



Medical/AAU Presentations

▼ Ambulatory Assessment Unit - 0800 - 1700

Patients can be referred to AAU 7 days a week between 0800 and roughly 1700

AAU is not open overnight and is not a medical ward - the ideal patient to be seen on AAU is a patient who can be 'turned around' within the day and brought back for further investigations/follow up if needed

Appropriate presentations for AAU:

- Chest pain without acute ECG changes
- Palpitations
- Cellulitis of limbs
- SOB without oxygen requirement
- PR bleeding without abdo pain
- ? DVT
- Dizziness with or without collapse

Remember that any acute medical emergency needs to be dealt with in ED - if you are concerned that the patient is not appropriate for AAU discuss with a senior ED doctor or AAU consultant

Patients can also be sent back to AAU the day after being seen in ED for follow up - this may include further doses of IV antibiotics or repeat bloods.

Referral process:

▼ From front door
streaming

▼ From
ambulatory/1-5

▼ From ambulance
nurse

- Highlight patients that are AAU appropriate
- If patient presents with chest pain - highlight them for observations and ECG, if ECG shows nil acute changes they can go to AAU
- Place an 'R' for Gen Med and an 'A' for the AAU consultant
- Send 'Communicate' on EPR - ISBAR handover, investigations performed in ED
- Book porter or direct patient to head to Level 4 independently if ambulant and young
- Keep an eye for patients that have been highlighted as AAU appropriate from front door streaming
- Escalate for prompt observations and ECGs for chest pain presentations
- If observations and ECG NAD - safe for transfer
- If time allows, send bloods (send Save Sample for AAU to add onto) - if unable, patients can go to AAU without bloods
- Place an 'R' for Gen Med and an 'A' for the AAU consultant
- Taking a handover from SCAS - medical presentation as above that is usually ambulant/has good support at home
- Ask SCAS to call AAU (21318) to discuss patient
- If accepted - patient does not need to be booked into ED and SCAS can take direct to AAU

- Send
'Communicate'
on EPR -
ISBAR
handover,
investigations
performed in
ED
- Request porter

▼ Inpatient Medical Referrals

Inpatient medical referrals are more often than not made by the ED Doctors, but in some circumstances it is appropriate for the patient to be referred directly to medics prior to being seen by ED

These patients will only be referred once it is clear they will need admission

This can also be done directly by paramedics if the handover is indicative of needing medical admission - encourage them to make referral by phone or in person in EAU

Patients likely to not require admission are more appropriate to be seen by ED

Appropriate presentations:

- SOB with oxygen requirement/chest infection
- DKA
- Confusion/delirium/reduced GCS with nil acute cause
- Failed medical discharge - discharged from medical care within 24 hours of returning, returning with same/worsening symptoms
- UTI/pyelonephritis
- Diarrhoea and vomiting

Referral process:

- Ensure patient has had initial investigations and it is likely they will need admission e.g. oxygen requirement unable to be tapered off, blood derangement requiring further treatment, confusion making patient unsafe for discharge home
- Bleep Medical Registrar on 1470 to refer
- If accepted, place 'R' for Gen Med
- Once patient has been seen and clerked by medics, place 'A' on for correct admitting consultant