

## Emergency Department Planning and Resource Guidelines

[Ann Emerg Med. 2014;64:564-572.]

The purpose of this policy is to provide an outline of, as well as references concerning, the resources and planning needed to meet the emergency medical care needs of the individual and the community.

Emergency departments (EDs)\* must possess the staff and resources necessary to evaluate all individuals presenting to the ED. EDs must also be able to provide or arrange treatment necessary to attempt to stabilize emergency patients who are found to have an emergency medical condition. Because of the unscheduled and episodic nature of health emergencies and acute illnesses, experienced and qualified physician, nursing, and ancillary personnel must be available 24 hours a day to serve those needs.

EDs also provide treatment for individuals whose health needs are not of an emergency nature, but for whom EDs may be the only accessible or timely entry point into the broader health care system. EDs provide evaluation to anyone who believes he or she has an emergency condition under the prudent layperson standard and in accordance with Emergency Medical Treatment and Labor Act (EMTALA). Accessing an ED for care is an option exercised by patients seeking available high-quality services.

The American College of Emergency Physicians (ACEP) believes that:

- Emergency medical care must be available to all members of the public.
- Access to appropriate emergency medical and nursing care must be unrestricted.
- A smooth continuum should exist among out-of-hospital providers, ED providers, and providers of definitive follow-up care.
- Evaluation, management, and treatment of patients must be appropriate and expedient.
- Resources should exist in the ED to accommodate each patient from the time of arrival through evaluation, decisionmaking, treatment, and disposition.
- EDs should have policies and plans to provide effective administration, staffing, facility design, equipment, medication, and ancillary services.
- The emergency physician, emergency nurse, and additional medical team members are the core components of the emergency medical care system. These ED personnel must establish effective working relationships with other health care providers and entities with whom they must interact. These include emergency medical services (EMS) providers, ancillary hospital personnel, other physicians, and other health care and social services resources.

Policy sections include the following:

### 1. Resources and Planning

\*These guidelines are intended to apply to either hospital-based or freestanding EDs open 24 hours a day.

- A. Responsibilities and Public Expectations
- B. Necessary Elements
  1. Administration
  2. Staffing
  3. Facility
  4. Equipment and Supplies (see also [Figure 1](#))
  5. Pharmacologic/Therapeutic Drugs and Agents (see also [Figure 2](#))
  6. Ancillary Services (see also [Figures 3 and 4](#))
- C. Relationships and Responsibilities
2. Figures
  - A. Suggested Equipment and Supplies for EDs
  - B. Suggested Pharmacologic/Therapeutic Drugs for EDs
  - C. Radiological, Imaging, and Other Diagnostic Services
  - D. Suggested Laboratory Capabilities
  - E. References
1. Resources and Planning
  - A. Responsibilities and Public Expectations
    1. EDs should be staffed by qualified personnel with knowledge and skills sufficient to evaluate and manage patients who seek emergency care. EDs should be designed and equipped to facilitate this work.
    2. Timely emergency care by an emergency physician and emergency nursing staff physically present in the ED must be continuously available (24 hours a day, 7 days a week).
    3. Emergency patient evaluation and stabilization must be provided to each individual who presents for such care. As is consistent with applicable standards and regulations, the patient or applicable guarantor is financially responsible for the charges incurred in the course of this care.
    4. EDs should participate in an active public education program that details the intended scope of services provided at the facility.
    5. EDs should support existing EMS systems and provide medical direction where appropriate.
  - B. Necessary Elements

This section of the guidelines outlines elements of administration, staffing, design, and materials needed for the delivery of emergency care.

1. Administration
  - a. The emergency facility must be organized and administered to meet the health care needs of its patient population. A written organizational plan for the ED consistent with hospital bylaws and similar to the organizational plan of other clinical departments in the hospital should exist.
  - b. Operation of the ED must be guided by written policies and procedures.
  - c. The medical director of an ED,<sup>†</sup> in collaboration with the director of emergency nursing and with

<sup>†</sup>Where appropriate in this document, the term “chair, or chief, of the department of emergency medicine” may be substituted for the title “medical director of the ED.”

The rooms, equipment, instruments, and supplies listed below are only suggestions. Each of the items should be located in or immediately available to the area noted. This list does not include routine medical or surgical supplies such as adhesive bandages, gauze pads, and suture material, nor does it include routine office items such as paper, desks, paper clips, and chairs.

#### **Entire Department**

Central station monitoring capability  
 Physiologic monitors  
 Blood flow detectors  
 Defibrillator with monitor and battery  
 Thermometers  
 Pulse oximetry  
 Nurse-call system for patient use  
 Portable suction regulator  
 Infusion pumps to include blood pumps  
 Intravenous-line poles  
 Bag-valve-mask respiratory and adult- and pediatric-size mask  
 Portable oxygen tanks  
 Blood/fluid warmer and tubing  
 Nasogastric suction supplies  
 Nebulizer  
 Gastric lavage supplies, including large-lumen tubes and bite blocks  
 Urinary catheters, including straight catheters, Foley catheters, Coudé catheters, filiforms and followers, and appropriate collection equipment  
 Intraosseous needles and placement equipment  
 Lumbar puncture sets (adult and pediatric)  
 Blanket warmer  
 Tonometer  
 Slit lamp  
 Wheelchairs  
 Medication-dispensing system with locking capabilities  
 Separately wrapped instruments (specifics will vary by department)  
 Availability of light microscopy for emergency procedures  
 Weight scales (adult and infant)

Tape measure  
 Ear irrigation and cerumen removal equipment  
 Vascular Doppler  
 Anoscope  
 Adult and pediatric “code” cart  
 Suture or minor surgical procedure sets (generic)  
 Portable sonogram equipment  
 ECG machine  
 Point-of-care testing  
 Radiograph-viewing capabilities  
 Chart rack  
 Computer system  
 Internet capabilities  
 Patient tracking system  
 Access to electronic health record  
 Radio or other device for communication with ambulances  
 Patient discharge instruction system  
 Patient registration system/information services  
 Intradepartmental staff communication system: pagers, mobile telephones  
 ED charting system for physician, nursing, and attending physician documentation equipment  
 Reference materials, including toxicology resource information  
 Personal protective equipment: gloves, eye goggles, face mask, gowns, and head and foot covers  
 Linen (pillows, towels, washcloths, gowns, blankets)  
 Patient belongings or clothing bag  
 Security needs, including restraints and wand-type or freestanding metal detectors, as indicated  
 Equipment for adequate housekeeping

#### **General Examination Rooms**

Examination tables or stretchers appropriate to the area. (For any area in which seriously ill patients are managed, a stretcher with capability for changes in position, attached intravenous-line poles, and a holder for portable oxygen tank should be used. Pelvic tables for gynecologic examinations.)  
 Step stool  
 Chair/stool for emergency staff

**Figure 1.** Suggested equipment and supplies for EDs.

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