

**NHS LANARKSHIRE**

**MONKLANDS**

**ACCIDENT AND EMERGENCY REVIEW**

**PATIENT PATHWAYS UNDER SCENARIOS FOR**

**A&E SERVICES**

## Future role of the Emergency Referral Service

Within any of the scenarios, a future Emergency Referral Service (ERS) will have an important role in co-ordinating the admissions process for patients.

The objectives of the ERS will be to:

- Stream patients to the appropriate point of care
- Explore alternatives to admission (convert unplanned to planned care)
- Make appropriate use of resources (avoid duplication)
- Make more efficient use of transportation
- Incorporate community care and emergency response

The key elements of the ERS model will be:

- Central bed bureau
- IT link up
- Clinical pathways and protocols covering acute and primary care
- Joint management algorithms with SAS, NHS 24 and OOH
- Social work and community care link up

The ERS will be supported by the development of alternatives to admission

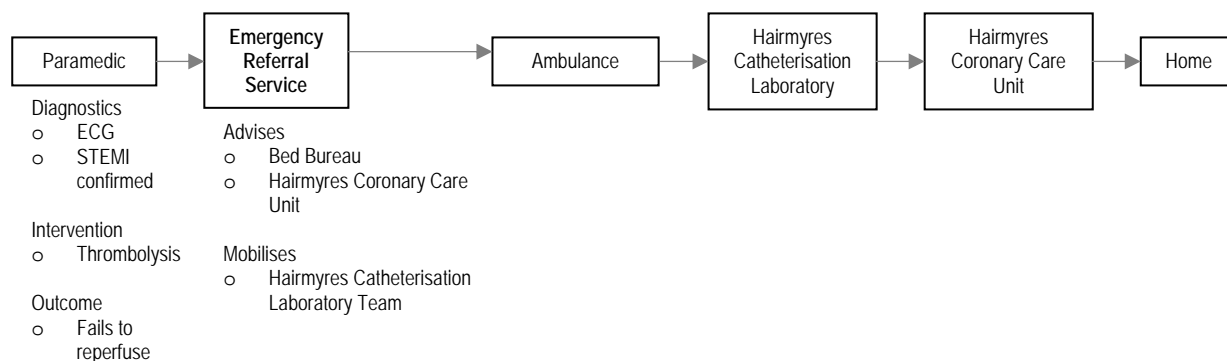
- Acute care e.g. urgent access to a specialist or programmed investigation unit
- Primary care e.g. next day GP clinic or district and specialist nurse input

The ERS will, for example, co-ordinate the response to GP calls, ensuring that patients are admitted to an appropriate hospital and department, depending on the presenting complaint. This becomes particularly important under the scenarios A-D, where the medical cover at Monklands will be limited and unwell patients must be diverted to either Hairmyres or Wishaw General.

To illustrate the critical role of the ERS in streaming patients to the condition-specific hospital, the example of a ST elevation myocardial infarction (STEMI) or major heart attack is given below:

### Example

A 70 year old man develops shortness of breath and sharp central chest pain. He has a previous medical history of cardiac failure, coronary heart disease, deep venous thrombosis and pulmonary embolism. STEMI confirmed by ECG. Fails to reperfuse following thrombolysis.



In this example, the patient is streamed to Hairmyres Hospital where the appropriate facility for specialist treatment – in this case the Catheterisation Laboratory - is sited. The functions of the ERS, beyond directing the ambulance, are demonstrated in that the specialist facilities at the receiving hospital are advised and therefore prepared for the patient's arrival. For other conditions, The ERS will stream patients to the appropriate specialty-specific hospital wherever that may be.

## Patient Presentations

The following examples describe relatively common presentations of patients. Many such patients would not require to be admitted to hospital. However, the examples given here are of patients who do require inpatient treatment under each scenario (A-G).

The examples therefore describe:

- What would happen when patients self-refer or present to the Accident and Emergency facility at Monklands Hospital, and
- Alternatively, what would happen when patients are streamed to condition-specific hospitals by the ERS

The patient pathways are set out in schematic form in the appendix to this paper.

### Presentation 1

Child, 12 months old. Presents with symptoms of fever, vomiting, drowsiness, rash and fits. Suspected Meningitis.

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| What happens now? | When the patient presents at Monklands A&E, a doctor undertakes assessment and diagnostics and stabilises patient. Depending on severity of presentation, the patient would then be transferred by ambulance to either Wishaw General Hospital or Royal Hospital for Sick Children in Glasgow. |  |
| <b>Scenario</b>   | <b>Presents at Monklands A&amp;E</b>   | <b>Streamed to condition-specific hospital by the Emergency Referral Service</b>   |
| A-G               | Doctor undertakes assessment and diagnostics and stabilises patient. Depending on severity of presentation, the patient would be transferred by ambulance to either Wishaw General Hospital or Royal Hospital for Sick Children in Glasgow.  | Doctor and/or paramedic undertake assessment, stabilises patient and contacts ERS. Depending on severity of presentation, the patient would go directly by ambulance to either Wishaw General Hospital or Royal Hospital for Sick Children in Glasgow. |

### Presentation 2

Woman, 26 years old. She is a known asthmatic. She presents with acute breathlessness and wheezing. Suspected exacerbation of Acute Asthma.

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|-------------------|---|---|
| What happens now? | In or out of hours the GP would refer to a physician at Monklands Hospital who would attend the Medical Assessment Area of the A&E to see the patient who would be taken there by ambulance. If the patient presented to the Primary Care Emergency Centre they would also be referred to a physician and seen in the Medical Assessment Area of the A&E. However, if the patient self presents or arrives by ambulance initiated by a 999 call, they would be seen by an A&E doctor and may then be referred on to a physician who would attend the Medical Assessment Area of the A&E to see the patient. |   |
| <b>Scenario</b>   | <b>Presents at Monklands A&amp;E</b>  | <b>Streamed to condition-specific hospital by the Emergency Referral Service</b>  |
| A                 | Doctor undertakes assessment and diagnostics and stabilises patient. Within four hours of presentation decides to admit for inpatient treatment. There are no on-site general medicine beds, so the patient would be transferred by ambulance to the appropriate hospital.  | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |

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| B | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay, observation facility for up to 24 hours. At any point may decide to admit for inpatient treatment. There are no on-site general medicine beds, so the patient would be transferred by ambulance to the appropriate hospital.          | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
| C | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment. There are no on-site general medicine beds, so the patient would be transferred by ambulance to the appropriate hospital. | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
| D | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to on-site general medicine bed.   | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital.     |
| E | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to on-site general medicine bed.   | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital.     |
| F | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to on-site general medicine bed.   | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital.     |
| G | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to on-site general medicine bed.   | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital.     |

### Presentation 3

Woman, 42 years old. Presents with chest pain radiating to arm, weakness, palpitations, nausea and anxiety. Suspected Angina.

