with collaboration with other department heads as appropriate. These policies include and are not limited to: | | | | | |
| | ER.9.1 Management of medico-legal cases like alcohol, narcotic abuse, sexual abuse, family and child abuse etc. | | | | | |
| | ER.9.2 The management of trauma. | | | | | |
| | ER.9.3 Patients who leave against medical advice. | | | | | |



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| | ER.9.4 Care of patients not competent to care for themselves. | | | | | |
| | ER.9.5 Care of minors. | | | | | |
| | ER.9.6 Patients who leave without being seen. | | | | | |
| | ER.9.7 Protocols for some of the important and common emergencies; asthma, chest pain, coma, stroke, tetanus etc. | | | | | |
| ER.10. | There is an emergency assessment sheet/form that is documented for every patient presenting for care in the emergency room and includes: | | | | | |
| | ER.10.1 Time of arrival and means of arrival. | | | | | |
| | ER.10.2 Vital signs. | | | | | |
| | ER.10.3 History of illness. | | | | | |
| | ER.10.4 Allergies to medications, environment, foods. | | | | | |
| | ER.10.5 Physical assessment/reassessment. | | | | | |
| | ER.10.6 Suspected diagnosis. | | | | | |
| | ER.10.7 Any investigations requested. | | | | | |
| | ER.10.8 Treatment given. | | | | | |
| | ER.10.9 Time of the consultation, per arrival of consulting service. | | | | | |
| | ER.10.10 Time of admission to a unit and/or discharge from ER. | | | | | |
| | ER.10.11 Documentation of patient condition at time of discharge or transfer to unit or other facility. | | | | | |
| ER.11. | At every visit of the patient his prior records are readily available to the emergency physician. | | | | | |
| ER.12. | There is a system to obtain an emergency CAT scan for trauma cases within 30 minutes. | | | | | |
| ER.13. | There is a system to provide the ER staff with the lab results within one hour for -urgent cases and within 30 minutes in critical cases. | | | | | |
| ER.14. | There is an established policy on how to call consultants for opinions. | | | | | |



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| ER.15. | On call rotas for all specialties are available and posted in the Emergency room. | | | | | |
| ER.16. | The specialists respond to calls within 30 minutes. | | | | | |
| ER.17. | Resuscitation / trauma rooms have adequate space to perform resuscitation. | | | | | |
| ER.18. | The Emergency room has the following necessary equipment: | | | | | |
| | ER.18.1 Crash cart. | | | | | |
| | ER.18.2 ECG machine | | | | | |
| | ER.18.3 Monitor. | | | | | |
| | ER.18.4 Defibrillator. | | | | | |
| | ER.18.5 Pulse Oximetry. | | | | | |
| | ER.18.6 Surgical instruments. | | | | | |
| | ER.18.7 Chest tubes of different sizes. | | | | | |
| | ER.18.8 Intubation equipment (Adult). | | | | | |
| | ER.18.9 Intubation equipment for (children). | | | | | |
| | ER.18.10 All emergency drugs (e.g. valium, morphine, etc). | | | | | |
| ER.19. | The emergency room has the following necessary equipment but not limited to: | | | | | |
| | ER.19.1 Portable X-ray machine. | | | | | |
| | ER.19.2 Abdominal lavage set. | | | | | |
| | ER.19.3 Infusion pumps. | | | | | |
| | ER.19.4 Thrombolytic therapy. | | | | | |
| | ER.19.5 Wall Oxygen or cylinder. | | | | | |
| | ER.19.6 Wall suction or suction machine. | | | | | |
| | ER.19.7 Immobilization device: hard board, C-Spine collars, etc. | | | | | |
| | ER.19.8 Poison antidote. | | | | | |
| | ER.19.9 Delivery set. | | | | | |
| | ER.19.10 Set for IV Axes including cut down set and intraosseous needles. | | | | | |



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| ER.20. | There is at least one ER physician physically present in the ER 24 hours/day. | | | | | |
| ER.21. | All X-rays ordered are read within 24 hours by the Radiologist. | | | | | |
| ER.22. | All ECGs ordered are read by the Cardiologist (or Internist) within 24 hours. | | | | | |
| ER.23. | There is a written policy by health care professions to identify the various roles of the health care team in regards on how to transfer patients in case the hospital cannot adequately provide the care needed. | | | | | |
| | ER.23.1 There is a written policy for patient transfers out of the emergency room. | | | | | |
| ER.24. | Medical bags in the ER Department are updated and checked daily, and after each use (the medical bags contain all of the essential medications). | | | | | |
| ER.25. | Ambulances are checked daily and are equipped with the following: | | | | | |
| | ER.25.1 Oxygen supply. | | | | | |
| | ER.25.2 Intubation set. | | | | | |
| | ER.25.3 C-spine cuff. | | | | | |
| | ER.25.4 Spinal board. | | | | | |
| | ER.25.5 Suction equipment. | | | | | |