

Royal Hospital for Women (RHW) CLINICAL BUSINESS RULE



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SUMMARY	Timely and efficient handover of clinical care of admitted patients from the Emergency Department medical staff to in-patient medical staff is essential for the safe and effective care of each patient and for maintaining the effective operation of the Emergency Department. An essential component of this transition of responsibility for the clinical care of the patient is timely confirmation of acceptance of the clinical handover by the relevant inpatient clinical team.

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BUSINESS RULE

COVER SHEET

RHW PATIENTS ATTENDING PRINCE OF WALES
HOSPITAL EMERGENCY DEPARTMENT

RHW CLIN038

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This Clinical Business Rule is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

1. BACKGROUND

Timely and efficient handover of clinical care of admitted patients from the Emergency Department medical staff to in-patient medical staff is essential for the safe and effective care of each patient and for maintaining the effective operation of the Emergency Department. An essential component of this transition of responsibility for the clinical care of the patient is timely confirmation of acceptance of the clinical handover by the relevant inpatient clinical team.

2. RESPONSIBILITIES

- Registered Nurses/Midwives
- RHW Registrar
- RHW Access And Demand Manager/After Hours Nurse Manager (AHNM)
- RHW Staff Specialist
- RHW Gynaecology Consultant
- RHW Obstetric Consultant
- POWH ED Senior Medical Officer

3. PROCEDURE

- Admission of patients attending POWH ED will adhere to general principles outlined in [PD2009_055 Emergency Department - Direct Admission to Inpatient Wards](#) and [POWCLIN144 Admission Business Rule](#). Where relevant admission delegation to the ED is required, the RHW and POWH ED will be considered as one hospital.
- No patient should be transferred to an inpatient ward without effective notification to the admitting service and the RHW Access and Demand Manager/AHNM (**Mobile 0434 565 264 / page 44020**).
- POWH ED will be responsible for completing clinical notes, documenting the outcome of the admission notification, and ensuring that the patient is safe for transfer to the intended ward. In particular, any alteration to Calling Criteria or requires discussion with the admitting team prior to transfer.
- POWH ED staff will ensure the appropriate medications and fluids have been charted in accordance with the following POWH Clinical Business Rule: [POWH CLIN043 Responsibility for Prescribing Current Medication when a Patient is Admitted to a Ward through the Emergency Department](#).

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- POWH ED will retain responsibility for direct patient care of patients within the ED, including the immediate response to an emergency situation.
- From the time of admission, the RHW Admitting Team is responsible for ongoing clinical decisions, and documentation and communication of the treatment plan, and should provide appropriate review and response to clinical needs of the patient, as well as response to emergent situations notified by the POWH ED.

3.1 Obstetric patient (mother or neonate)

>20 weeks Pregnant

- Referrals can be made from triage after discussion with POWH ED senior medical officer (Registrar or Consultant).
- **If patient stable and presentation related to pregnancy:** contact Access Demand Manager /AHNM (**Mobile 0434 565 264 / page 44020**) for immediate transfer to Birthing Unit.
- **If patient unstable or imminent delivery:**
 - **Code BLUE - phone connected with '2222' line at RHW. Please ask for a "Code Blue – RHW, location POWH ED", and specify the team/s as applicable – Obstetric and/ or Neonatal. Appendix 1**
- Refer to [SESLHD Management of the deteriorating MATERNITY woman](#).
- Refer to [Maternal Collapse](#).

3.2 Baby Born Before Arrival

- **If mother and baby stable:** contact Access and Demand Manager /AHNM (**Mobile 0434 565 264 / page 44020**) urgently who will notify Birthing Unit of impending transfer
- **If mother or neonate are unstable:**
 - **Code BLUE - phone connected with '2222' line at RHW. Please ask for a "Code Blue – RHW, location POWH ED", and specify the team/s as applicable – Obstetric and/ or Neonatal. Appendix 1.**
- Refer to [Baby Born Before Arrival](#).

3.3 Post - Partum Patients

- Refer to [Postpartum Hemorrhage – Prevention and Management](#).
- Refer to [Sepsis in Pregnancy and Postpartum LOP](#).
 - Assess patient in POWH ED. If hemodynamically unstable triage appropriately. Perineal breakdown does not necessarily require assessment by POWH ED medical staff.
 - Contact the RHW O&G Registrar (**page 44081**). If no/ delayed response contact the Access Demand/ AHNM (**Mobile 0434 565 264 / page 44020**).
 - If delays arise affecting safety or POWH ED flow contact the Obstetric consultant via RHW switch (**RHW Switch 9382 6111**).

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- Refer to [Mastitis and Breast \(Lactational\) Abscess –Readmission for Treatment LOP](#) and [SESLHD Mastitis \(Lactational\) Treatment](#).
 - Obtain consult from POWH Acute Surgical Breast team in the first instance to exclude breast abscess.
 - Medical officer to arrange diagnostic ultrasound if breast abscess is suspected or mastitis is not resolved after 48 hours of antibiotics.
 - RHW Breast Centre – Monday, Wednesday Friday (**Phone 93826614**).
 - POWH Ultrasound Department Tuesday, Thursday and after hours (**Phone 9382 0300**).
 - Les than 6 weeks postnatal admit to RHW Maternity Services – Obstetrics (Mastitis) or Acute Surgery Breast Surgery Team (Abscess).
 - Greater than 6 weeks postnatal admit Gynecology Services POWH Acute Surgery Breast team.