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| <p>What happens now?</p> | <p>In or out of hours the GP would refer to a physician at Monklands Hospital who would attend the Medical Assessment Area of the A&amp;E to see the patient who would be taken there by ambulance. If the patient presented to the Primary Care Emergency Centre they would also be referred to a physician and seen in the Medical Assessment Area of the A&amp;E. However, if the patient self presents or arrives by ambulance initiated by a 999 call, they would be seen by an A&amp;E doctor and may then be referred on to a physician who would attend the Medical Assessment Area of the A&amp;E to see the patient.</p> |  |
| <p><b>Scenario</b></p>   | <p><b>Presents at Monklands A&amp;E</b></p>  | <p><b>Streamed to condition-specific hospital by the Emergency Referral Service</b></p>  |
| <p>A</p>                 | <p>Doctor undertakes assessment and diagnostics and stabilises patient. Within four hours of presentation decides to admit for inpatient treatment. There are no on-site general medicine or Coronary Care beds on site, so the patient would be transferred by ambulance to an appropriate hospital.</p>  | <p>Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility or Coronary Care Unit at an appropriate hospital.</p> |
| <p>B</p>                 | <p>Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay, observation facility for up to 24 hours. At any point may decide to admit for inpatient treatment. There are no general medicine or Coronary Care beds on site, so the patient would be transferred by ambulance to an appropriate hospital.</p>   | <p>Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility or Coronary Care Unit at an appropriate hospital.</p> |
| <p>C</p>                 | <p>Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment. There are no other general medicine or Coronary Care beds on site, so the patient would be transferred by ambulance to an appropriate hospital.</p>  | <p>Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility or Coronary Care Unit at an appropriate hospital.</p> |
| <p>D</p>                 | <p>Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to an on-site general medicine bed or an on-site Coronary Care bed.</p>   | <p>Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility or Coronary Care Unit at Monklands Hospital.</p>     |

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| E | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to an on-site general medicine bed or an on-site Coronary Care bed. | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility or Coronary Care Unit at Monklands Hospital. |
| F | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to an on-site general medicine bed or an on-site Coronary Care bed. | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility or Coronary Care Unit at Monklands Hospital. |
| G | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to an on-site general medicine bed or an on-site Coronary Care bed. | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility or Coronary Care Unit at Monklands Hospital. |

**Presentation 4**

Woman, 38 years old. Presents with pain in left loin and pyrexia (fever). Suspected Urinary Tract Infection.

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| What happens now? | In or out of hours the GP would refer to either an urologist or general surgeon (GP discretion) at Monklands Hospital who would attend the Medical Assessment Area of the A&E to see the patient who would be directed there or taken there by ambulance. If the patient presented to the Primary Care Emergency Centre they would be referred to an urologist and seen in the Medical Assessment Area of the A&E. However, if the patient self presents or arrives by ambulance initiated by a 999 call (unlikely), they would be seen by an A&E doctor and may then be referred on to an urologist who would attend the Medical Assessment Area of the A&E to see the patient. |   |
| <b>Scenario</b>   | <b>Presents at Monklands A&amp;E</b>   | <b>Streamed to condition-specific hospital by the Emergency Referral Service</b>  |
| A                 | Doctor undertakes assessment and diagnostics and stabilises patient. Within four hours of presentation decides to admit for inpatient treatment to an on-site Urology bed.   | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital. |
| B                 | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay, observation facility for up to 24 hours. At any point may decide to admit for longer inpatient treatment to an on-site Urology bed.   | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital. |

|   |  |   |
|---|--|---|
| C | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to an on-site Urology bed. | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital. |
| D | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to an on-site Urology bed. | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital. |
| E | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to an on-site Urology bed. | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital. |
| F | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to an on-site Urology bed. | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital. |
| G | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to an on-site Urology bed. | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital. |

**Presentation 5**

Man, 69 years old. Presents with acute abdominal pain, distended abdomen with tenderness. Suspected Bowel Obstruction.

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| What happens now? | In or out of hours the GP would refer to a surgeon at Monklands Hospital who would attend the Medical Assessment Area of the A&E to see the patient who would be directed there or taken there by ambulance. If the patient presented to the Primary Care Emergency Centre they would also be referred to a surgeon and seen in the Medical Assessment Area of the A&E. However, if the patient self presents or arrives by ambulance initiated by a 999 call, they would be seen by an A&E doctor and may then be referred on to a surgeon who would attend the Medical Assessment Area of the A&E to see the patient. |
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| Scenario | Presents at Monklands A&E   | Streamed to condition-specific hospital by the Emergency Referral Service   |
|----------|---|---|
| A        | Doctor undertakes assessment and diagnostics and stabilises patient. Within four hours of presentation decides to admit for inpatient treatment. There are no surgery beds on site, so the patient would be transferred by ambulance to the appropriate hospital.   | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
| B        | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay, observation facility for up to 24 hours. At any point may decide to admit for inpatient treatment. There are no surgery beds on site, so the patient would be transferred by ambulance to the appropriate hospital.                              | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
| C        | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment. There are no surgery beds on site, so the patient would be transferred by ambulance to the appropriate hospital.                     | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
| D        | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment. There are no Emergency Receiving surgery beds on site, so the patient would be transferred by ambulance to the appropriate hospital. | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
| E        | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to on-site Emergency Receiving surgery bed.   | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital.     |
| F        | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to on-site Emergency Receiving surgery bed.   | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital.     |

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|---|---|---|
| G | Doctor undertakes assessment and diagnostics and stabilises patient. May decide to keep the patient in the short stay medical admissions ward for up to 48 hours. At any point may decide to admit for longer inpatient treatment to on-site Emergency Receiving surgery bed. | Doctor and/or paramedic undertake assessment and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital. |
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**Presentation 6**

Boy, 9 years old has fallen from a tree. Presents not able to move his arm and complaining of pain at the elbow. Suspected Supracondylar Fracture.

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| What happens now? | Most likely to arrive by ambulance or accompanied by parent using own transport. A&E doctor or nurse would see the patient in the See and Treat facility within the A&E department.  |   |
| <b>Scenario</b>   | <b>Presents at Monklands A&amp;E</b>   | <b>Streamed to condition-specific hospital by the Emergency Referral Service</b>  |
| A                 | Doctor or nurse undertakes assessment and diagnostics – supracondylar fracture confirmed by X-ray - and stabilises patient. Within four hours of presentation decides to admit for inpatient treatment. There are no appropriate (Paediatric) orthopaedic trauma beds on site, so the patient would be transferred by ambulance (or by private transport) to the Paediatric Unit at Wishaw General Hospital. | Doctor and/or paramedic undertakes assessment, suspects supracondylar fracture and contacts ERS. The patient would go directly by ambulance (or by private transport) to the See and Treat facility within the A&E department at Wishaw General Hospital. |
| B                 | Doctor or nurse undertakes assessment and diagnostics – supracondylar fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment. There are no appropriate (Paediatric) orthopaedic trauma beds on site, so the patient would be transferred by ambulance (or by private transport) to the Paediatric Unit at Wishaw General Hospital.                                   | Doctor and/or paramedic undertakes assessment, suspects supracondylar fracture and contacts ERS. The patient would go directly by ambulance (or by private transport) to the See and Treat facility within the A&E department at Wishaw General Hospital. |
| C                 | Doctor or nurse undertakes assessment and diagnostics – supracondylar fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment. There are no appropriate (Paediatric) orthopaedic trauma beds on site, so the patient would be transferred by ambulance (or by private transport) to the Paediatric Unit at Wishaw General Hospital.                                   | Doctor and/or paramedic undertakes assessment, suspects supracondylar fracture and contacts ERS. The patient would go directly by ambulance (or by private transport) to the See and Treat facility within the A&E department at Wishaw General Hospital. |

