

SOP Title	Caring for Patients who have a prolonged length of stay (more than 4 hours) whilst in the ED		
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V1	9 th March 2022	Jayne Robinson	Matron	
V2	07/08/2023	Chloe Gough		
V3	08/11/2023	Thomas Carpenter		

SOP Objectives	To ensure Patients in the ED receive safe, effective and holistic care at all times.
Scope	Crowding and prolonged length of stay (LOS) are associated with delays in treatment, adverse outcomes, increase in hospital in patient stay and decreased patient satisfaction. This SOP identifies the minimal care expected for all patients who are in the department over 4 hours.
Performance Measures	Documentation Audit
Related Documents	

Work Instruction – To ensure CHFT Patients are well cared for whilst in our department.		
No.	Action	Responsibility
1	Ensure the patient has an identification wrist band in place which is clean and legible – Red wrist band needed for allergies	Reception/ Named Nurse
2	Effectively communicate with the patient - Has the patient been updated on the plan - Apologies given for long wait - What are they currently waiting on	Doctor/ Named Nurse
3	Clear plan from clinician documented and all actions completed	Doctor / Named Nurse
4	Regular Observations completed at minimum 1 hourly, unless documented that the patient is clinically well enough to have them 2 hourly or 4 hourly. (This should be assessed as per NEWS-2 Policy). Escalation of any abnormal observations to a doctor and actions taken	Named Nurse
5	Pain score assessed and actions taken.	Named Nurse
6	ED Nurse rounding completed up to point of long wait SOP being commenced	Named Nurse
7	Assistance given with toileting and hygiene needs	Named Nurse/ Healthcare Assistant
8	Skin inspection completed and communicated with patient. Ensure Purpose T Bundle is commenced. If patient is at risk of skin damage, please document the time of turns and current positions. Datix completed if required for skin damage – Tissue Viability Nurse and Medical illustration requests completed if admitted with Grade 3 or above.	Named Nurse
9	Provide falls risk patient with grip socks and a yellow blanket. Do they have the call bell within reach.	Named Nurse
10	Ensure nutrition and Hydration needs have been met and documented. If NBM state in notes – does the patient need maintenance fluids	Names Nurse/ Housekeeper
11	All Medications given and ensure repeat medications are up to date	Named Nurse
12	If the patient shows signs of deterioration has this been escalated to ED Doctor and if needed Medical Registrar. Ensure Plan has been updated and document any actions which are required. All NEWS score above 5 should be discussed before transfer – if not clerked document why	Named Nurse

13	All investigations completed and up to date (Bloods, ECG, XR ect.) – If not completed needs clear documentation that they can have this on the ward	Named Nurse
14	Has the patient's privacy and dignity been maintained	Named Nurse
15	Has the patient's next of kin been updated? <ul style="list-style-type: none"> - Is the patient able to update their next of kin themselves? - If not - would they like a member of staff to do so? 	Named Nurse / Doctor / Healthcare Assistant
16	If patient has a Cannula – Has the insertion been documented? If NOT complete Care Section of VIP chart	Named Nurse/ Healthcare Assistant
17	Is the patient on a hospital bed – if not why	Named Nurse
18	Has the patient had a review in department by the Speciality	Named Nurse