3.5 Stable Pregnancy < 20 weeks

- Refer to [EPAS – Management of women with problems in early pregnancy](#).
- Refer also to the POWH Business Rule [Management of First Trimester Pain and Bleeding at Prince of Wales Hospital Emergency Department](#).
- Contact EPAS to confirm appointment – (**Phone 9382 6701**) between 07:30-16:30. After hours contact the AHNM (**Mobile 0434 565 264 / page 44020**).
- Advise woman to attend EPAS with a copy of their ED discharge letter.

3.6 Unstable patient (or possible)

- Assess woman in POWH ED for hemodynamic stability, provisional diagnosis will require a Hb blood group, a urinary or serum BhCG (when indicated).
- Contact senior POWH ED staff (Registrar/Consultant) if the woman is currently or potentially hemodynamically unstable.
- **DO NOT** transfer woman out of the ED department if they fall outside of CERS calling criteria.
- If **ruptured ectopic and or unstable**, resuscitate appropriately, insert two large bore IV cannulas and commence intravenous fluids.
- Discuss the requirement for a vaginal examination on a case-to-case basis with ED senior medical staff, perform as appropriate.
- Speculum exam by the emergency team is indicated for heavy bleeding or suspected cervical shock where removal of products form the cervical OS is important to control bleeding and reverse shock.
- Contact the RHW O&G Registrar (**page 44081**), if no response within 30 minutes **escalation** to the Gynaecology Staff Specialist on call (in hour) or the Gynaecology Consultant (after hours).
- Contact the Access and Demand/ AHNM (**Mobile 0434 565 264 / page 44020**) for further assistance.
- **If Greater than 15 weeks** and impending delivery contact the Access and Demand.

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Manager/ AHNM (**Mobile 0434 565 264 / page 44020**) who will notify Birthing Unit of transfer. Transfer to Birthing Unit.

- **If patient unstable or imminent delivery:**
 - **Code BLUE - phone connected with '2222' line at RHW. Please ask for a "Code Blue – RHW, location", and specify the team/s as applicable - Gynaecology, Appendix 1.**

3.7 Pelvic/Low Abdominal Pain

- Assess patient in POWH ED, resuscitate, provide analgesia as required.
- Perform a BhCG screening and examination where appropriate.
- Discuss with the POWH ED Registrar re: provisional diagnosis, further investigations and examination required.
- Contact the RHW O&G Registrar (**page 44081**) if no response within 30 minutes escalation to the Gynaecology Staff Specialist on call (day) or the Gynaecology Consultant (after hours).
- Contact the Access and Demand/ AHNM (**Mobile 0434 565 264 / page 44020**) for further assistance.
- Determine appropriate admission criteria depending on clinical acuteness and diagnosis - Patients could be cared for in POW wards, HDU, ICU or RHW wards - Macquarie ward or Close Observation Unit (RHWCOU).
- Avoid leaving the patient in the POWH ED for extended periods awaiting multiple investigations and / or clinical reviews by different teams.
- Discharge the patient if she is well and appropriate follow up arranged by the discharging team.
- Refer to [SESLHD Management of the Deteriorating ADULT inpatient \(excluding maternity\)](#)

3.8 Menorrhagia

- Assess patient in POWH ED, resuscitate and investigate as appropriate.
- Discuss with POWH ED Registrar who will determine further necessary investigations, examination and / or management.

3.9 Pelvic/ Perineal Trauma

- Assess in POWH ED, resuscitate and investigate as appropriate.
- Discuss with the ED Registrar, who will determine further necessary investigations and/or management.

3.10 Infertility patient (especially Ovulation Induction Patients)

- Assess in POWH ED, resuscitate and investigate as appropriate.
- Contact the RHW O&G Registrar (**page 44081**) if no response within 30 minutes escalation to

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the Gynaecology Staff Specialist on call (day) or the Gynaecology Consultant.

- Contact the Access and Demand/ AHNM (**Mobile 0434 565 264 / page 44020**) for further assistance / guidance if delay occurs.
- Refer to [Ovarian Hyperstimulation](#).

3.12 Acute on Chronic Pain Patients

- Assess in POWH ED, resuscitate and investigate as appropriate.
- If a known patient to chronic pain service at RHW, contact RHW chronic pain team (chronic pain specialist / fellow on call roster **RHW switch 9382 6111**).
- If a known patient to POWH pain service consultation to POWH pain service.
- If admission is recommended, contact RHW O&G Registrar (**page 44081**).
- Admit to on call Gynaecology team – a referral to RHW chronic pain service will be arranged.
- If the patient is discharged and requires earlier follow up with the chronic pain team, the consulting Gynaecology team will liaise with the chronic pain team (fellow or CNC) within 24 hours of discharge to triage an outpatient appointment in the subacute pain clinic.
- If the patient is on regular opioids, a Safescript check is recommended. If the patient on regular opioids is discharged with additional opioids, a discharge letter should be sent to the prescribing doctor and / or GP with the opioid, dose and quantity specified.
- If there are concerns with opioid prescription in the emergency setting and on discharge, the chronic pain team can be consulted.