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| D | Doctor or nurse undertakes assessment and diagnostics – supracondylar fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment. There are no appropriate (Paediatric) orthopaedic trauma beds on site, so the patient would be transferred by ambulance (or by private transport) to the Paediatric Unit at Wishaw General Hospital. | Doctor and/or paramedic undertakes assessment, suspects supracondylar fracture and contacts ERS. The patient would go directly by ambulance (or by private transport) to the See and Treat facility within the A&E department at Wishaw General Hospital. |
| E | Doctor or nurse undertakes assessment and diagnostics – supracondylar fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment. There are no appropriate (Paediatric) orthopaedic trauma beds on site, so the patient would be transferred by ambulance (or by private transport) to the Paediatric Unit at Wishaw General Hospital. | Doctor and/or paramedic undertakes assessment, suspects supracondylar fracture and contacts ERS. The patient would go directly by ambulance (or by private transport) to the See and Treat facility within the A&E department at Wishaw General Hospital. |
| F | Doctor or nurse undertakes assessment and diagnostics – supracondylar fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment. There are no appropriate (Paediatric) orthopaedic trauma beds on site, so the patient would be transferred by ambulance (or by private transport) to the Paediatric Unit at Wishaw General Hospital. | Doctor and/or paramedic undertakes assessment, suspects supracondylar fracture and contacts ERS. The patient would go directly by ambulance (or by private transport) to the See and Treat facility within the A&E department at Wishaw General Hospital. |
| G | Doctor or nurse undertakes assessment and diagnostics – supracondylar fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment. There are no appropriate (Paediatric) orthopaedic trauma beds on site, so the patient would be transferred by ambulance (or by private transport) to the Paediatric Unit at Wishaw General Hospital. | Doctor and/or paramedic undertakes assessment, suspects supracondylar fracture and contacts ERS. The patient would go directly by ambulance (or by private transport) to the See and Treat facility within the A&E department at Wishaw General Hospital. |

**Presentation 7**

Woman, 79 years old falls at home. Presents not able to stand and complaining of severe pain in her left thigh and hip.

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| What happens now? | In or out of hours the GP would refer to an orthopaedic surgeon at Monklands Hospital who would attend the Medical Assessment Area of the A&E to see the patient who would be sent there by ambulance. However, if the patient arrives by ambulance initiated by a 999 call, they would be seen by an A&E doctor. If definite fracture of neck of femur and if medically stable the patient would be admitted to an orthopaedic trauma bed within two hours of presentation. Otherwise the A&E doctor would refer on the an orthopaedic surgeon who would attend the Medical Assessment Area of the A&E to see the patient. |
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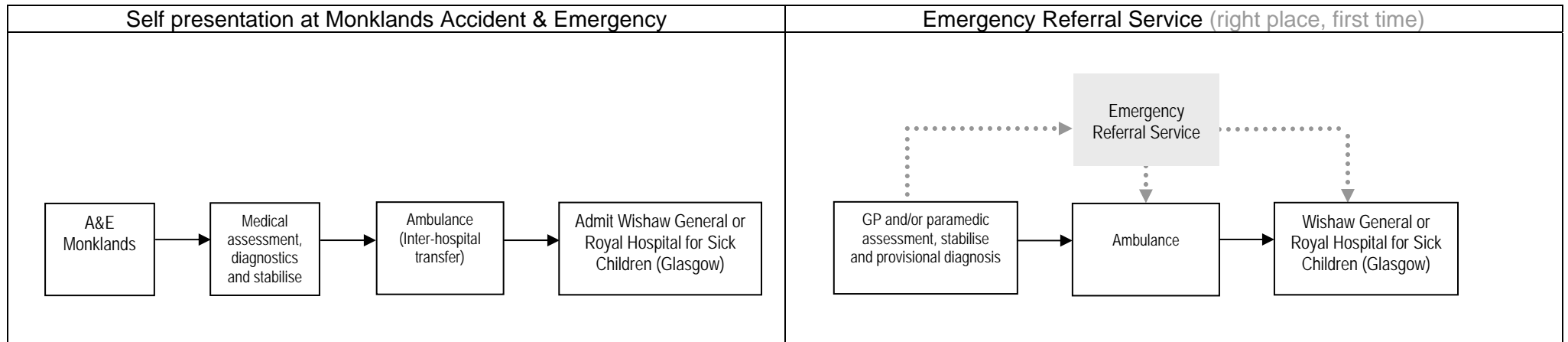
| <b>Scenario</b> | <b>Presents at Monklands A&amp;E</b>  | <b>Streamed to condition-specific hospital by the Emergency Referral Service</b>  |
|-----------------|---|---|
| A               | Doctor undertakes assessment and diagnostics – neck of femur fracture confirmed by X-ray - and stabilises patient. Within two hours of presentation decides to admit for inpatient treatment. There are no orthopaedic trauma beds on site, so the patient would be transferred by ambulance to the appropriate hospital. | Doctor and/or paramedic undertakes assessment, suspects neck of femur fracture and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
| B               | Doctor undertakes assessment and diagnostics – neck of femur fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment. There are no orthopaedic trauma beds on site, so the patient would be transferred by ambulance to the appropriate hospital.                                  | Doctor and/or paramedic undertakes assessment, suspects neck of femur fracture and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
| C               | Doctor undertakes assessment and diagnostics – neck of femur fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment. There are no orthopaedic trauma beds on site, so the patient would be transferred by ambulance to the appropriate hospital.                                  | Doctor and/or paramedic undertakes assessment, suspects neck of femur fracture and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
| D               | Doctor undertakes assessment and diagnostics – neck of femur fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment. There are no orthopaedic trauma beds on site, so the patient would be transferred by ambulance to the appropriate hospital.                                  | Doctor and/or paramedic undertakes assessment, suspects neck of femur fracture and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
| E               | Doctor undertakes assessment and diagnostics – neck of femur fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment. There are no orthopaedic trauma beds on site, so the patient would be transferred by ambulance to the appropriate hospital.                                  | Doctor and/or paramedic undertakes assessment, suspects neck of femur fracture and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
| F               | Doctor undertakes assessment and diagnostics – neck of femur fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment to on-site orthopaedic trauma bed.  | Doctor and/or paramedic undertakes assessment, suspects neck of femur fracture and contacts ERS. The patient would go directly by ambulance to the Accident and Emergency facility at Monklands Hospital.     |

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|---|--|---|
| G | Doctor undertakes assessment and diagnostics – neck of femur fracture confirmed by X-ray - and stabilises patient. Decides to admit for inpatient treatment to an orthopaedic trauma bed. This may or may not be on-site as it depends on which two level 3 sites orthopaedic trauma beds are located. If not on site, then patient would be transferred by ambulance to the appropriate hospital. | Doctor and/or paramedic undertakes assessment, suspects neck of femur fracture and contacts ERS. The patient would go directly by ambulance to an Accident and Emergency facility at an appropriate hospital. |
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**Presentation 1**

Child, 12 months old. Presents with symptoms of fever, vomiting, drowsiness, rash and fits. Suspected Meningitis.

