



Standard Operating Procedure for Accident and Emergency Management

SOP 01: ACCIDENT AND EMERGENCY DEPARTMENT

1. Purpose

To provide high quality medical care to patients with life threatening, complex medical and surgical emergencies on account of accidents, illness, trauma, abuse, poisoning, burns, snake bites, dog bites, electric shocks etc and thus prevent loss of life & limb and initiate action for restoration of normal healthy life.

2. Scope :

- 2.1 Providing immediate and correct life saving medical care round the clock and under all situations.
- 2.2 To arrange prompt transfer of the patients to referral hospital for services not available after adequate emergency medication.
- 2.3 To liaison with the police dept. and court in medico-legal cases and with local administration and other medical service providers in case of disaster.
- 2.4 To deal under disaster situations by providing immediate medical care and interfacing with other organizations for support, as per need.
- 2.5 To deal with situations which involve mass casualty or an environmental/man-made emergency

3. Overall Responsibility: Emergency: Doctor on duty

Disaster : MS/HN, supported by all hospital staff and doctors

4. Procedure:

Sr. No.	Activity/ Description	Responsibility	Ref. Doc. / Record
4.1	<p><u>Facility Available for Emergency in the hospital</u></p> <p>Emergency Department (ED) in the hospital offers comprehensive emergency care 24 hours a day. An attending Medical officer along with paramedical staffs in Emergency Department is on-duty in the ED 24 hours a day. The doctors are posted on Emergency duty in rotation.</p> <p>If a specialist consultation is required then the medical officer either refers the patient to Surgery, Orthopedics, Obstetrics /Gynecology etc. or arranges to call them according to patient condition.</p> <p>Ambulance services are available 24*7 for transfer of patients.</p> <p>Ramps are provided for patients. Stretchers and wheelchairs are stored in the area immediately adjacent to the ambulance entrance and do not obstruct this entry. A waiting area, with sufficient amount of chairs lavatories; drinking water and telephones (on need basis) are provided for patients, families and individuals accompanying them. Unauthorized individuals are prohibited from entering the ED treatment area. The ED design maintains patient privacy without compromising patient care.</p>		Duty Chart



National Quality Assurance Standards

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Doc.No:
Issue No. :
Page : Effective Date :
Review Date :

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4.2	<p>Receiving of Patients: Patient is received by the staff or patient's un-holding from ambulance is done accompanied by the ward boy, emergency in-charge, Doctor. Service/support of wheel chair, stretcher etc shall be provided, as needed.</p> <p>The attending doctor/ paramedical staff quickly attend to the patient without loss of time to assess the condition and provide initial life support treatment. Initial treatment includes Evidence Based Medicine depending upon on the ABCDE (A: Airway B: Breath C: Circulation D: Drug/Disability/Deformity/Deficiency E: Environment of the patient's visible symptoms.</p>	Ward in-charge, ward boy, paramedical staff, Doctor.	Emergency Register W.I.for handling/ transfer/ shifting of patients
4.3	<p>Initial Screening a. The emergency department will provide, upon the request of the patient and within the capabilities of the hospital, an appropriate medical screening examination, stabilizing treatment and/or an appropriate refer, with an emergency medical condition. b. This initial screening exam will be completed by the attending Medical Officer/Doctor. On the basis of initial screening, it is determined whether patient needs admission or only preliminary medical care is adequate.</p>	Doctor on duty	
4.3.1	<p>Triage The most severe patients are treated and transported first, while those with lesser injuries are transported later. The following "Sorting Scheme" is used in the ED for prioritizing the emergency patient care according to the acuity/ severity of the patient's condition: 1. Immediate: Those patients whose injuries are critical but who will require minimal time or equipment to manage and who have a good progress for survival. E.g.:- patient with a compromised airway or massive external hemorrhage. 2. Delayed: Those patients whose injuries are debilitating but who do not need immediate management to salvage life or limb. E.g.:- Long Bone fracture 3. Expectant: - Whose injuries are so severe that they have only a minimal chance of survival. E.g.:- Patient with 90% full thickness, burns are thermal pulmonary injuries. 4. Minimal: - Who have minor injuries that can wait for treatment are who may even assist in the intern by comforting</p>	CMO	

