

RHW PATIENTS ATTENDING PRINCE OF WALES HOSPITAL EMERGENCY DEPARTMENT

1. OPTIMAL OUTCOMES

- To avoid unnecessary delays in the management of women attending the Prince of Wales Hospital (POWH) Emergency Department (ED) with problems relating to pregnancy
- To escalate medical review in POWH ED by the Royal Hospital for Women (RHW) team

2. PATIENT

- Women presenting to POWH ED for Obstetric or Gynaecological related problems

3. STAFF

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

4. COMMUNICATION

Obstetric:

For women who have been consulting an Obstetrician privately it is preferable to contact the Private Consultant for that patient, before contacting the RHW Registrar on call. For all emergent situations, the onsite staff at RHW should be contacted and asked to attend whilst the private obstetrician is located and asked to attend. For POW Private Hospital patients, contact POW Private Hospital Delivery Suite on Tel: 96544444.

- If greater than 20 weeks gestation contact the Access and Demand Manager/AHNM (page 44020) to arrange transfer of the Obstetric patient to the Birthing Unit where the presenting problem is predominantly of obstetric or fetal concern.
- If patient unstable or imminent delivery contact the Access and Demand Manager/AHNM (page 44020) who will coordinate a midwife, RHW Registrar and Neonatal team to be present for birth
- If patient less than 20 weeks but greater than 15 weeks gestation and presenting with imminent delivery contact the Access and Demand Manager/AHNM (page 44020) to arrange immediate transfer of the obstetric patient to the Birthing Unit.

Post - Partum Patients

- Refer to Postpartum Hemorrhage – Prevention and Management
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/pphpreventandmanage18.pdf>
- Refer to [Sepsis in Pregnancy and Postpartum LOP](#)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/seppregpost.pdf>

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Mastitis

- Refer to [Mastitis and Breast \(Lactational\) Abscess –Readmission for Treatment LOP](https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/mast.pdf)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/mast.pdf>

Gynaecology/ Gynae Oncology:

In- hours (Monday – Friday)

- Requests for Gynaecological review **less than 20weeks** should be directed to the RHW Gynaecology Registrar/ Fellow (pg 44081) if no response within 30 minutes escalation to the Gynaecology Staff Specialist on call (day) or the Gynaecology Consultant
- Contact the Access and Demand/ AHNM (page 44020) for further assistance / guidance if delay occurs
- Requests for Gynae oncology review should be directed to the Gynae/ Oncology Fellow on call

Out of hours

- Requests for Gynaecological review **less than 20weeks** should be directed to the Evening/Night Gynaecology Registrar on duty (page 44081) and if no response within 30 minutes escalation to the Gynaecology Staff Specialist on call (day) or the Gynaecology Consultant

Escalation and Responsibilities of Access and Demand /AHNM

- To liaise with RHW O&G Registrar and agree who is best placed to respond and in what time frame.
- To communicate with POWH ED and advise who will be attending
- To respond and escalate and call in O&G first on call/ or consultant to respond to clinical situations in POWH ED when the on-duty O&G Registrar is not available and POWH ED require immediate response and assistance in escalation

5. CLINICAL PRACTICE

Pregnancy (mother or fetus)

>20 weeks Pregnant

- Ensure the woman is stable and does not fall outside of PACE criteria – does not require immediate intervention (eg hypertensive crisis, massive antepartum haemorrhage (APH), imminent delivery)
- Discuss with POWH ED senior medical officer (Registrar or Consultant).
- Commence appropriate protocols and page Access and Demand Manager /AHNM (Page 44020) urgently who will notify Birthing Unit of impending transfer
- Send to Birthing Unit immediately if patient is stable.
- If patient unstable RHW Access and Demand Manager/ AHNM (page 44020) will arrange for a midwife, RMO and neonatal team to attend POWH ED for impending delivery or review as required.

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< 20 weeks Pregnant

- The women will most likely present with bleeding, ruptured membranes or 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

Stable patient

- Refer to [Early Pregnancy – EPAS - Management of Women with Problems in Early Pregnancy](https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/epasmanage.pdf)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/epasmanage.pdf>
- Give the next available appointment at the RHW Early Pregnancy Assessment Service (EPAS) if the patient is stable.
- EPAS operates between 07:30 and 11:30 hours Monday to Friday (excluding Public Holidays) and is an outpatient clinic service.
- Contact EPAS – (Phone 9382 6701) between 07:30-16:30 to make a booking contact 93826701 or page 46520. After clinic hours contact the AHNM (page 44020). Appointment time will be allocated for the EPAS clinic
- Advise woman to attend EPAS with a copy of their ED Discharge Letter.