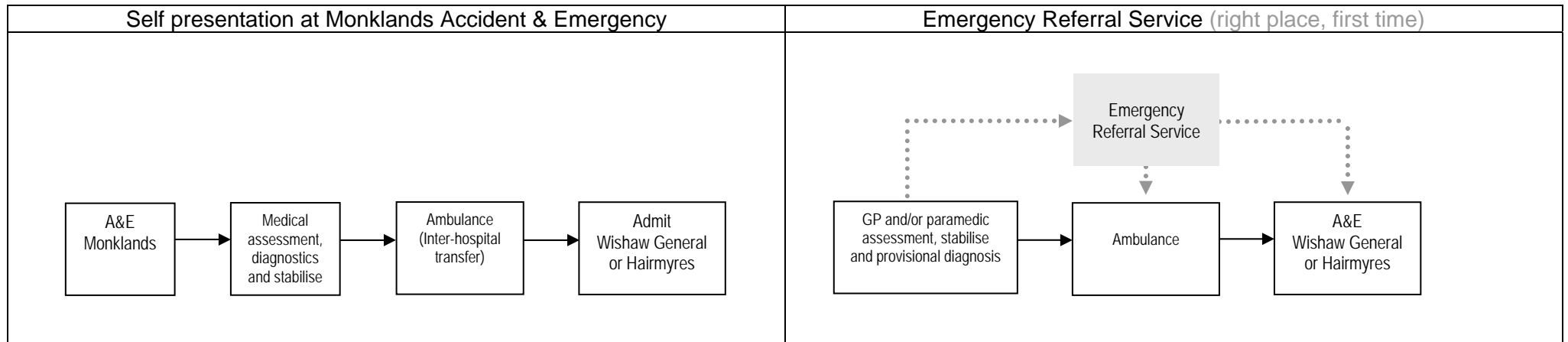
**Scenarios A-G**



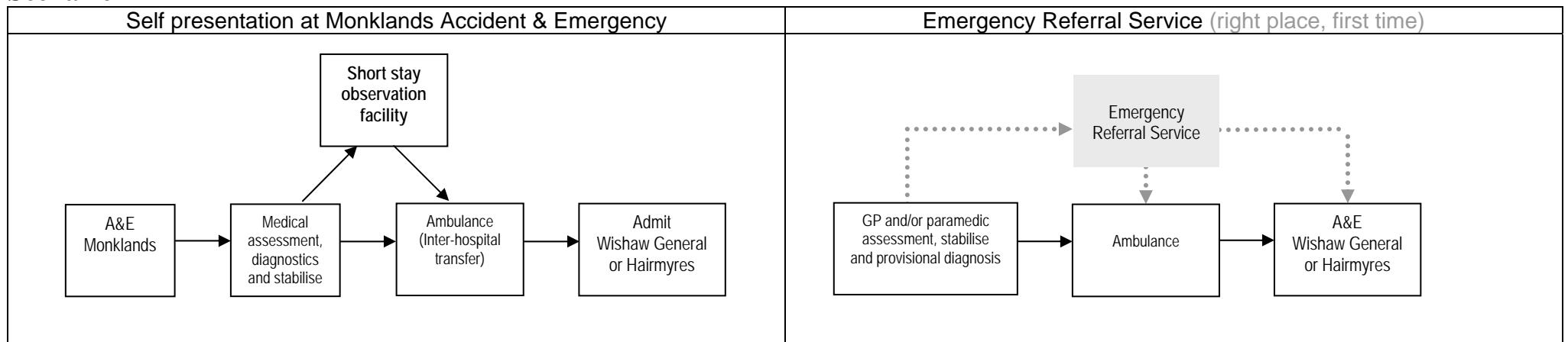
**Presentation 2**

Woman, 26 years old. She is a known asthmatic. She presents with acute breathlessness and wheezing. Suspected exacerbation of Acute Asthma.

