

Surgical Referral - Full Clinical Guideline - Derby Sites Only

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Version / Amendment History	Version	Date	Author	Reason
	1.0	March 2023	Pete Cull	Clarification around pathway
	2.0	November 2023	Peter Cull/ John Quarmby	Reviewed with no changes
Intended Recipients: Staff referring patients to the surgical team from the emergency department				
Training and Dissemination: Launched through newsletter, email and on intranet				
To be read in conjunction with: Internal Professional Standards				
In consultation with and Date: ACD EM / CD Surgery – December 2023				
EIRA stage One	Completed Yes / No		<i>Delete as appropriate</i>	
stage Two	Completed Yes / No		<i>Delete as appropriate</i>	
Approving Body and Date Approved			MDO – March 2023	
Date of Issue			Dec 2023	
Review Date and Frequency			Review in 12 months (Dec 2024)	
Contact for Review			Dr Peter Cull - ACD Emergency Medicine	
Executive Lead Signature			Gis Robinson – Interim Medical Director	

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1. Introduction and Purpose

1.1. Background

Patients attending the Emergency Department (ED) often require surgical input and delays in diagnosis and management of surgical problems can significantly worsen patient outcomes. Achieving a balance between safe and expedient assessment versus delay and over investigation is the key in managing surgical presentations.

1.2. Purpose

The purpose of this guideline is to:

- Assist clinicians in admitting patients to the correct assessment area within the hospital
- Ensure that patients receive timely, high quality and safe care

2. Procedure

2.1. General Practitioner referrals

All patients referred by a General Practitioner (GP) to the surgical on-call team, or attending hospital with a GP referral letter, will be seen on the Surgical Assessment Unit (SAU). (see IPS).

If a patient attends with a GP letter addressed to the on-call surgical team, but the GP hasn't had a conversation with the admitting team, then the patient will be transferred to SAU. If a patient needs immediate resuscitation, having been referred via a GP, the resuscitation will take place in the resuscitation room of the ED.

2.2. Emergency Department referrals

The on-call surgical registrar (07385 343651) will receive all referrals for SAU in the first instance. This will allow the registrar to manage the workload and flow of patients to SAU.

All patients who are thought to have a surgical problem requiring surgical input or admission will be discussed with the on-call surgical registrar.

All referrals should be discussed with an emergency department consultant or senior decision maker (SDM), who should ensure referrals are appropriate, prior to discussing them with the surgical registrar. Female patients of child-bearing age should have a urine or serum B-HCG as part of their work-up.

After conversation:

- The on-call registrar may elect to admit the patient to SAU without any further assessment. The registrar will inform the SAU coordinator of the patient
- If the on-call registrar feels further investigations are required prior to their assessment, this may be facilitated by the ED team on route to SAU

- The registrar may choose to review the patient in the ED
- If the review is to take place in the ED, the patient will be seen within 60 minutes of the first phone call
- If the assessment is unable to take place within 60 minutes of the first phone call then the patient will be transferred to SAU, providing they are safe for transfer
- If after assessment it is felt the patient does not require admission to SAU, any onward referral (or discharge) will be facilitated by the surgical team
- If after assessment it is felt the patient requires further investigations, these will be organised by the surgical team and transfer to SAU or discharge home will be facilitated by the surgical team within 60 minutes of the assessment starting

2.3. Surgeon unavailable

On occasion the on-call surgical registrar will not be able to immediately speak to the referring clinician. In a situation where the surgical registrar does not answer the on-call phone then follow this procedure:

- Phone the theatre co-ordinator (#6235) and ask to speak to the surgical registrar who may be currently operating (usually theatre 4)
- If the theatre co-ordinator does not answer or the surgical registrar is not in theatre then phone the on-call surgical consultant
- If neither the surgical consultant or surgical registrar is available to speak to despite going through the theatre co-ordinator then speak to the SAU coordinator and arrange transfer to SAU providing the patient is safe for transfer.
- If no surgical team member is available for consult and the patient is not safe for transfer then the emergency medicine consultant on-call should be contacted and advise on the next course of action.

3. Review of Guideline

- This Guideline will be reviewed at 1 week, 1 month and 6 months
- Any patient safety concerns must be raised in the usual way and investigated appropriately

4. Sign-off

- Mr John Quarmby – CD General Surgery and Urology
- Dr Peter Cull – ACD Emergency Medicine