

Casualty and Emergency Services

The casualty and emergency service, provides immediate, emergency diagnostic and therapeutic services to the patients. Unlike the routine out patient services, this department deals with.

Medico-legal cases like injuries by accidents, attempted suicide, homicide, accidents etc. and the medical officer has to follow certain formalities, which are mandatory and involve maintaining different types of records.

Sudden attacks of illness or exacerbation of the disease.

These patients need immediate attention, resuscitation and life saving treatment. Here the service is to be rendered with speed and accuracy and the priority depends not on the time of arrival of the patient but on the seriousness of the case.

Objectives and Scope of Services

To provide immediate relief to patients coming to the hospital with acute medical and surgical emergencies like myocardial infarction, shock, snake bite, poisoning, status asthmaticus, acute abdomen etc.

Managing accident victims by providing first aid, treatment of minor injuries and referring the patient to concerned specialty department of the hospital or to another institution when facilities cannot be provided in this hospital.

To attend to all medico-legal formalities including documentation of clinical condition and other relevant data required by police and intimating the police of medico-legal cases treated at the hospital.

Attending the patients after the out patient hours and screening them for admission, observing the patient for a short time, before deciding about the need for admission, providing out patient care and advise the patient to attend concerned O.P. the next day.

The extent of provision of casualty services depends on the region. The requirements are different for industrialized and agricultural areas, between cities and villages, urban and rural areas. In cities and industrialized areas, accident cases are more while in rural areas diseases of hearts, lungs and gastro-intestinal tract require attention.

Casualty and emergency services department should be located in close proximity to the entrance of the hospital, wards and other services departments. The medical officers posted here should have adequate knowledge about the various services available and the procedures of the hospital. This department should develop and maintain good relationship with medical institutions in the neighborhood like hospitals for trauma care, neurosurgery, burns and infectious diseases. Such rapport will make referrals to the hospitals easier.

LECTURE 3

The hospital must have a definite policy regarding the Casualty services. Periodical review and implementation of modifications, if required should be carried out at regular intervals. Staff should be informed of changes implemented immediately.

Organization of Casualty and Emergency Services

Location The casualty department should always be in front of the hospital. It should be easily identifiable. The patients and the vehicles should be able to approach it without difficulty. It is always preferable to avoid cross traffic to ensure smooth traffic flow.

The departments like radiology, laboratories and blood bank should be suitably located to be in close proximity to this wing and casualty patients should be given priority in provision of these facilities.

Accommodation The entrance to this area should be separate and wide. It should be used only by those attending the casualty department. It is advisable to provide separate entrance for patients brought in by ambulance. The following provisions should be made in the department:

Reception and Waiting The patients arriving by ambulances, other vehicles or walking has to be received and hence adequate space must be available. The entrance should be wide enough and must preferably be provided with sliding doors. Adequate area should be provided to maneuver the stretchers, trolleys and wheel chairs. Cross traffic should be avoided. The waiting area should be large and should provide a cheerful milieu.

Telephone facility must be provided for public in the waiting area of casualty department. Toilet facilities for the visiting public should be provided. Besides the reception desk, seats should be provided for the visitors.

The entire area must be provided with enough light and ventilation. The area should be connected to emergency power supply to ensure continuous functioning of the life saving equipment available in this department.

Clean, aesthetic signboards must be displayed prominently to provide guidance to the visiting lay public about the location of various services.

Examination Rooms Cubicles for examination and treatment (two to three each in a medium size hospital) of patients must be spacious enough to provide for easy movement. It is better to separate clean cases from septic and infected cases.

A separate room may be provided for patients requiring isolation esp. cases like gastroenteritis, cholera etc. Adequate number of couches and other furniture like tables and chairs should be provided in this area.

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Wash basins, towels, dust bins with covers for disposal of wastes should be provided. A room for casualty medical officers and a nursing station should also be provided.

Provision of at least one minor operation theatres for emergency surgeries with ancillary rooms is necessary for the casualty department.