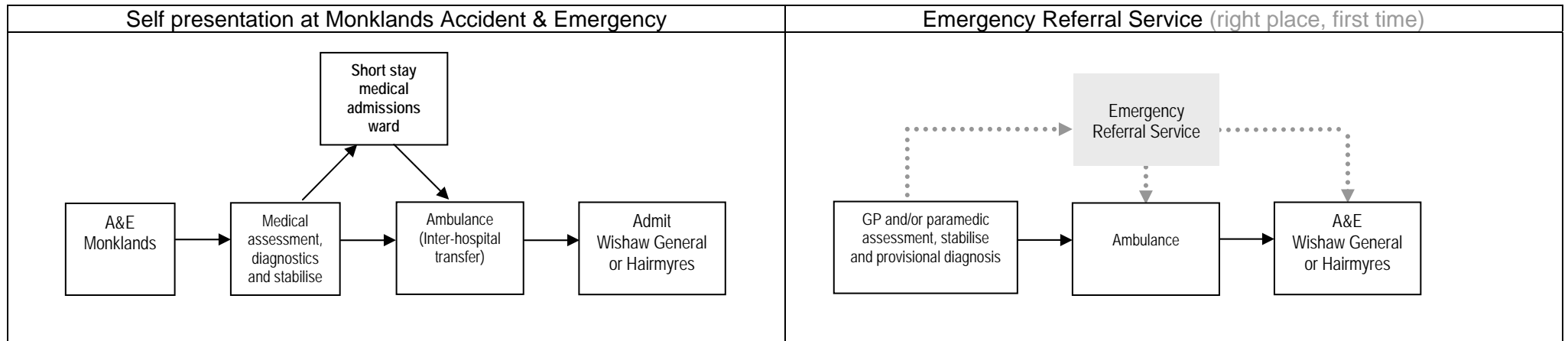
**Scenario A**



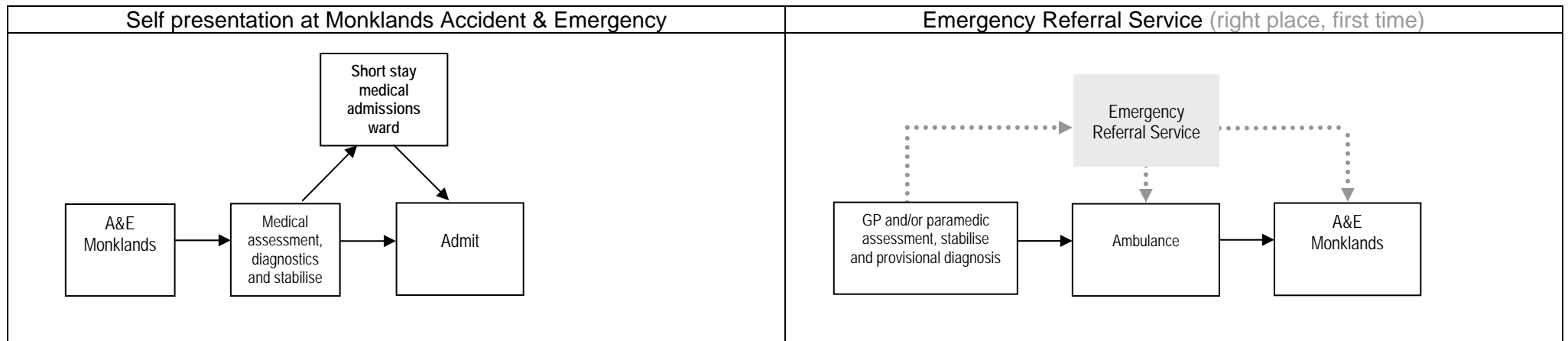
**Scenario B**



**Scenario C**



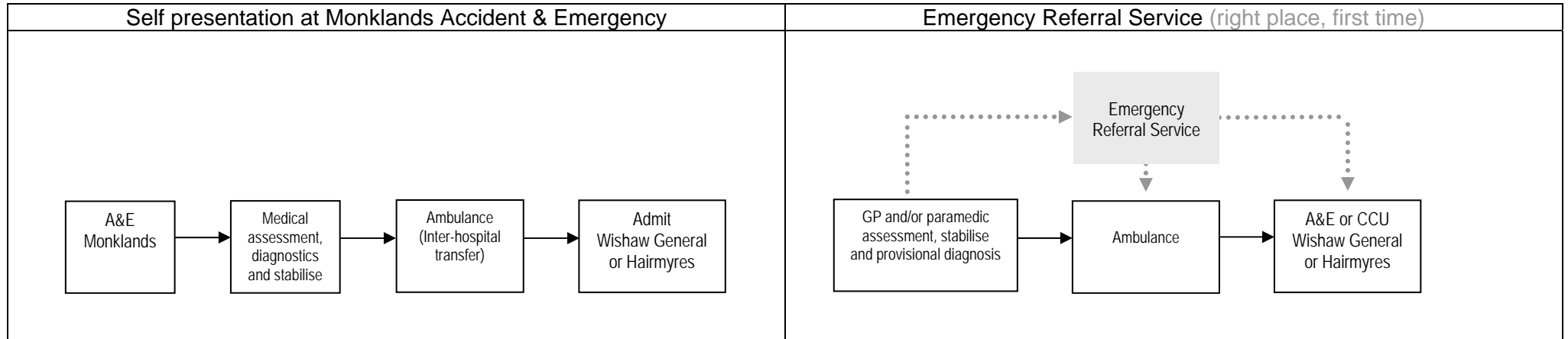
**Scenarios D-G**



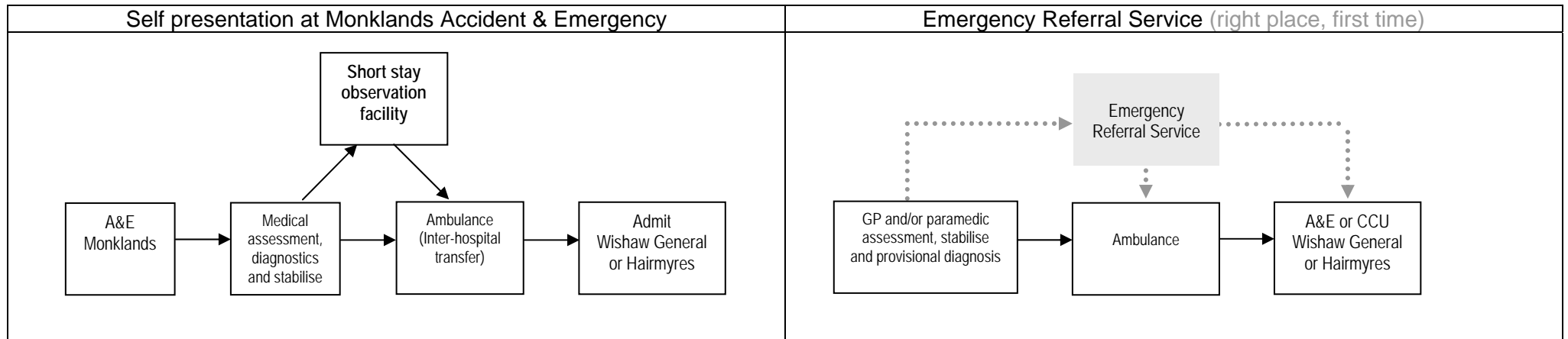
**Presentation 3**

Woman, 42 years old. Presents with chest pain radiating to arm, weakness, palpitations, nausea and anxiety. Suspected Angina.

