

Emergency Ambulatory Care

Primary Care Referral Information

Ambulatory Emergency Care (AEC)

Ambulatory care pathways

The AEC unit is run by the Consultant Acute Care Physicians (ACP) who oversee a team comprised of Acute Medicine medical trainees and 2 Advanced Nurse Practitioners. The service has a number of established treatment pathways for the investigation / management of:

- DVT
- PE
- Lower limb cellulitis requiring IV antibiotics and medical review
- Anaemia requiring blood transfusion
- Syncope
- MS requiring steroid infusions
- Paracentesis for patients with ascites

The AEC Unit is open Monday to Friday 10am to 6pm. Patients ideally need to arrive prior to 4pm in order to allow time for assessment but may need to come back the following day in order to complete all investigations and assessments. Multiple attendances within the same clinical episode only generate a single tariff.

How to make a referral:

All AEC Pathways are available on the Trust website. If after review you feel your patient is suitable for AEC you **DO NOT** necessarily need to call ahead but simply send them to AEC with a covering letter and a copy of their current medication.

If however you would like to discuss potential AEC patients or indeed ANY patient with an ACP please call **07715 808 241**. This phone is carried from 7am to 1am 7 days a week by a Consultant. The service has no answerphone element so if the phone is engaged please call again after a couple of minutes or phone switchboard on **020 8546 7711** and ask to be put on hold for **the GP phone**.

The AMB Score, laid out below will help guide you as to the suitability of your patients for the AEC, but if in doubt or if the patient's score is border-line simply phone and there will always be someone happy to discuss the case with you.

Referral for Acute Physician Review

This service enables GPs or any community-based provider to refer any medical patient for assessment, diagnosis and treatment by a Consultant ACP, bypassing the Emergency Department so patients can be seen directly within the Medical Acute Assessment Unit (AAU). Please call the same number as for AEC to discuss the case even if the patient does not fit neatly into any pre-existing treatment pathway.

Please try and ensure you have a set of vital signs available as per NEWS (below).

Patients can be referred for "off-pathway" ACP review on the AAU trolleys between 8am and 6pm Monday to Friday.

Between the hours of 1am and 7.30am if you are referring from the Out of Hours service you will need to speak to the Medical registrar on call, bleep number 174 via hospital switchboard.

Emergency Direct Access Services

GPs also have direct access to the following services:

- TIA clinic (daily Monday to Friday)
- Acute Oncology Service
- Direct Access CT Heads and CT KUBs
- First Fit Clinic
- Rapid Access Chest Pain Clinic
- Phlebotomy and plain radiology

Referral forms are on the hospital website and can be used directly by GPs and faxed to the appropriate numbers listed on the forms. For radiology and phlebotomy simply send the patient to CT/x-ray/phlebotomy with the request form.

IF YOU ARE UNABLE TO LOCATE THE FORMS OR HAVE ANY QUESTIONS PLEASE SIMPLY CALL THE ACP PHONE LINE AND WE WILL BE HAPPY TO DISCUSS ALL PATIENTS WITH YOU.

Emergency Surgical Admissions

Contact main switchboard, bleep **908** for general surgery, or **630** for orthopaedic surgery.

AMB Score

The suitability of a patient for ambulatory care is assessed using the AMB Score. A score of ≥ 5 can be considered for ambulatory emergency care.

AMB is a simple 7 element scoring system used in conjunction with the NEWS (National Early Warning Score) to help identify patients who may be acutely ill or at risk of immediate deterioration. A NEWS score of greater than zero should be considered for A+E. The determining factors include: age, access to transport (private or public), whether family support or carers available, whether the patient is acutely confused or whether IV treatment is anticipated (although please be aware some pathways are specifically for IV treatment e.g. cellulitis and transfusion), normality of temperature, oxygen saturation, systolic blood pressure, the NEWS and whether they have recently been discharged from hospital.

When a referral is made the ACP will assess with you whether a patient is suitable. We would appreciate that prior to referral you conduct an assessment yourself. Attached below are:

- The NEWS chart (used in conjunction to generate the AMB Score)
- AMB Scoring Chart

The NEWS System

Score	3	2	1	0	1	2	3
Respiratory Rate	≤ 8		9-11	12-20		21-24	≥ 25
O ₂ Saturations	$\leq 91\%$	92-93%	94-95%	$\geq 96\%$			
Supplemental O ₂ ?		Yes		No			
Temperature (°C)	≤ 35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥ 39.1	
Systolic BP	≤ 90	91-100	101-110	111-219			≥ 220
Pulse Rate	≤ 40		41-50	51-90	91-110	111-130	≥ 131
AVPU				A			V,P,U

Please refer to this scoring system to determine the NEWS. Patients with a NEWS greater than 0 may not be suitable for ambulatory care and A+E should be considered but please discuss with the ACP rather than sending the patient into A&E without any form of referral.

Ambulatory Emergency Care (AEC) Unit Score Sheet

Patient Details:

Name:	DoB:
Time of Referral:	Time of Arrival:

ADMISSION PREDICTION SCORE (AMB Score)

An AMB score of >5 identifies patients who are potentially suitable for AEC. Circle each answer as appropriate.

Sex	Female	0	Male	-0.5
Access to public or private transport	Yes	2	No	0
IV Treatment anticipated	Yes	0	No	2
Acutely confused?	Yes	0	No	2
NEWS Score of 0 (as assessed by GP)	Yes	1	No	0
Discharged from Hospital within the last 7 days	Yes	0	No	1
Score	/8			

AEC EXCLUSIONS: Paediatrics, cardiac chest pain, acute psychiatric illness, surgical/trauma, infection control issues (e.g. diarrhoea)

Patient Unsuitable	Yes/No
Patient suitable and accepted	Yes/No

Referring Clinician:.....

Discussed with:.....

LOCATION: Ambulatory Care Centre: Level 3 Kingston Surgical Centre