Unstable patient

- Assess woman in POWH ED for hemodynamic stability, provisional diagnosis will often require a Hb and blood group to be checked, as well as 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 PACE 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, and perform as appropriate
- Contact the RHW O&G Registrar, 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 (page 44020) for further assistance / guidance if delay occurs
- **If patient has progressed to imminent delivery, contact the RHW Registrar to be present at delivery in POWH ED. Contact RHW Access and Demand Manager/ AHNM on pager number 44020 for appropriate allocation of RHW bed.**
- **If Greater than 15 weeks** and impending delivery contact the Access and Demand Manager/ AHNM who will notify Delivery Suite of transfer. Transfer to Delivery Suite.

Post - Partum Patients

- Refer to Postpartum Hemorrhage – Prevention and Management
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/pphpreventandmanage18.pdf>

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- Refer to [Sepsis in Pregnancy and Postpartum LOP](https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/seppregpost.pdf)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/seppregpost.pdf>
- Assess patient in POWH ED. If hemodynamically unstable triage appropriately
- Inform the senior medical staff Registrar/Consultant
- Contact the RHW O&G Registrar, 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 (page 44020) for further assistance / guidance if delay occurs
- Perineal Breakdown Review may be arranged at RHW after discussion with the RHW Registrar, Access and Demand Manager/ AHNM. Does not necessarily require assessment by Emergency Department medical staff.

Mastitis

- Refer to [Mastitis and Breast \(Lactational\) Abscess –Readmission for Treatment LOP](https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/mast.pdf)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/mast.pdf>
- Arrange diagnostic ultrasound if breast abscess is suspected or mastitis is not resolving after 48 hours of antibiotics
- Consult the Breast Surgical Team if abscess diagnosed
- Obtain abscess specimen:
 - Explain procedure and gain verbal consent
 - Dip tip of swab into open abscess site to coat with exudate
 - Seal and label
 - Send to Pathology with request for microscopy, culture and sensitivities
 - Contact Obstetric RMO/Breast Surgeon with pathology results once known

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 surgical Registrar if most likely diagnosis is surgical.
- Contact the RHW Gynaecology Registrar/ Fellow (pg 44081) if no response within 30 minutes escalation to the Gynaecology Staff Specialist on call (day) or the Gynaecology Consultant
- Contact the Access and Demand/ AHNM (page 44020) for further assistance / guidance if delay occurs
- 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 ACC.
- 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 EPAS clinic following the triage guidelines. In hours contact EPAS clinic on ext 26701 (0730-1130). After hours contact the AHNM for an appointment, page 44020.

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- Transferring the patient to RHW if they fall outside of PACE calling criteria is not to occur.
- Admission direct to RHW prior to gynaecology assessment may be appropriate in stable patients where the diagnosis is clear and the registrar delayed. Arrange through the Access and Demand Manager/AHNM on Pager 44020 following discussion with the Gynaecology Registrar and/or escalation to the Gynaecology Staff Specialist/ Consultant.

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

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.

Pelvic/ Perineal Trauma

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

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

Gynaecological 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
- Contact the Access and Demand/ AHNM (page 44020) for further assistance / guidance if delay occurs

Infertility patient (especially Ovulation Induction Patients)

- Contact the RHW Gynaecology Registrar/ Fellow (pg 44081) if no response within 30 minutes escalation to the Gynaecology Staff Specialist on call (day) or the Gynaecology Consultant
- Contact the Access and Demand/ AHNM (page 44020) for further assistance / guidance if delay occurs
- Contact the Access and Demand /AHNM (page 44020) should this patient require admission to RHW. These patients usually require admission to the Acute Care Unit in RHW and plans for this need to be discussed with the relevant personnel in conjunction with the admission policy for ACC.

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6. 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.

