

Guideline: Emergency Department Adult Short Stay Unit

Purpose

This guideline outlines the usage criteria for the Adult Short Stay Unit.

Responsibility

This applies to all Medical and Nursing staff wanting to admit patients to the Emergency Department Adult Short Stay Unit.

Guideline

The Adult Short Stay Unit is a 23-bed unit forming part of the Emergency Department.

10 of these beds are monitored utilising a central monitor system.

The unit is intended for the management of stable patients who have an expected length of stay of 23 hours or less. The aim is a 90% pass on this discharge rate.

Adult Short Stay may be utilised by all services provided the patient meets the criteria for admission.

Medical Short Stay patients should be admitted to the MSSU.

Exclusion Criteria:

1. A patient with unstable vital signs
2. Grossly psychotic patient with a potential to cause physical violence
3. A patient where the management plan is unclear
4. Patients with cardiac chest pain
5. Any trauma if the patient is unstable or has a high possibility of deterioration.

Patients suitable for admission to adult short stay

1. Patients who are stable, have a clear diagnosis and management plan with a goal of discharge within the 24 hour period may be admitted to adult short stay.

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Investigations:

2. Stable patients requiring further investigations to confirm the working diagnosis and with a plan to discharge the patient within 24 hours. These investigations must be booked.

Example: CT scan in renal colic, minor head injuries, facial fractures.
 USS for DVT in patients unable to have a community scan, stable lower abdominal pain, stable biliary disease
 ETT

Observation:

3. Patients requiring a period of observation to allow discharge within 24 hours.

Example: Minor head injuries
 Stable benign abdominal pains
 Chest pain (with normal ECG and Trop I)
 Benign headaches
 Toxicological problems (provided Psychiatrically stable)
 Stable trauma



Warning: Patients who do not have a clear diagnosis, are not stable or have a high likelihood of deterioration must not be admitted to Adult Short Stay

Treatment:

4. Stable patients requiring a period of treatment to allow discharge within 24 hours

Example: Gastroenteritis
 Asthma (responding to initial management)
 Allergic reactions
 Analgesia (e.g. Low back pains)
 Blood transfusions
 Infections (thought to be able to discharge following <24 hours of antibiotics)

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Support Services and Interventions:

5. Stable patients requiring further support and interventions to allow discharge within 24 hours.

Example: **Physiotherapy**
 Occupational Therapy
 Social Work
 Nurse Specialist
 Mental Health

AT & R:

6. Patients under the care of Emergency Medicine who meet the criteria for direct admission to the AT & R unit.

This is outlined in the AT&R Referral and Transfer Guideline.



Note: **This list is not exhaustive. Patients may be admitted at the discretion of the Emergency Medicine Consultant and Adult Short Stay Charge Nurse if they are considered appropriate for management in Adult Short Stay and have a planned discharge within 24 hrs.**

ASSU Admission and Discharge Process:

1. The plan to admit to ASSU and expectation to discharge within 24 hrs is discussed with the patient
2. Patients admitted to the ASSU are discussed with the ASSU Charge Nurse or the ED Charge Nurse.



Note: **Patients to be admitted under the care of Emergency Medicine should be discussed with the Emergency Medicine Consultant on duty**

3. Clinical notes must be completed, including a clear diagnosis, management plan with a goal to discharge within 24 hrs, and parameters when the patient must be reviewed.
4. Toxicology form must be completed for toxicological patients.
5. Contact details for the doctor responsible for the patient must be legibly documented.

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6. An inpatient drug sheet should be completed for all patients, including the allergies section.



Note: Patients who require no medications, or paracetamol only do not need a drug chart completed

7. Where possible Radiology as indicated should be arranged (for example CT, USS) should be arranged prior to transfer to ASSU. If a plain X-ray is required at a time after admission to Adult Short Stay, then a Radiology request form needs completing.
8. All referrals should be arranged, including the specific arrangements for patients referred to the AT+R service.
9. If the patient has an injury, the ACC (ACC45) form must be completed.
10. Patients admitted to ASSU should have an Electronic Discharge Summary drafted by the admitting Doctor and saved. Prior to discharge the discharging Doctor reviews and updates the EDS

References

Nil

Definitions

Terms and abbreviations used in this document are described below:

Term/Abbreviation	Description
ASSU	Adult Short Stay Unit
ACC	Accident Compensation Corporation
AT+R	Assessment, Treatment and Rehabilitation
ETT	Exercise Tolerance Test
DVT	Deep Vein Thrombosis
USS	Ultrasound Scan
ECG	Electrocardiogram
EDS	Electronic Discharge Summary
MSSU	Medical Short Stay Unit

Associated Documents

Other documents relevant to this guideline are listed below:

NZ Legislation	Nil
CMDHB Clinical Board Policies	Nil
NZ Standards	Nil
Organisational Procedures or Policies	Nil
Other related documents	AT&R Referral and Transfer Guideline

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