

Emergency Gynaecology Referrals to GAU (RDH only)

- Standard Operating Procedure

Reference no.: Gynae/03:24/R4

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1. Introduction

In order to expedite emergency gynaecology referrals, this SOP aims to facilitate direct referrals to GAU where appropriate, rather than every patient being discussed with the gynaecology registrar on call. Referrals can be accepted by the nursing staff on the GAU unit. When patients are referred there needs to be a full SBAR handover.

GAU can be contacted on 01332 786525 between 08:30-19:00 weekdays (last referral 18:00) and 08:30-16:00 (last referral 15:00) on weekends. Any referrals that nurses on GAU are not happy to accept must be escalated to the on call gynaecology consultant.

2. Abbreviations

ED	-	Emergency Department
GAU	-	Gynaecology Assessment unit
PAC	-	Pregnancy Advisory Clinic
PAU	-	Pregnancy Assessment Unit
SBAR	-	Situation, Background, Assessment, Recommendation
SOP	-	Standard Operating Procedures
UPT	-	Urine Pregnancy Test

3. Referral pathways

3.1 **Direct patient referrals**

Patients who are within 28 days of a surgical procedure performed under the gynaecology team at UHDB can contact GAU directly if they feel unwell or have a suspected post-operative complication.

Patients under the care of the pregnancy advisory clinic at UHDB have 5 days open access to GAU after their procedure. In the first instance, they are advised to contact the PAC helpline on 07788388412 Monday - Friday, between the following hours 9am and 5pm.

3.2 **Direct GP/GUM/ED referrals to GAU**

Conditions that can be directly referred to GAU include:

- Bartholin's abscess
- Pain in early pregnancy (up to 12 +6 weeks) (haemodynamically stable) - please perform a urinary pregnancy test (UPT)
- Bleeding in early pregnancy (up to 12 +6 weeks) (haemodynamically stable) - not heavy vaginal bleeding
- Hyperemesis gravidarum - severe nausea and vomiting with signs of dehydration. Please perform a UPT
- Pelvic pain with suspected gynaecological cause
- Persistent vaginal bleeding with suspected RPOC after termination, miscarriage, vaginal delivery or Caesarean section more than 6 weeks after delivery (patients less than 6 weeks from delivery should go to PAU).
- All referrals into GAU direct from GP/GUM/ED require an SBAR handover to the Clinical Nurse Specialist within GAU

3.3 **Patients to be discussed with the gynaecology registrar**

In the following situations please contact the gynaecology registrar on call (bleep 2206) directly to discuss patients.

- Mid-trimester (13-19+6 weeks gestation) with pain or bleeding
- Haemodynamically unstable patients
- During GAU out of hours (weekdays 19:00-08:30; weekends 16:00-08:30)
- All referrals into GAU accepted by the Gynaecology Registrar require an SBAR handover to the Clinical Nurse Specialist within GAU

3.4 **Consultant referrals to GAU (via secretaries)**

- Patients currently under consultant clinic follow up with worsening symptoms
- Patients with an open appointment in gynae clinic with worsening symptoms

Consultants referring their own patients to GAU should ideally be reviewed by themselves or discussed with them if possible. In the first instance they should be aiming to see these patients in their own gynaecology clinics.

* Consultant's private patients need to be discussed with GAU staff and correctly booked into GAU as an emergency patient and not advised to attend GAU directly as a walk in patient.

- All referrals into GAU direct from Consultants require an SBAR handover to the Clinical Nurse Specialist within GAU

3.5 **Patients not suitable for GAU**

- Medically unstable patients - these patients should be seen directly in ED by the gynaecology on call team
- Non-pregnant patients under the age of 18 - these patients need to be seen in the ED.

4. **Monitoring Compliance and Effectiveness**

As per agreed business unit audit forward program

Documentation Control

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