Beds for observation of patients must also be available in the casualty department and it is advisable to restrict such observation to only 24 hours. Decision about admission to the hospital or discharge should be made during that time.

Adequate toilet facilities, wash rooms, lockers for keeping personal belongings and change rooms must be provided separately for men and women staff members.

Store Room A separate storeroom should also be provided.

Asepsis The concept of avoiding sepsis and cross infection must always be given importance and measures should be instituted to minimize the possibility of spread of infections. The area should be washed or swabbed at regular intervals to ensure cleanliness. Use of sterile instruments, dressing materials, supplied preferably from the central sterile supply department must be used. Frequent bacteriological monitoring of the environment, staff and instruments must be carried out at regular intervals. Swabs should be taken and depending on the results of bacteriological examination, necessary corrective measures should be instituted.

All the walls and inside surfaces of the building must be washable. The flooring shall be made of Kotah or Shabad stones, which are hard wearing. The walls should be covered with glazed tiles preferably upto five feet above the floor. The tiles used shall be of pleasing light colors.

Staffing

Depending upon the load adequate trained staff should be posted and these should be trained to handle casualty patients.

Medical

Casualty medical officers must be posted on round the clock duty. They will be general duty medical officers with a minimum of one year experience, as senior house officers, preferably in the same hospital. The appointment is usually for three years and is renewable afterwards if the services are satisfactory.

The casualty medical officers shall function under the supervision of a senior doctor, like a Resident Medical Officer, who will guide the C.M.Os. The senior medical officer is responsible for arranging duty roster, supervise functions of C.M.O. to ensure correct and complete documentation of the records. He should be available on call always.

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Services of specialists should be available for emergency and casualty department and the specialists should be on call duty.

Nursing

The overall supervision of casualty department rests with a senior and experienced ward sister. She will be responsible for the upkeep of the casualty, including availability of equipment and instruments in working condition, and linen. She will ensure that proper procedures are followed by every one concerned. She will also ensure that adequate stock of emergency medicines is maintained in the casualty department. A staff nurse and a few student nurses will be available in this department, in institutions where nursing schools are functioning. Casualty provides an opportunity to improve and hone one's nursing skills, knowledge and attitude.

Helpers

There is need for persons to transport patients, to help in the upkeep of the place and to maintain cleanliness.

Equipment

All necessary equipment must be available without delay. Standard equipment includes Blood pressure apparatus, suction apparatus (where central facilities for suction are not available), transfusion stand etc. Ambu bags used for administration of anesthesia, laryngoscopes etc. must be checked regularly for proper working. The instruments for use in casualty department must be obtained from central sterile services department and sterilization in the casualty department is only a second best option. The CMO's room should be provided with X-ray lobbies or viewing boxes.

Furniture

Adequate furniture must be available to avoid cluttering of the space and to facilitate easy movement of men materials and equipment. Stools, dressing trolleys, chairs for dressing and similar other furniture made of stainless steel will facilitate easy maintenance of cleanliness.

Medicines

All types of emergency and life saving drugs must be available and they are usually arranged in a systematic way in the emergency trolley. Oxygen supply must be available as cylinders or piped supply.

Records

LECTURE 3

Proper recording of cases is essential. These records will be helpful when questions are raised about handling of the patient and adequacy of care provided. If the treatment is rendered free of cost this also should be recorded in the case sheets. The records will also be of help in improving the patient care and serve as quality control tools.

The following records must be maintained in the casualty and emergency services department:

- Patient's Register
- Patient's case record
- Medico-legal registers
- Police intimation book
- Wound certificate register
- Brought – in – dead register
- Notifiable diseases register
- Patient's valuables register
- Doctor's call notebook
- Casualty incident reports book
- Other common registers for indents etc.