7. DOCUMENTATION

- Triage form
- eMR

8. EDUCATIONAL NOTES

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

9. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE GUIDELINES

- [MOH Patient Flow Portal](#)
- [Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals Procedures.](#)
- [PD2012_011 Waiting Time and Elective Surgery Policy](#)
- [PD2011_031 Interfacility Transfer Process for Adult Patients Requiring Specialist Care](#)
- [Critical Care Tertiary Referral Networks and Transfer of Care \(ADULTS\)](#)
- [PD2010_030 Critical Care Tertiary Referral Networks \(Paediatrics\)](#)
- [Acute Care Centre: Admission Criteria, Process and Management LOP](#)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/accadmission.pdf>
- [RHW Born Before Arrival \(BBA\)](#)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/bornbefore.pdf>
- [Postpartum Haemorrhage \(PPH\) – Prevention and Management](#)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/pphpreventandmanage18.pdf>
- [Sepsis in Pregnancy and Postpartum LOP](#)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/seppregpost.pdf>
- [Mastitis and Breast \(Lactational\) Abscess –Readmission for Treatment LOP](#)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/mast.pdf>
- [Early Pregnancy – EPAS - Management of Women with Problems in Early Pregnancy](#)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/epasmanage.pdf>
- [Termination of Pregnancy – Framework LOP](#)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/Termination%20of%20Pregnancy%20-%20Framework.pdf>
- [Termination of Pregnancy \(Medical & Surgical 1st 2nd and 3rd Trimester\) – Admission LOP](#)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/termmedsurg123trimesteradmission.pdf>
- [Miscarriage - Medical Management LOP](#)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/Misoprostol%20and%20Mifepristone%20for%20Medical%20Termination%20of%20Pregnancy%20and%20or%20Fetal%20Death.pdf>
- [Ovarian Hyperstimulation](#)
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/Ovarian%20Hyperstimulation.pdf>

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10. REFERENCES

REVISION & APPROVAL HISTORY

Reviewed and endorsed Gynaecology Services Division 28/6/18 – replacing '*Obstetric, Gynaecology and Gynae Oncology Patients attending POWH Emergency*'

Approved Quality & Patient Safety Committee 15/3/12

Endorsed Gynaecology Services Management Committee 9/2/12

Approved Quality & patient Safety Committee 21/10/10

Endorsed Gynaecology Management Committee & Obstetric Clinical Guidelines Group October 2010

Replacing '*Obstetric patients attending Emergency Dept POWH*' – approved RHW Council 22/2/99

reviewed April 2001 and '*Gynaecological presentations at Emergency Dept POWH*' approved Quality Council 15/12/03

FOR REVIEW : NOVEMBER 2023

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POWH EMERGENCY DEPARTMENT FLOWCHART

Obstetric & Gynaecology patient
Presenting to Emergency Department

1. Assess for haemodynamic stability
2. Obtain history
3. Perform appropriate physical examination
4. Discuss the requirement for a vaginal examination on a case-to-case basis with ED senior medical staff, perform as appropriate.

Hemodynamically
Unstable

Pregnant
(serum bHCG)

Not Pregnant
(Serum bHCG <1)

<20 weeks gestation

>20 weeks gestation

Need urgent review

Non urgent review

Hemodynamically unstable or/
High suspicion of ectopic
pregnancy

Stable

Discuss with obstetric
registrar
Page #44081 (after hours)

Contact RHW Access and
Demand Manager / AHNM #
44020 to confirm transfer to
Birthing Unit 93826100

Page Gynaecology
Registrar/Fellow
Page # 44081
No response in 30 minutes:
escalate to Gynaecology SS
on call/ Consultant

If >15 weeks and imminent
delivery page RHW Access
and Demand Manager /
AHNM # 44020

Refer to EPAS clinic
(Mon – Fri morning)
Page #46520 for appointments
After hours page RHW AHNM #
44020
OR
Discuss with Gynaecology
Registrar/Fellow on page
#44081

Page Gynaecology Registrar/Fellow
Page # 44081
No response in 30 minutes:
escalate to Gynaecology SS on call/
Consultant

If >15 weeks and imminent delivery
page RHW Access and Demand
Manager / AHNM # 44020

Gynaecology
Registrar/Fellow
Page # 44081
No response in 30
minutes: escalate to
Gynaecology SS on call/
Consultant