LRI Emergency Department

Guideline for:

Emergency Department Patients Choosing not to wait

Authors:	Rebecca Deaville, ED Matron Scott Knapp ED, Consultant
Approved by:	ED guidelines committee
First approval date:	November 2024
Approval date latest version:	
Version:	1.0
Next review due:	November 2026
Trust reference:	C68/2024

1. Scope

This guidance relates to patients over 18years of age, for guidance around those under 18 please use Patients who self-discharge in the Paediatric Emergency Department.

Patients who leave Emergency Departments (ED) without being seen have been studied in several research studies. The risk of subsequent adverse outcomes in this patient group is very low. Reasons for leaving without being seen include resolution of the problem, a desire for self-care, reluctance to wait and competing pressures on time.

For patients where there is a concern about mental capacity please refer to the missing person guidance. (Trust reference B15/2005)

Overnight patients waiting for injuries or MIaMI may be asked to return refer to the injuries SOP: Injuries Stream.

2.0 Patient registration

2.1 When patients register or book in to ED it is the responsibility of the reception team to check the patient's demographic details including but not limited to phone number and Next of kin details. If any edit to record is required then the reception team need to check this has retained on NerveCentre after printing.

2.2 The patient's spoken language must be captured at point of registration.

2.2 An alert should be added if the patient discloses such as 'registered blind' or 'deaf/ hard of hearing'

2.3 Any concerns around a patient's sensory difficulties should be escalated to clinical staff; at walk in reception this is the VAC Nurse.

2.4 The VAC Nurse completes an initial assessment and documents patients' communication and support requirements along with any reasonable adjustments needed to engage in their care whilst in the ED. This may include a description of the patient and the instructions to collect from the seating area in the waiting room.

2.4.1 One simple adjustment for people with sensory impairment in the waiting room may be to sit the patient in the chairs in front of the desk and document location, the patient should be kept informed of plans and expected journey through ED. The use of an allocated volunteer to support patients with sensory impairment in the ED should be considered.
Examples could include:
'Speaks Italian: able to confirm basic details: will need translation services'
'Hard of hearing: wearing green coat, blue t-shirt and jeans. Lip reads well: sat opposite VAC please collect'.

2.5 The Nurse will verify any alerts on NerveCentre the Nurse Triage form.

2.6 Once a patient with sensory support needs has been streamed or triaged, they should be escorted to their next area and handed over to the area Nurse coordinator.

2.7 Other adjustments may include the patient to be seen more quickly if departmental acuity allows.

3.0 Did not wait/walked out

3.1 If a patient decides they do not want to wait in the ED and there are no concerns around capacity or clinical risk the Registered Nurse or clinician should inform patients how to seek alternative health care or when to return to the ED (safety netting). This may include some self-care advice or guidance on where to buy over the counter medications to manage their care at home. This conversation should be documented on the depart record. The patient will then be coded out as 'walked out' as per ECDS data set.

3.2 If a patient decides to leave prior to assessment the information for clinicians is often more limited. Staff should call the patient's mobile and speak to the reception staff member who registered the patient: the Primary care record may be of use if the patient has been seen in the community. Staff must be mindful of any sensory or language issues when trying to contact i.e consider text messaging from a hospital mobile.

3.3 Consideration must be taken to look for patients in the waiting room including those who may appear to be asleep.

Patient not in department actions

1) Document 'called for obs no response' inform Nurse co-ordinator.

2) Try to call patients mobile and document outcome in the patients Nervecentre record: make note of any sensory or language issues when trying to contact i.e consider text messaging from a hospital mobile.

3) Review notes: any concerns about clinical presentation? If so discuss with area medical lead

IF CONCERNS AROUND CAPACITY REFER TO MISSING PERSONS GUIDANCE NOW

If area lead medic has **NO** clinical concerns: depart patient and complete GP letter if any investigations have been taken.

