

SOP Title	Guidelines for using a Scoop in the Emergency Department		
SOP Number			
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Approved by			
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SOP Objectives	To make sure patients are comfortable and safe while in the department preventing any pressure area damage.
Scope	
Performance Measures	Reduction of pressure area damage and increased patient experience
Related Documents	

Work Instruction – When a patient arrives on a scoop or needs a scoop for scan follow the guidelines.

No.	Action	Responsibility
1	Remove the scoop from the patient immediately when they arrive in the department and return to YAS. Making sure if the patient is collared continued immobilisation is effective.	Named Nurse
2	If the patient needs to go to CT scan place the patient on the scoop if appropriate	Named Nurse
3	Remove the scoop as soon as the patient returns to the department.	Named Nurse
4	Communication with the patient at all times	Named Nurse
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