3.12 Sexual Assault

RHW does not have an acute sexual assault service.

- Stabilise the patient prior to transfer to the Sexual Assault Unit at SGH or RPAH (whichever is closest to the patient's home address).
- Defer non-urgent pelvic/ perineal examination until appropriate staff using the forensic kit can perform it.
- Contact the Sexual Assault team at the receiving hospital prior to transfer.

3.13 Gynae Oncology Patients

- Assess the patient in the ED, resuscitate and investigate as appropriate
- Discuss the patient with ED senior medical staff to plan further clinical management plans of this patient.
- Requests for Gynae Oncology review should be directed to the Gynae/ Oncology Fellow on call (**RHW Switch 9382 6111**).
- Contact the Access and Demand/ AHNM (**Mobile 0434 565 264 / page 44020**) for further assistance.

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- Contact the RHW Gynaecological Oncology Fellow

3.14 Breast Patients

- Assess patient in POWH ED, resuscitate, provide analgesia as required
- Contact the POWH Acute Surgical Breast team for management plan.

3.15 POWH Overflow Admissions

- Assess patient in POWH ED, resuscitate, provide analgesia as required
- Capacity for admission is compromised at POWH
- Contact the POWH Patient Flow Unit/ AHNM for admission management plan.
- Escalate to POWH Hospital Executive
- Inform POWH Admitting Team of plan for admission to RHW inpatient ward
- POWH Patient Flow Unit/ AHNM contacts RHW Access Demand Manager/AHNM of escalation to admit POWH inpatient
- RHW Access Demand Manager/AHNM escalates to RHW Executive on call
- Following admission it is essential that patients are transferred to the appropriate inpatient unit as efficiently as possible.

ALL OBSTETRIC AND GYNAECOLOGICAL ULTRASOUND EXAMINATIONS SHOULD BE PERFORMED IN THE MEDICAL IMAGING DEPARTMENT OF THE ROYAL HOSPITAL FOR WOMEN.

4. HAZARDS/SUB-OPTIMAL OUTCOMES

- Unnecessary delays in the management of woman attending the Prince of Wales Hospital (POWH) Emergency Department (ED) with problems relating to Obstetrics and Gynaecology/ Gynaecology
- Additional workload for POWH and RHW staff.

5. DOCUMENTATION

- Triage form
- eMR

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6. EDUCATIONAL NOTES

- Most patients will fall into easily defined groups and on that basis can be managed according to a generalised Clinical Business Rules. Some patients however will not be covered by this advice. If in doubt please contact the Access and Demand Manager /AHNM (page 44020).

7. IMPLEMENTATION and COMMUNICATION AND EDUCATION PLAN

The revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.

8. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE GUIDELINES

- PD2009_055 [Emergency Department - Direct Admission to Inpatient Wards](#)
- PD2022_012 [Admission to Discharge Care Coordination](#)
- PD2018_010 [Emergency Department Patients Awaiting Care](#)
- PD2011_031 [Interfacility Transfer Process for Adult Patients Requiring Specialist Care](#)
- [RHW Admission to Discharge Care](#)
- [RHW Close Observation Unit](#)

9. CULTURAL SUPPORT

- When clinical risks are identified for an Aboriginal woman, she may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.
- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours.
- If the woman is from a non-English speaking background, call the interpreter service: [NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters](#).

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REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
18/12/2023	2	Access Demand Manager RHW
26/10/2023	1	Access Demand Manager RHW
28/06/2023		Reviewed and endorsed Gynaecology Services Division 28/6/18
15/03/2012		Replacing 'Obstetric, Gynaecology and Gynae Oncology Patients attending POWH Emergency'
21/10/2010		Replacing 'Obstetric patients attending Emergency Dept POWH" Endorsed Gynaecology Management Committee & Obstetric Clinical Guidelines Group
15/12/2003		'Gynaecological presentations at Emergency Dept POWH' approved Quality Council 15/12/03
21.3.24	3	Updated colours in Appendix 1 Endorsed at RHW SQC

Appendix 1: POWH ED Escalation Pathway



OBSTETRIC, GYNAE or NEONATE EMERGENCY PHONE

This phone is connected with '2222' line at RHW. Please ask for a "Code Blue – RHW, location", and specify the team/s as applicable:

GYNAE TEAM:

- Non-viable pregnancy <20 weeks
- Other Gynae emergencies (e.g. Ruptured ectopic)

OBSTETRIC TEAM:

- Birthing woman
- Other emergencies with pregnancy ≥ 20 weeks

NEONATAL TEAM:

- Birthing woman ≥ 23 weeks gestation
- Needs to be called in addition to Obstetric team

If unsure/unclear about the gestation of the woman, activate Gynae team



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