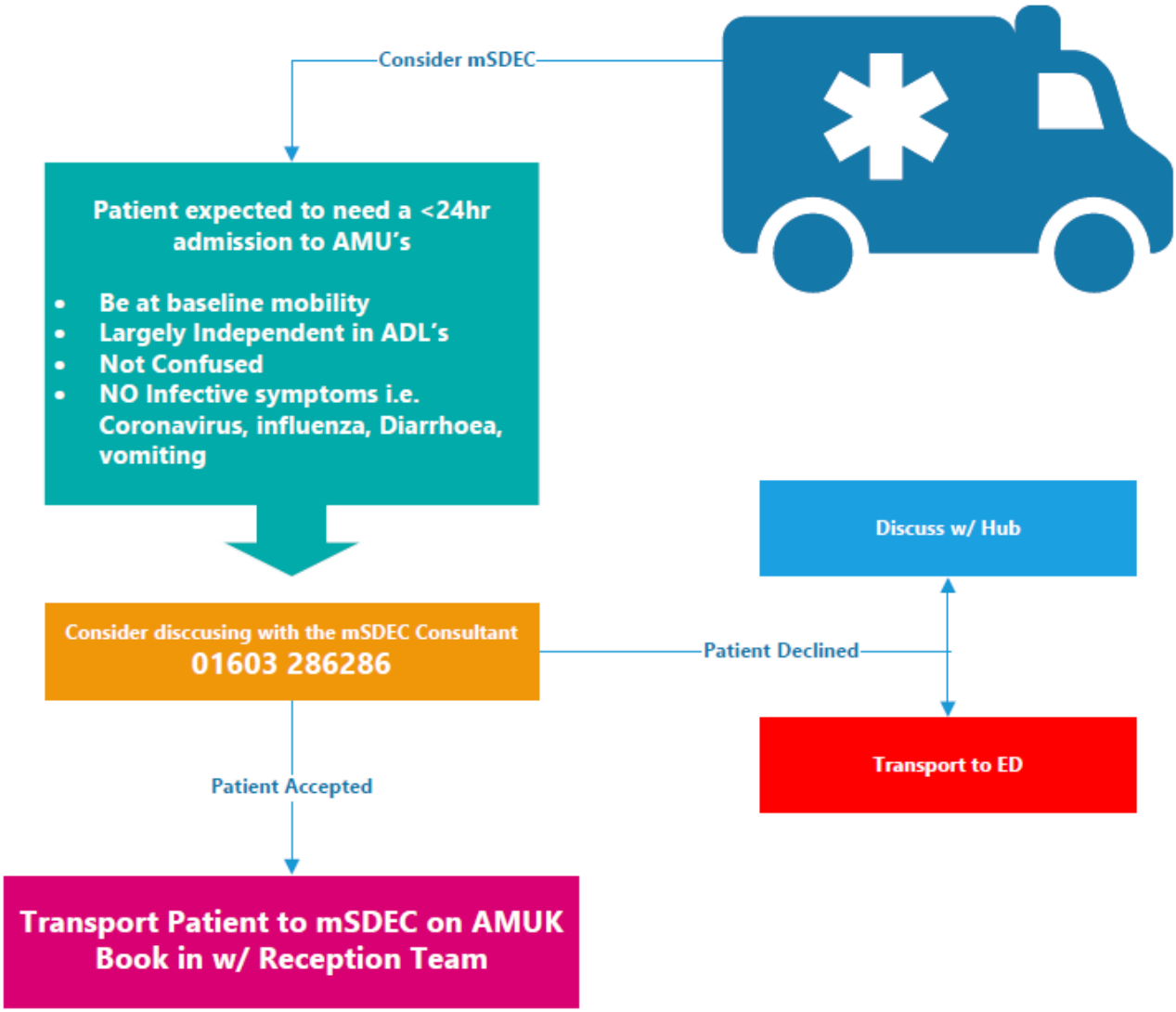
Medical Same Day Emergency Care (mSDEC) Paramedic Referral Pathway

The clinic is open to referrals from **08:00 – 20:00** during the weekdays and **10:00 – 18:30** at the weekend.

SDEC Consultant - 01603 286286 ext 7767



See below for full list of inclusion and Exclusion criteria depending on diagnosis.