Medico-Legal Cases

A proportion of patients attending the casualty department of the hospitals, with bodily injuries due to accidents, constitute Medico-Legal Cases. When in doubt treat the case as medico-legal. The records must be accurate and shall be kept in safe custody, as the hospital may be required to present these courts of law. Entries regarding Medico-Legal Cases shall be made in appropriate registers and the police must be informed immediately. However, there should not be any delay, in starting the treatment, just because police has not arrived.

Another important but vexing problem is giving evidence in the courts. It is advisable to assign this responsibility to Resident Medical Officer, who will after a certain period, will develop sufficient expertise to deal with such a situation.

Health Education

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Casualty provides an excellent opportunity to provide health education to the patients visiting the hospital along with their relatives. Charts for health education, signs like Smoking is injurious to health, Family welfare measures, basic concepts about nutrition and food habits, etc. must be provided. Depending on the type of cases, received in the casualty, the attending or accompanying people may be educated regarding the evil effects of drinking, smoking and also about containment and prevention of communicable diseases.

Common Management Problems

- Poor Quality of Service
- Incompetent doctors and/or nurses.
- Staff not trained to handle emergencies
- Lack of proper policies and writing guide lines
- Prolonged waiting time
- Inability of staff to meet the demand when multiple emergencies present at the same time
- Lack of proper communication resulting in delay of doctors
- Poor public image
- Lack of courtesy on the part of staff
- Inadequate amenities
- Improper Documentation

Casualty Medical Officers – Instructions

The casualty department functions through out the day and night on all days including Sundays and public holidays. C.M.O. will function under supervision of R.M.O. or an other senior medical officer. The hours of work are arranged to ensure complete coverage.

The residents medical officer or senior medical officer should be informed about (i) medico-legal cases, (ii) multiple fractures and (iii) poisoning cases. All medico-legal cases should be admitted, unless the injury is minor, esp. in case of head injuries and poisoning.

The following cases are normally given first-aid and referred to other hospitals for better care:

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Assault cases

Major burns cases

Dog bite cases for anti rabies treatment

Infectious cases where isolation may be needed

Severe head injuries

Spinal injury cases like fracture with neurological deficit, esp. if adequate facilities are not available in the institution.

In case of severe assault or injury, treatment should not be delayed or refused. Help from surgical department can be sought to treat such cases. No patient should be moved from the hospital especially if there is a chance of patient succumbing to injuries on the way.

All cases of stab wounds and serious injuries, when better facilities for treatment are not available elsewhere should be immediately admitted and treated. However, the R.M.O. or senior medical officer must be informed about such cases immediately.

If a dying declaration is to be recorded, police should be telephonically informed, so that necessary action can be initiated.

If accident victims refuse admission, or not admitted to the hospital, or transferred to other institutions, R.M.O should be kept informed.

No patient should be kept for unduly long time in casualty.

All cash and valuables on the unconscious patients must be removed immediately in presence of attendants or persons bringing the patient. These should be handed over to patient's relatives after obtaining a receipt. Otherwise, these details can be entered in register and kept in safe custody with the ward sister.

In case of child accident victims, treatment should be started and attempts to contact parents should be initiated. For this purpose, police help can be sought.

Police personnel visiting hospital to enquire about accident cases should be treated courteously. If the injured patient is fit enough to make statement casualty medical officer shall permit the police to record such a statement. Press personnel seeking any information must be directed to meet the R.M.O.

Clothes of assault victims must be kept in safe custody with the staff nurses.

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Stomach wash specimens in cases of poisoning, should carefully be preserved in properly labeled containers at least for two months.

The C.M.O. should satisfy himself about the satisfactory position of medicines in the casualty department and in case of short fall should inform to staff nurse in-charge.

Drugs should be prescribed for two days as patients can attend O.P.D. for review of treatment.

In case of disasters like fire accidents, earthquakes or automobile accidents on high ways, when the load on casualty will be more, the patients are admitted to the hospital, against the existing vacant beds and remaining will be directed to other institutions. In such events, C.M.O. will inform R.M.O. and will seek assistance of other senior medical officers.