Standard Operating Procedure:

Initial Assessment & Dynamic Priority Scoring (DPS)

Emergency Department:
University Hospitals of Leicester

Issue No: 4

Review Date: October 2027

Leads: Damian Roland, Head of Service,
Rhiannon Pepper, Deputy Head of Operations;
Rebecca Deaville, Matron

1.0 Background

1.1 Patients may present to the emergency department (ED) in a variety of routes and with varying degrees of clinical need and urgency. All patients are assessed on arrival, either by a team of staff or by an individual nurse. Historically, this assessment process has been referred to as triage and whilst the initial assessment applies the broad principles of triage, the on-going review and re- assessment of patients is now referred to as dynamic assessment of priority.

1.2 This SOP outlines the initial assessment process, the priority scoring system, how this is applied and the dynamic process by which patients will be reviewed and reassessed throughout their time in the ED.

2.0 Initial Assessment

2.1 Initial assessment is undertaken on all patients arriving to the ED. Currently, patients may enter the ED in one of the following ways;

- Self-presentation to the adult ED with serious illness, or minor injuries and minor illness (ED Front Door)
- Self-presentation to the Paediatric ED
- Ambulance arrival to the assessment bay
- Ambulance arrival to the Paediatric ED
- Ambulance arrival with a pre-alert call to the ED Emergency Room for all patients

2.2 Regardless of their entry point into the ED, all patients will receive an initial assessment of their condition and needs, and will be assigned a priority score based on the outcome of this assessment. The assessment is given as part of two phases: initial assessment by the VAC clinician (for walk-in patients) or EMAS clinician (for ambulance arrivals) and secondary assessment by the assessment nurse or clinician.

2.3 In order to ensure that the initial assessment process remains effective and safe, all patients must have an assessment initiated within 15 minutes of their arrival. The outcome of this assessment must be recorded on Nervecentre by recording a DPS and documenting in the 'ED initial assessment' clinical note field.

2.4 All patients assigned a high priority score (1 Immediate or 2 Urgent) must be discussed with a senior clinician capable of reviewing the patient and initiating immediate investigations and relevant treatments.

2.5 This process applies also to patients who are still in the care of the Ambulance Service awaiting assessment by ED staff, either in ambulance assessment, the PEP or on ambulances. This process is covered in more detail in section 7.0.

3.0 Priority Scoring System

3.1 Priority scoring and assignment of categories within the ED is a fundamental process that underpins quality and safety and is mandatory for all patients. Dynamic priority scoring is:

- Used as a way of ensuring that those patients with immediate or urgent clinical needs are highlighted and that their needs are addressed.
- Ensures that decisions relating to placement within the ED are actively considered in terms of safety and appropriateness.
- In keeping with national guidance on acuity and triage.
- Supports the early identification and prioritisation of patients with immediate or urgent clinical needs who are still in the care of ambulance clinicians.
- Helps to support complex decision-making relating to placement and flow during times of escalation (capacity).
- Provides an overview to area coordinators and those in charge of the level of acuity across all areas of the department.
- Provides an objective and structured way to support reassessment of patients, in order that their level of urgency may be changed in accordance with changing clinical needs or condition.

3.2 Within the ED, a newly piloted NHS England Acuity and Triage assessment process is used to objectively assign patients to a priority level appropriate to their level of clinical need, urgency and dependency. Based on this assessment, patients will be assigned to categories, outlined below.

DPS	National definition	Our definition	In other words (ECDS)	ED area AED	ED area CED
1	Immediate threat to life	Now	Immediate emergency care	Emergency room	Emergency Room
2	Imminent threat to life OR limb	Nearly now – urgent clinical review needed	Very urgent emergency care	Emergency room Majors	Emergency room HDU
3	Prioritised for secondary nurse assessment (N)	Needs to be seen after the 2's, and before the 4's.	Urgent emergency care	Majors Ambulatory Injuries	Majors Injuries
4	Needs to be seen in time order	See in time order, likely direct somewhere else	Standard emergency care	Majors Ambulatory MIaMI Injuries Other (UHL SDEC)	Majors Injuries MIaMI
5	No ED specific resources needed	Refer to another service either now or in the future	Low acuity emergency care	Offsite – (UCC, Pharmacy first, own GP) UHL SDEC (Next day appointment) MIaMI	Offsite – (UCC, Pharmacy first, own GP) MIaMI

3.3 Appendix 1 outlines the objective measures and groups of patients defined within each priority category (except for category 4 – redirect) in more specific detail.

3.4 Category 5 exists to allow clinical staff to identify those patients who have been assessed as low clinical risk and who present with symptoms or an identified complaint that falls within the agreed pathways for alternative care that do not require emergency care.

Streaming options from the front door include:

- Eye casualty
- Off site GP appointments
- Pharmacy first
- Self-care
- Sexual health clinics
- Dentist

4.0 Dynamic reassessment process

4.1 A patient's clinical presentation and needs are likely to be dynamic. Having been initially assessed and assigned a priority score, all patients should undergo regular reassessment post intervention and, where clinically appropriate, their priority score should be adjusted to reflect their current condition and clinical needs.