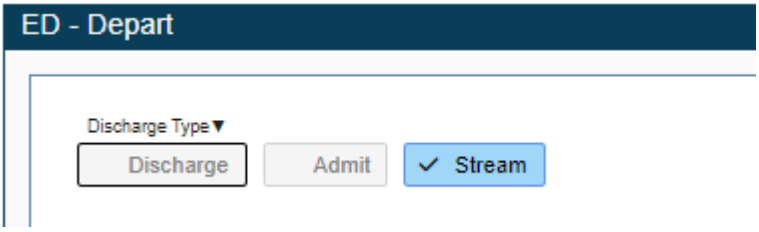
Area lead concerned: escalate to EPIC & NIC. Review history and attempt to contact patient again. Maintain confidentiality and do not ring NOK unless the clinical risk outweighs breach in confidentiality.

If immediate risk to life call EMAS or POLICE

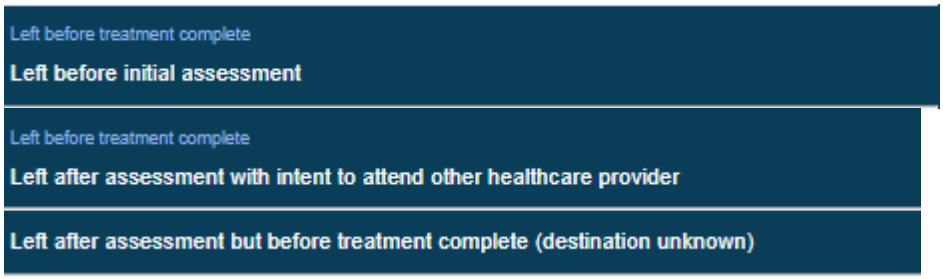
3.0 Documentation

3.1 Some patients may not wait for assessment before they choose to leave the ED, some may have had investigations completed.

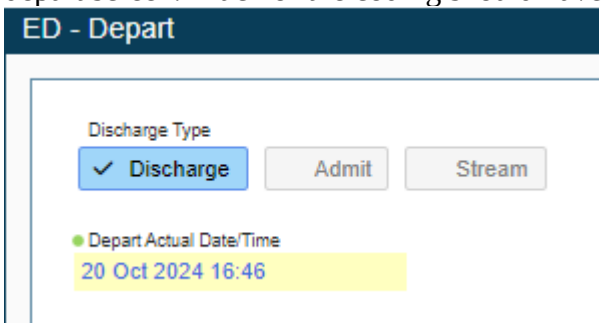
3.2 Use the ‘stream’ section of the ED depart screen



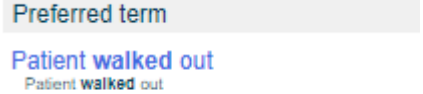
3.3 Select the appropriate option for where the patient was in their stay pre/post assessment



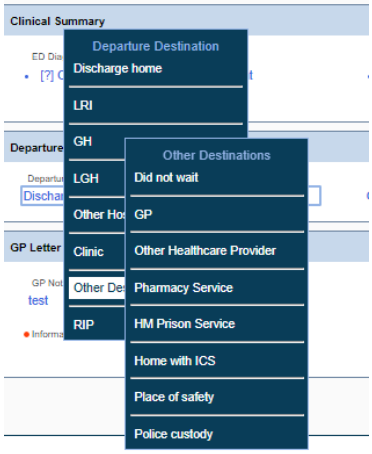
3.4 If a patient leaves after being seen by a clinican then use the ‘discharge’ section of the ED depart screen. Much of the coding should have been completed inline with usual ED practice.



3.5 Add the diagnosis ‘patient walked out’ you can add any suspected or confirmed diagnosis if applicable



3.4 Add the Discharge destination as did not wait



3.5 Include any concerns or follow up requirements in the GP letter and outline any attempts to contact the patient. This can be a brief summary of why the patient chose not to wait.