

## Frailty SDEC

### SOP for SDEC patients

The SDEC is aimed to provide a clinical area where frail patients expected to go home the same day can undergo a comprehensive frailty assessment out with the confines of the Emergency Department.

The SDEC will operate 24 hour a day seven days a week. However, due to availability of senior Frailty Medical support, direct streaming to SDEC will only occur 9-5 Monday to Friday. Outside of these times, all frail patients will undergo their Medical assessment in the ED by ED Medical staff. Following medical assessment, and discussion with the frailty team, those deemed likely to go home the same day can be transferred to the SDEC.

Frail patients attending overnight who, following medical assessment, are deemed likely to go home the following day, can be admitted to the SDEC overnight. These patients should be deemed “medically fit for discharge” prior to transfer to the SDEC. Patients admitted to SDEC overnight will remain under the care of the ED consultant.

Below is the Standard Operating Procedure for streaming patients to SDEC.:

1. All frail patients will undergo YAS handover and triage by an appropriately trained ED nurse.
2. Patients deemed suitable for SDEC will be identified in RAA by a Frailty nurse who will be based in RAA working alongside the Triage nurse.
3. Appropriate bloods/ECG etc will be undertaken in RAA.
4. SDEC patients will then be transferred to the SDEC, via X-Ray if required.
5. Once in SDEC, patients will be transferred to Powerchart. Patients streamed to SDEC during the day will be under the care of the Frailty Consultant.
6. These patients will undergo a Medical assessment by the Frailty ACPs and APs under the supervision of the Frailty consultant.
7. If the frailty team require support from ED medical staff e.g for interpretation of X-Rays, this should be directed to Middle Grade or above.
8. The FY1 doctor in SDEC will continue to provide “ward cover” type function, including prescribing medication and discharge summaries. If

time allows, the FY1 doctor may assess new arrivals to the SDEC. Any such patients must have a direct review by the frailty consultant.

All patients seen by ED staff before transfer to SDEC should have clinical documentation of their assessment and a record of a decision that they are “medically” fit for discharge.

Patients identified in SDEC as requiring the services of an ED clinician e.g unexpected identification of a fracture, will be highlighted to the ED senior clinician, who should delegate to an appropriately skilled clinician who has capacity to deal with the patient.

### **Weekends**

At weekends, the ED consultant or Middle Grade will do a brief ward round of the SDEC patients as currently. Other than addressing clinical emergencies, the aim of this ward round is purely to identify if there is any medical issue to prevent the patient going home the same day. In which case the patient will need to be transferred to an in-patient bed.

### **Patients previously managed on CDU**

For patients previously managed on CDU, the following specialties have agreed to take over care. Every effort should be made to discharge the patient from the ED, or bring back the following day, without the need for admission.

Pathway	Destination	Lead Specialty
Chest pain	AAU/SDEC	Medicine/ED
Anaphylaxis	AMU	Medicine
Smoke inhalation	AMU	Medicine
Poisoning	AMU	Medicine
Renal Colic	SAU/Ambulatory	Urology
Major Trauma	SAU	General Surgery
Back pain/CES	Orthopaedics/Medical AAU	Orthopaedics
Hip pain	SDEC/MAU	Frailty/Medicine
Head Injury (post CT)	AMU	ED

Non frail, head injured patients from the Calderdale area requiring in-patient observation should be considered for transfer to CDU at CRH under the care of the ED team. This should only be undertaken following discussion with/review by a consultant who is satisfied that there is no associated injury which would require in-patient investigation or management at the HRI site.

Each morning the ED co-ordinator will ring the Acute floor to identify if there are any head injured patients, which the ED Consultant/Middle Grade will review

Please see separate pathway for the investigation of suspected Cauda Equina Syndrome.