

Alternatives to Admission East and North Hertfordshire

- Patient presenting with**
- Likely ACS
 - TIA / CVA
 - MEWS / NEWS ≥ 4 (see acute care in community green box)
 - Need for HDU / ITU / CCU
 - Need for renal dialysis
 - GCS < 13
 - Acute abdomen
 - Trauma and suspected fracture
 - Fractured NOF
 - Unstable blood glucose (< 3 or > 28)
 - Admission for immediate surgery
 - Threat to life or limb
 - Sepsis
- This list is to be used irrespective of system pressures

Patient in ED / AMU having been assessed by doctor / advanced clinical practitioner / physician's associate

Red Flag Conditions?

YES

NO

First Line Management: Review services below in green to consider if patient can receive acute care in the community or same day emergency care (SDEC).
Note. For those with reduced mobility consider acute care in the community first.

Admit UNLESS

Patients are End of Life or have an advanced care plan stating preferred place of care at home/hospice.

Patients with capacity who wish to be cared for at home/hospice.

N.B. For end of life patients not being admitted contact acute care in the community (see below)

Acute Care in the Community
(including rapid response, virtual wards/hospital at home)

Phone for Senior Clinical Support via HCT Integrated Care Coordination Centre

-To make an individual patient decision of risks vs benefits of admission and to access urgent community response or hospital at home.

- Referrals to the Integrated Care Coordination Centre can be sent via nerve centre, or phone call. Referrals can be made for residents of East & North Hertfordshire if registered with an East & North Hertfordshire G.P.:

- 0300 123 7571 option 3 **08:00-20:00 7/7**

- **Palliative Care:** 0300 1237571 (HCT) / 01707 382575 (Isabel Hospice) / 01462 679540 (Garden House Hospice), Out of hours - 01462 416794

Same Day Emergency Care

Please see below (page 2) for local SDEC options.

Conditions Treated	Services & Interventions offered	Patient inclusion metrics
<ul style="list-style-type: none"> • Cellulitis • Dehydration • Delirium • Diarrhoea and vomiting • Electrolyte imbalance • Exacerbation of COPD • Exacerbation of Heart Failure • Falls (including those with a long lie) • Frailty • Palliative Care symptom management • Pneumonia / Acute Respiratory Infections • Pressure Sores • Reduced mobility • Urinary Tract Infections 	<ul style="list-style-type: none"> • Access to palliative care • Daily Clinician Assessment • Falls Prevention • IV antibiotics 1st dose and ongoing management • IV diuretics • Limited emergency equipment • Nebulisers – saline and salbutamol • Oxygen weaning • Phlebotomy • Rapid Access Dietician • Remote monitoring (BP / temperature / RR / weight management / blood sugars/ sats) • Subcutaneous fluids • Urgent therapy (OT/PT) 	<ul style="list-style-type: none"> • 18 years or older • Alcohol and substance misuse not primary presentation • Mental health not primary presentation (N.B this does not include delirium or dementia) • NEWS score less than 4 and less than 3 in each domain • NEWS score of 4 or more may be accepted after clinician to clinician discussion • Patients on 4litres or less oxygen <p>N.B. If you are concerned about abnormal blood tests please call to have a clinical discussion</p>

If patient does not meet criteria of acute care in the community consider SDEC or admission

Second Line Management: Referral to inpatient teams for assessment and consideration for admission

ENHT SDEC

SDEC Pathway	Pathways	Timings and Details of Service
Acute Medical	<p>Any suitable patient agreed with SDEC coordinator in hours and medical reg out of hours. Symptoms suggestive of a medical diagnosis, for example:</p> <ul style="list-style-type: none"> • Headache • Dizziness • Neurology not classical stroke presentation • Shortness of breath • Cough • Leg swelling • Red leg <p>Or abnormal blood tests, for example:</p> <ul style="list-style-type: none"> • Anaemia • Abnormal liver function tests • Electrolyte imbalance <p>Conditions include:</p> <ul style="list-style-type: none"> • Cellulitis Lower limb • Diabetic Foot Infections • UTI • Low risk acute kidney injury (AKI) • Pleural Effusion • Community Acquired Pneumonia • Low Risk Chest Pain • PE • DVT (only patients not suitable for community HUB DVT pathway) • Upper gastro intestinal bleeds • Ascites • Newly diagnosed diabetes 	08:00 - 20:00, 7 days a week (Referrals accepted during opening hours but may be redirected to the Medical Assessment Unit if the call / patient attendance occurs >17:00pm)
SDEC Speciality Hot Clinic	Clinics for Cardiology, Frailty and Acute Oncology, e.g. IBD Exacerbation Pathway (with Gastroenterology)	09:00 - 17:00 5 days a week (specific time slots for individual clinics)
Clinical Decision Unit (CDU)	Nil (Clinical suitability decided by relevant team)	24hrs a day, 7 days a week
Frailty Assessment Service - ED Inreach Service	Frailty SOP	08:00 - 17:00pm (Whole Team) - Specialist Nurse only available until 18:30 5 days a week
EPU / Gynaecology Emergency Unit (GEU)	Bleeding in Early Pregnancy, Hyperemesis, Bartolins	08:30 - 17:00 - 5 days a week & 09:00-16:00 - S/S/BH