4.2 Dynamic reassessment is an essential part of the process for the following reasons;

- It acts as part of the safety net for patients who deteriorate during their time within the department, who on initial assessment may have been assessed as a lower priority.
- It ensures that those patients who have improved following initiation of treatments, may be re-prioritised to a less urgent category where suitable thereby releasing capacity for other high priority patients.
- It ensures that the department continues to respond safely and promptly to those patients who have emergent clinical needs.
- It supports a real-time assessment of overall department acuity and workload, informing those responsible for managing the department to make decisions in relation to escalation and resource deployment.

4.3 The frequency of reassessment is based on the score assigned during initial assessment.
Reassessment of the assigned priority score should principally be undertaken:

- Each time the patient receives a clinical intervention or treatment that may have an impact on priority level (such as after the administration of analgesia or the initiation of fluids, antibiotics or n-acetycysteine)
- At any point in time where a member of staff feels concerned that there is a visible change in a patient's condition.

Any change in the dynamic priority score must be documented on Nervecentre, including the clinical reasons for that change, in the 'ED flow notes'.

5.0 Responsibilities of the team

5.1 The department operates a team-approach to initial assessment and to the dynamic priority scoring process. Responsibilities may be broadly outlined below;

- Visual Acuity Clinician (VAC) – Responsible for allocating an initial DPS score on arrival.
- **Ambulance Service clinicians** - Responsible for ensuring that effective handover takes place, including assigning a DPS score on booking in, and where patients remain in their care that any deterioration is escalated immediately to ED staff.
- **ED Ambulatory co-ordinators** - Responsible for ensuring that reassessment of DPS post triage is documented on Nervecentre and any high priority scores are escalated within the area team.
- **ED ambulance reception team** - Responsible for ensuring that current DPS score from the ambulance crews is added to Nervecentre when booking in.
- **Assessment nurse** - Responsible for assessment of patients arriving through the 'walk-in' or via ambulance entrance and allocation of an initial priority score, plus assignment to an appropriate clinical area.
- **Emergency Room nurses**: Responsible for the assessment of pre-alerted patients arriving directly into the emergency room by ambulance and allocation of an initial priority score.
- **Area Coordinators** - Responsible for ensuring that both initial assessment and frequent dynamic priority scoring is undertaken on all patients in their clinical area, amending the priority score displayed on Nervecentre and escalating to senior medical staff where an increase in priority has been identified.

6.0 Responsibilities of the NIC and EPIC

6.1 The Nurse-in-Charge (NIC) and consultant or senior doctor in charge (EPIC) maintain overall responsibility and accountability for the quality, safety and flow within the ED. Both the NIC and EPIC also have a responsibility to ensure that this process is being followed.

6.2 NIC and EPIC will use the DPS information to enhance the provision safe, high-quality care and appropriate resource (re)allocation, in conjunction with staff coordinating each departmental area.

6.3 The NIC and EPIC should be seen as the point of contact for advice and support in relation to any patient where there is a concern about their priority score, level of urgency or placement within the ED.

7.0 Monitoring, Compliance and Review

7.1 This SOP should be viewed as a working document and may be need to be reviewed earlier than the planned review date in response to operational need.

7.2 All staff are responsible for ensuring compliance with the requirements stated within this SOP. The ED NIC and EPIC are accountable for ensuring compliance within the team.

Appendix One

Adults

DPS	National definition	Our definition	In other words (ECDS)	ED area (adults)
1	Immediate threat to life	Now	Immediate emergency care	Emergency room
2	Imminent threat to life and limb	Nearly now – urgent clinical review needed	Very urgent emergency care	Emergency room Majors
3	Prioritised for secondary nurse assessment (N)	Needs to be seen after the 2's, and before the 4's	Urgent emergency care	Majors Ambulatory Injuries
4	Needs to be seen in time order	See in time order, likely direct somewhere else	Standard emergency care	Majors Ambulatory MIaMI Injuries Other (UHL SDEC)
5	No ED specific resources needed	Refer to another service either now or in the future	Low acuity emergency care	Offsite – (UCC, Pharmacy first, own GP) UHL SDEC (Next day appointment) MIaMI

Paediatric

DPS	National definition	In other words (ECDS)	Our definition	ED area
1	Immediate threat to life	Immediate emergency care	Now	Emergency room
2	Imminent threat to life and limb	Very urgent emergency care	Nearly now – urgent clinical review needed	Emergency room HDU
3		Urgent emergency care	(1) Prioritised for secondary nurse assessment (N) i.e. Needs to be seen after the 2's, and before the 4's Or (2) Prioritised for next review/pathway movement i.e. next to be moved into Majors to be seen	Majors Injuries
4	Needs to be seen in time order	Standard emergency care	See in time order Need to consider whether other services (within or outside of UHL) can meet the patients needs	Majors MIaMI Injuries
5	Patients who do not require assessment , investigation or treatment that is only available in ED	Non-emergency care	Refer to another service either now or in the future	MIaMI Offsite deflection Pharmacy First Own GP