



Ambulatory

Ambulatory is made up of Ambulatory Illness and Injuries. During the day, the injuries are seen by ENPs, while overnight the ambulatory nurses will assess both.

The ambulatory area is made up of 7 cubicles (A-G), with cubicle B holding up to 6 chair spaces. It also includes the 'flower rooms' - Willow, Poppy and Foxglove.

The area is generally staffed by 2 x RNs (a senior RN who will be 'in charge' and a second RN who will conduct patient assessments) and 1 x CSW. There is often a third nurse to assist in busy periods.

There will be a 'FROD' - a senior 'front door doctor' who will be available to escalate any patients to, and to prescribe any urgent medications.

Patients are seen by the streaming nurse and will be escalated if needed so it is important to keep an eye on who needs to be seen next. At some times, it may be necessary to see people out of time order based on presenting complaint and age.

Initial Assessment

Assessment of patients in ambulatory will be highly tailored and patient specific.

Patients will generally be called in by the CSW first for vital signs +/- ECG.

They are then called back in for triage and history taking. If necessary and indicated, bloods may also be done at this point.

Escalate all patients that require urgent ED assessment, urgent medications (analgesia, anti-emetics etc.) or urgent imaging

If you have clinical concerns about a patient that is assessed or they are needing a higher level of care e.g oxygen requirement, c-spine immobilisation or unmanageable pain, this should be discussed with the NIC and the patient should be moved to a more appropriate area.

After Assessment

If appropriate, patients will go and sit back out in the waiting room to await to be seen by and ED Dr. If they need more urgent intervention but are 'fit to sit', they may be better to wait in cubicle B where they are visible.