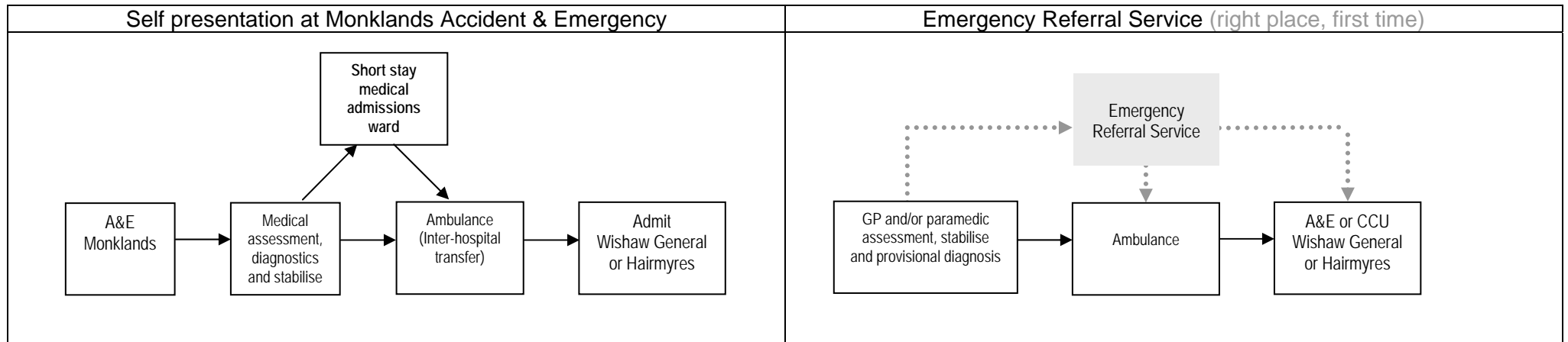
**Scenario A**



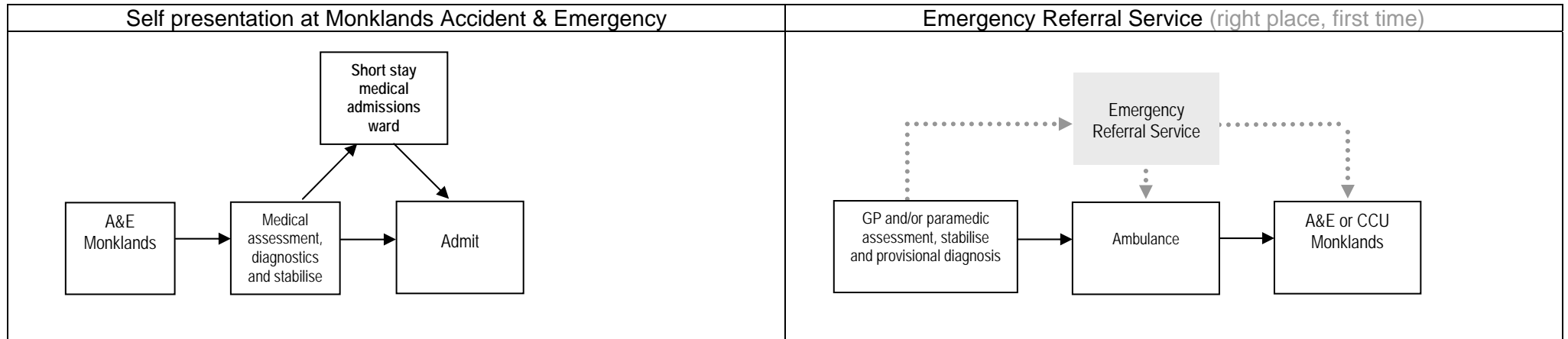
**Scenario B**



**Scenario C**



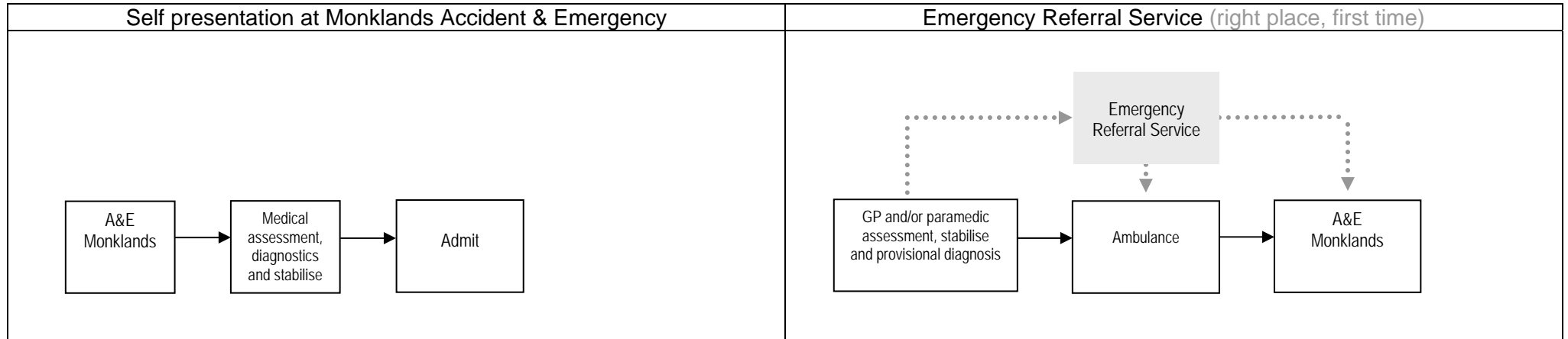
**Scenarios D-G**



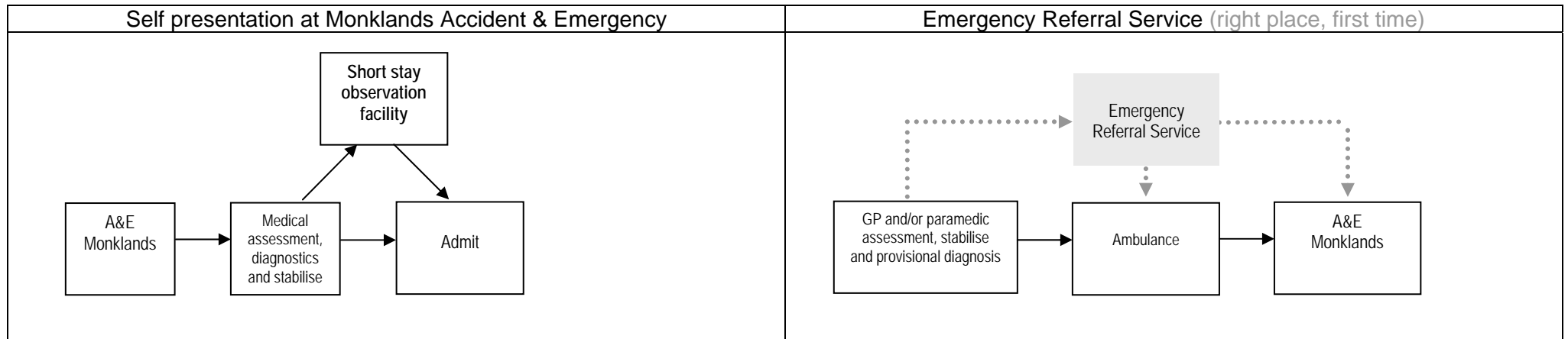
**Presentation 4**

Woman, 38 years old. Presents with pain in left loin and pyrexia (fever). Suspected Urinary Tract Infection.

