

Emergency Department Safety Checklist

| Name: MRN: | Date/Timebooking in: |
|------------|----------------------|
|------------|----------------------|

| | Action | Time | Initials | Comments |
|--------------------------|---|------|----------|----------|
| | Assessment/Triage | | | |
| | Vital signs measured + NEWS recorded | | | |
| | | | | |
| | ECG recorded if appropriate (within 10 minutes) | | | |
| | ECG reviewed by Dr (within 30 minutes - time on ECG) | | | |
| | | | | |
| | Hello my name is | | | |
| <u>a</u> | Undressed and gown | | | |
| 1st hour completion time | Name band and allergy band (if appropriate) | | | |
| pletic | Pain score assessed & analgesia administered (if appropriate) | | | |
| r 60 r | Sepsis suspected NEWS 5 or above | | | |
| t hou | IV access + VIPS chart in EPR | | | |
| 18 | Blood tests as per appropriate order set | | | |
| | Imaging (Stroke, # NOF within 1 hour, CT HI on Warfarin) | | | |
| | Medication and IV's given (Within 1hr for Sepsis) | | | |
| | Refer to RAID (if appropriate) | | | |
| | Patient updated on plan of care | | | |
| | Specific Pathway Triggered (see box 1) | | | |
| | Specialty bed required | | | |
| | Pathway commenced (e.g. Sepsis, Asthma, Stroke, DKA, GI bleed) | | | |
| | | | | |
| | Vital signs measured + NEWS / PAWS recorded (Escalate Deterioration | on) | | |
| | Pain score assessed | | | |
| | Medication administered as appropriate - regular meds, abx | | | |
| | Next of kin aware | | | |
| | Refreshments offered (if not NBM) | | | |
| time | Seen by clinician (escalate to NIC if not) | | | |
| 2nd hour completion time | Patient updated on plan of care | | | |
| ldmo | Pressure Area Care: | | | |
| hour | Assessment undertaken | | | |
| 2nd | Waterlow and Pressure Care | | | |
| | Care plan commenced (as appropriate) | | | |
| | Datix | | | |
| | Patient good to go: | | | |
| | Patient ready for transfer | | | |
| | Specialty bed confirmed | | | |

| 9 | Vital signs measured + NEWS / PAWS recorded (Escalate Deteriorati | on) | |
|---|---|-------|--|
| 3rd hour completion time | Pain score assessed | | |
| | Medication administered as appropriate - regular meds, abx | | |
| | Refreshments offered (if not NBM) | | |
| | Review by senior doctor and speciality doctor (if necessary) | | |
| m | Regular medication administered (if appropriate) | | |
| | Update patient on plan of care | | |
| | | | |
| time | Vital signs measured + NEWS / PAWS Recorded (Escalate Deterioral | tion) | |
| 4th hour completion time | Pain score assessed & analgesia administered as appropriate | | |
| ldmo | Refreshments offered (if not NBM) | | |
| hour o | Medication administered as appropriate - regular meds, abx | | |
| 4th | Hospital bed ordered if no speciality bed available | | |
| | Update patient on plan of care | | |
| 4 | | | |
| n time | Vital signs measured + NEWS/ PAWS recorded (Escalate Deterioration | on) | |
| 5th hour completion time | Pain score assessed & analgesia administered as appropriate | | |
| | Refreshments offered (if not NBM) | | |
| | Medication administered as appropriate - regular meds, abx | | |
| Sth | Review by senior Dr and Medical/Surgical review | | |
| | Patient on hospital bed | | |
| | | | |
| me | Vital signs measured + NEWS/ PAWS recorded (Escalate Deterioration | on) | |
| tion t | Pain score assessed & analgesia administered as appropriate | | |
| omple | Refreshments offered (if not NBM) | | |
| 6th hour completion time | Review by senior doctor | | |
| 6th h | Medication administered as appropriate - regular meds, abx | | |
| • | Treateution duministered as appropriate Tegalar meas, ask | | |
| 5 | Update patient on plan of care | | |
| | Update patient on plan of care | | |
| | Update patient on plan of care Adult safeguarding referral | | Box 1 - Specialty Bed Trigger: |
| | Update patient on plan of care Adult safeguarding referral Child cause for concern referral | | |
| | Update patient on plan of care Adult safeguarding referral Child cause for concern referral Mental health REACT completed | | Sepsis □ Source dependant MAU/SAU/Gynae/Ortho |
| | Update patient on plan of care Adult safeguarding referral Child cause for concern referral Mental health REACT completed Mental Health referral | | Sepsis Source dependant MAU/SAU/Gynae/Ortho Stroke/TIA Acute Stroke Unit |
| | Update patient on plan of care Adult safeguarding referral Child cause for concern referral Mental health REACT completed Mental Health referral MARAC | | Sepsis Source dependant MAU/SAU/Gynae/Ortho Stroke/TIA Acute Stroke Unit Upper GI Bleed HRI MAU or SAU |
| | Update patient on plan of care Adult safeguarding referral Child cause for concern referral Mental health REACT completed Mental Health referral | | Sepsis Source dependant MAU/SAU/Gynae/Ortho Stroke/TIA Acute Stroke Unit Upper GI Bleed HRI MAU or SAU DKA MAU # NOF HRI |
| | Update patient on plan of care Adult safeguarding referral Child cause for concern referral Mental health REACT completed Mental Health referral MARAC | | Sepsis Source dependant MAU/SAU/Gynae/Ortho Stroke/TIA Acute Stroke Unit Upper GI Bleed HRI MAU or SAU |
| Referrals & Pathway/Speciality Triggers if required | Update patient on plan of care Adult safeguarding referral Child cause for concern referral Mental health REACT completed Mental Health referral MARAC | | Sepsis Source dependant MAU/SAU/Gynae/Ortho Stroke/TIA Acute Stroke Unit Upper GI Bleed HRI MAU or SAU DKA MAU # NOF HRI |