Medical Same Day Emergency Care (mSDEC) Paramedic Referral Pathway

Inclusion and Exclusion criteria depending on diagnosis

Chest Pain	
Inclusion criteria	• Chest pain, currently pain free • Ongoing pleuritic chest pain is acceptable if not severe
Exclusion criteria	• STEMIs or NSTEMIs - Dynamic ST change or new T wave changes • Hypotension (systolic <100mmHg) or collapse • Tachycardia HR >110bpm • Ongoing non-pleuritic chest pain without a negative troponin • Confirmed MI in the last 28 days • Abnormal ECG • Traumatic Chest pain
Shortness of breath due to suspected Pulmonary Embolism:	
Inclusion criteria	• Acute shortness of breath, suspected to be due to Pulmonary Embolism
Exclusion criteria	• Hypoxia - saturations <94% or oxygen dependent • Hypotension (BP <100mmHg), Tachycardia (heart rate >110bpm) or history of collapse
Cellulitis of the leg:	
Inclusion criteria	• Unilateral cellulitis of the lower leg (cellulitis in other places goes to other specialties)
	• Signs of sepsis – (Temp > 39, BP <100mmHg, Heart rate >100bpm, Collapse, delirium) • Patients who are unsuitable for an outpatient pathway – i.e. those who do not have their own transport • Cellulitis with associated abscess requiring surgical drainage • Suspected necrotising fasciitis – ie very rapidly spreading cellulitis • Current Intra venous drug use
Arrhythmias:	
Inclusion criteria	• Stable atrial fibrillation or flutter, resolved SVT with ongoing concerns
Exclusion criteria	• AF secondary to other conditions, e.g. sepsis, thyrotoxicosis • Sats< 94% • BP <100mmHg, Ventricular rate >120bpm • Evidence of pulmonary oedema in the history (orthopnoea, SOB) or on CXR • Cardioversion likely to be required, either chemical (adenosine, flecainide or DC cardioversion) • Associated chest pain

	• Ongoing SVT – needs consideration of urgent cardioversion
Diabetes:	
Inclusion criteria	• New onset type 1 or type 2 diabetes • Known diabetic patients whose presenting complaint is poorly controlled blood sugars
Exclusion criteria	• Systemically unwell – hypotensive (systolic < 100mmHg) or tachycardic (HR >100bpm) • Those in diabetic ketoacidosis (DKA) or Hyperosmolar states (HSS) • Active vomiting • Confusion or delirium • Acute acid base or electrolyte disturbance requiring correction
Hypertension:	
Inclusion criteria	• New diagnosis of Hypertension age <50years (>160mmHg systolic or >100mmHg diastolic pressure) • or known essential hypertension with systolic BP >190mmHg
Exclusion criteria	• Those with known essential hypertension (systolic <190mmHg) – these patients can see their GP. • If hypertensive but presenting with another problem • Any new neurological deficit, vertigo, vomiting or severe headache
Allergic Reactions	
Inclusion criteria	• Patients presenting with allergic reactions that cannot see their GP
Exclusion criteria	• Anaphylaxis • Systolic Blood Pressure < 90 mmHg, Heart Rate >110bpm, RR > 21 Or SATS < 94% on air • Patients who received IM Adrenaline or used their own Epipen

Transporting patients to the mSDEC
The mSDEC is on AMUk ward. Patients should be brought into the NNUH through the AMU ambulance bay and not via the Emergency Department (ED).

Conditions less suited for review in the mSDEC

- **Exacerbation of Asthma / COPD**
  Both these conditions require a period of observation and potentially nebulisers and oxygen. This makes them less appropriate for an ambulatory pathway. General Practice are able to refer such patients directly to the AMU but paramedic cases are seen in ED.
- **Headache**

The vast majority of patients suffering with headaches are managed in primary care. More serious causes of headache usually require investigation such as imaging and/or a lumbar puncture. General Practice are able to refer to the AMU but all other cases of headache are seen in the ED initially.

- **Trauma, syncope and falls**
  All patients who have fallen and need further review have an initial assessment in ED. During the day older or frailer patients can then potentially access the OPED service.
- **Stroke / TIA**
  With the development of thrombolysis and thrombectomy Stroke is now considered to be an emergency. Patients are taken to the ED for review on arrival by the stroke nurse.
- **Seizures**
  As patients need to wait in the waiting room there are clearly concerns about patients who may go onto have further seizures.

Notes about other ambulatory services

- **DVT clinic**
  The DVT clinic take referrals for patients with unilateral leg swelling. Referrals can be from General Practice, Emergency Department or Secondary Care (including the SDECs). There must be no history of trauma, chest pain or shortness of breath. It is not expected that patients will call an ambulance for unilateral leg swelling, unless there is some other associated symptom. There is therefore no direct pathway from Paramedics to the DVT clinic as most patients are expected to have seen their GP first. The clinic is open from 8am to 2pm, Monday to Saturday. When exceptional circumstances have arisen in a case, it may be possible to discuss a review in the mSDEC with the medical SDEC consultant.
- **Acute Oncology Service (AOS)**
  The AOS take referrals for patients who are known to the Oncology team, who have an issue arising as a result of their cancer, or treatment for cancer. This may include issues relating to palliative care for cancer. They take referrals from patients, GPs and paramedics on a case-by-case basis. AOS can be reached via the AOS nurse on 01603 641752.