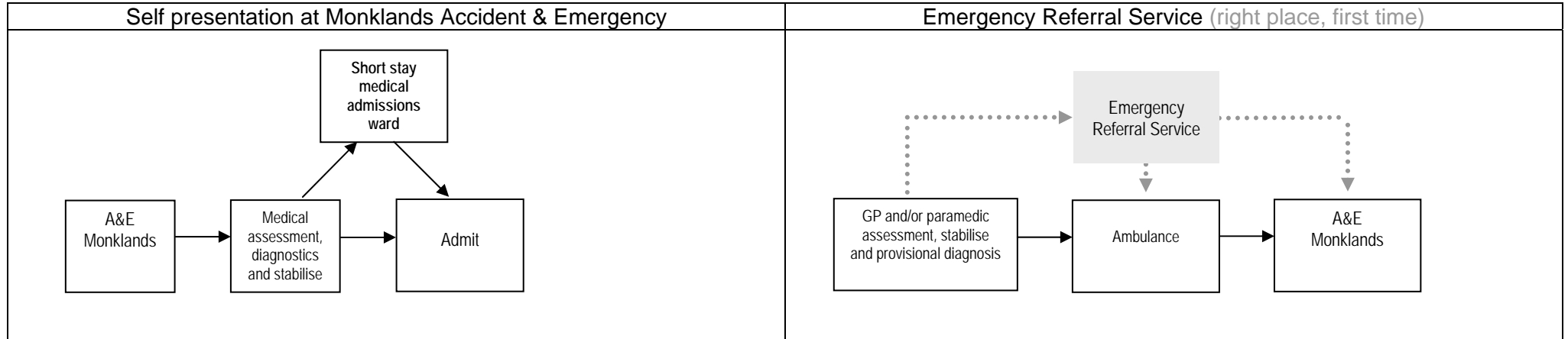
**Scenario A**



**Scenario B**



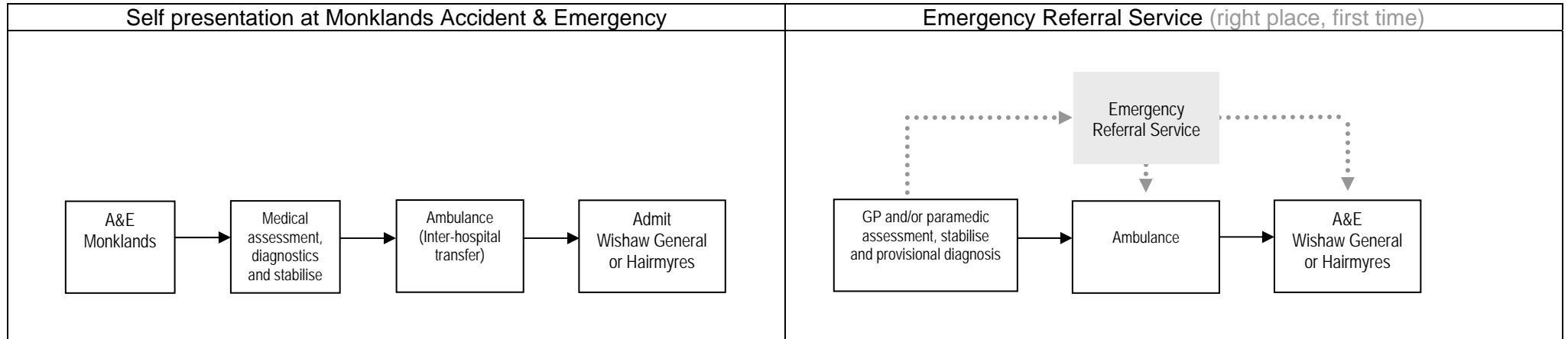
**Scenarios C-G**



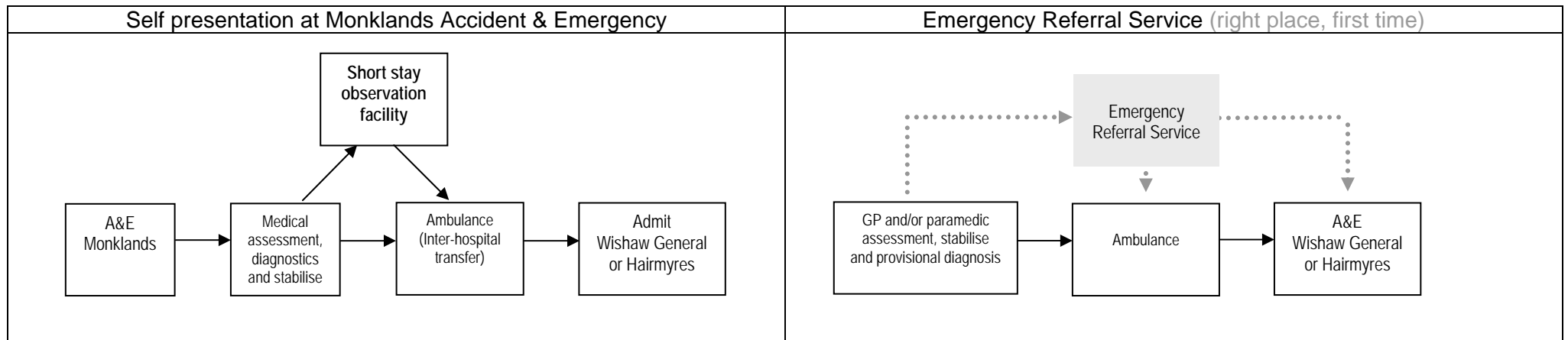
**Presentation 5**

Man, 69 years old. Presents with acute abdominal pain, distended abdomen with tenderness. Suspected Bowel Obstruction.

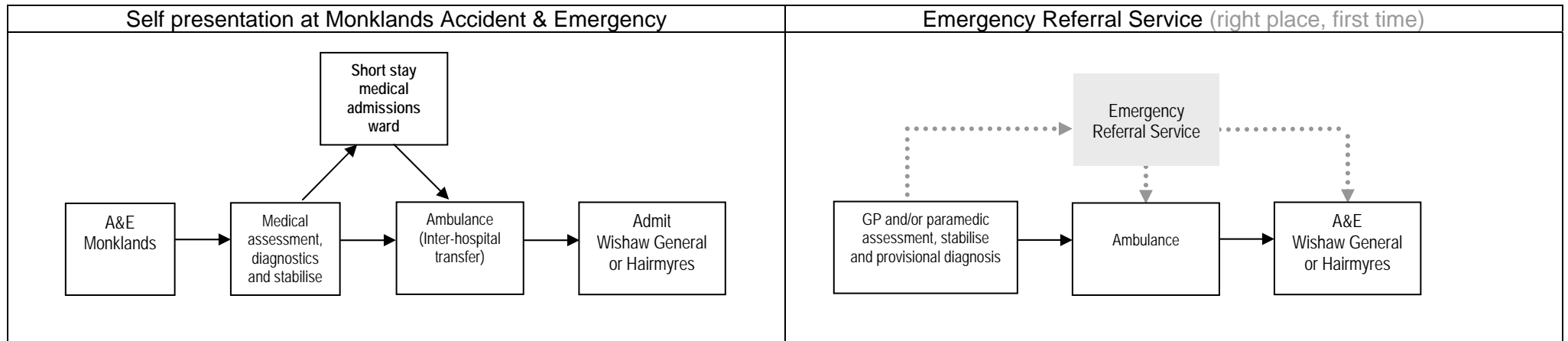
**Scenario A**



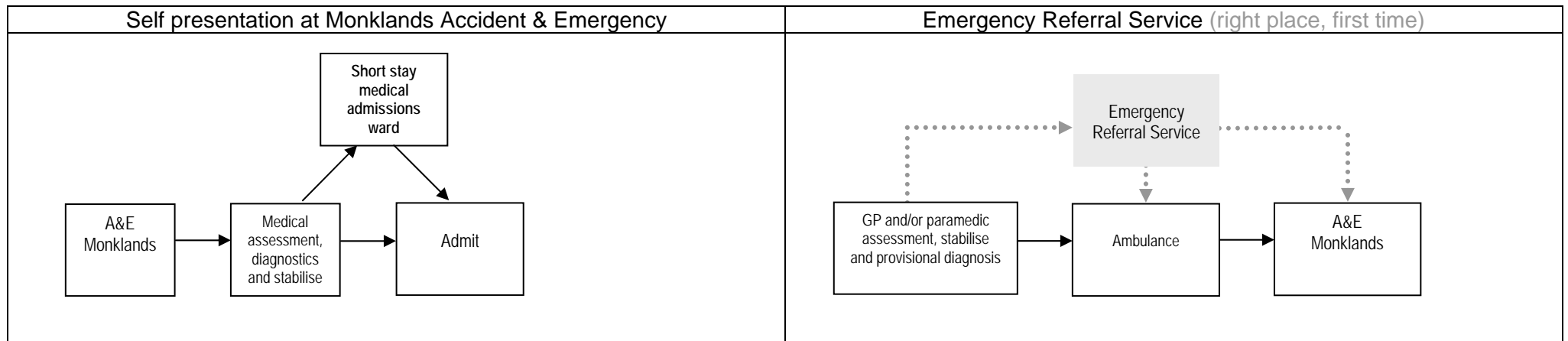
**Scenario B**



**Scenarios C-D**



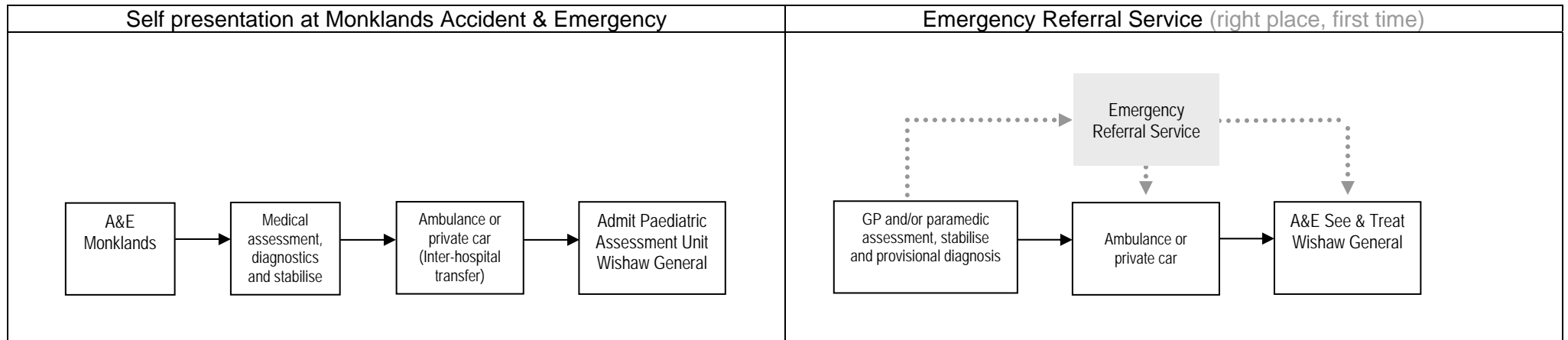
**Scenarios E-G**



**Presentation 6**

Boy, 9 years old has fallen from a tree. Presents not able to move his arm and complaining of pain at the elbow. Suspected Supracondylar Fracture.

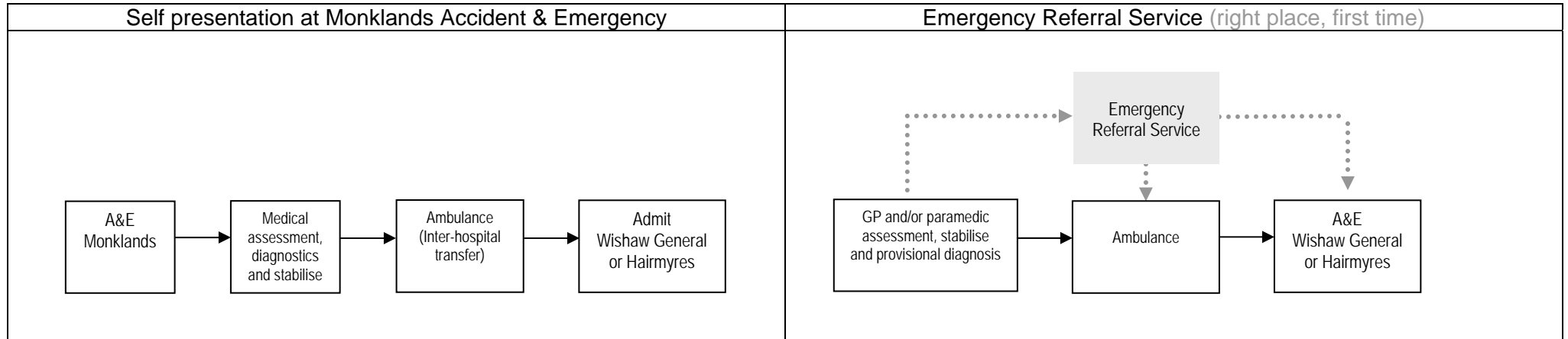
**Scenarios A-G**



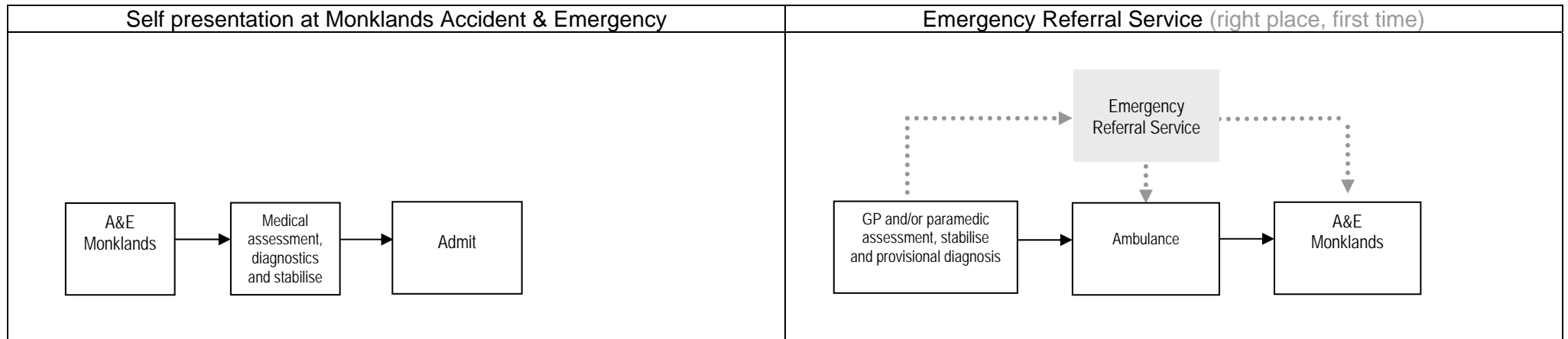
**Presentation 7**

Woman, 79 years old falls at home. Presents not able to stand and complaining of severe pain in her left thigh and hip.

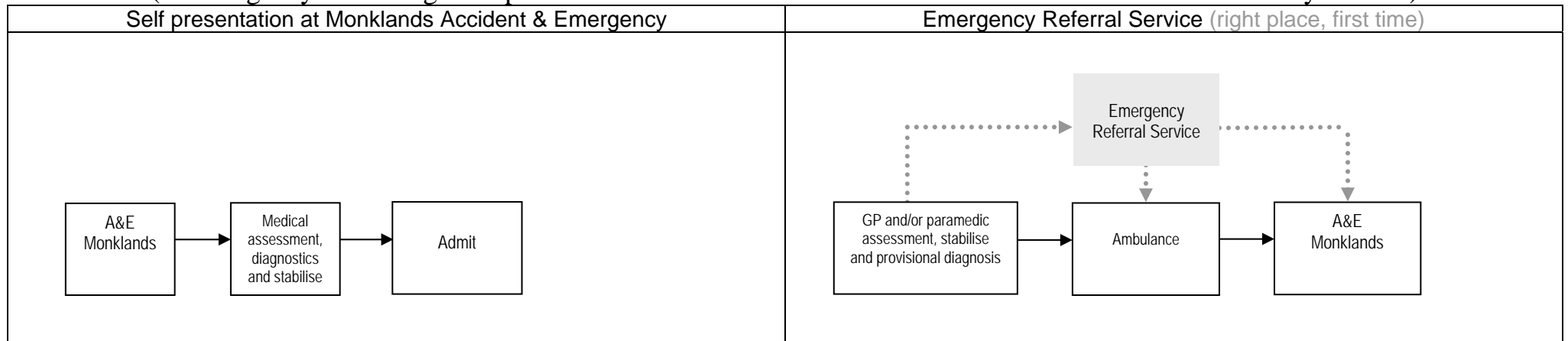
**Scenarios A-E**



**Scenario F**



**Scenario G (if Emergency Receiving orthopaedic trauma beds are on Monklands and Wishaw General or Hairmyres sites)**



**Scenario G (if Emergency Receiving orthopaedic trauma beds are on Wishaw General and Hairmyres sites)**

