Emergency Department & Emergency Medicine Workload Tool

User Guide &
Frequently Asked Questions
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1. Introduction

1.1 Purpose of the User Guide

This user guide will provide all of the information required to complete the Emergency Department and Emergency Medicine (EDEM) workload tool. It will provide detailed information from how to log in to how to finalise and submit data. A 'Frequently Asked Questions and Answers' document is also included in the user guide. The user guide will not provide information about the methodologies used to develop the tool or how best to use the reports obtained from the tool. That information can be accessed via the learning resources available on the Healthcare Staffing Programme (HSP; previously known as NMWWPP) webpages: http://www.isdscotland.org/Health-Topics/Workforce/Nursing-and-Midwifery/NMWWP/

This user guide is available within the EDEM workload tool, as are information prompts at each part of the tool. To see further information on a section in the tool, select the information icon:

The workload tool is designed by doctors and nurses working within this environment in NHS Boards across Scotland. Workload is recorded along with workload acuity and a recommended whole time equivalent (rWTE) based on the workload information is calculated. This supports NHS Boards in their decisions to ensure that as far as possible they have in place appropriate staffing to meet the variable workload demands. The calculations include a predicted absence allowance of 22.5% for nursing and midwifery staff and 25% for medical staff where applicable.

The tool measures all aspects of the emergency department multiprofessional work and includes direct care, indirect care and associated workload.

The Additional Activity section is used for those unplanned events that may occur that require additional resources for a period of time. Appropriate additional activities were agreed by the national working group who developed the tool.

The national working group recommended that the tool should be applied, as minimum, during the summer and the winter for a minimum 2-week period. As the tool is available locally the tool may be applied more frequently and for longer periods to build up a local dataset and trends in workload.

It is important to remember the report is only one part of the triangulation approach to workload planning and should be considered in conjunction with:

- Funded establishment
- The findings from the Professional Judgement tool
- Quality indicators and local context

The Professional Judgement tool is on the SSTS platform. This should be applied concurrently

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1 See Appendix Emergency Department/Emergency Medicine Dependency Levels for detailed description of each level of care.
with the workload tool. The Professional Judgement tool allows staff to use their professional opinion in deciding what staffing was required for the actual workload carried out during the designated period. The information will help to inform decisions on staffing needs when drawing up work plans.

1.2 Background

Workload tools are an essential part of the Health and Care (Staffing) (Scotland) Act 2019 aimed at ensuring health & social care staffing is at the level required to deliver safe, high quality care to people using the services. The tools are designed to give staff the platform on which to record information about the actual work they do. This is to collate the activities in a manner that supports decisions about staffing, resource allocation and service design as part of a triangulated process of planning.

To find out more about this, please refer to the HSP website and learning resources: https://www.isdscotland.org/Health-Topics/Workforce/Nursing-and-Midwifery/NMWWP

The political commitment in Scotland is that, through application of a common staffing method (figure 1), health services will be staffed to the level required to provide safe, high quality care. To ensure this, each NHS Scotland Board and the services therein, are responsible for having effective planning processes, informed by the activities captured through the legislated use of workload tools

Figure 1 – The common staffing method

The Professional Judgement tool (and all other tools) can be accessed in the same way as detailed below. However please refer to each tools’ individual user guides for direction about how and when to complete.
2. Logging In

2.1 Accessing the tools

To gain access to the workload planning tool you will require access to the local SSTS platform. Please speak to your line manager about local processes to obtain this.

Once you have been issued with your username and password (via your local SSTS manager) you should use the link provided to go to the login page.

⚠️ The tools should be accessed via Internet Explorer 11 or Internet Explorer 8. Firefox, Google Chrome or any other browsers are not supported and should not be used.

Enter your username and password as they were provided to you and select ‘Login’:

Shared Authentication for eExpenses, ePayroll, SSTS and Workforce.

Please enter a valid Username and Password

Username: 
Password: 

Login  Exit

NOTICE TO USERS

This computer system is the property of NHSScotland. It is for authorised use only. Unauthorised or improper use of this system may result in disciplinary action.

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Server NHLWWSSTSUWB01

⚠️ Passwords are case-sensitive and you will be prompted to change your password the first time you log in.
Click ‘Confirm’ to proceed:

And then select ‘SSTS’:

### 2.2 Screen Display Issues

Some boards have reported issues with the workload tool screens not displaying correctly, for example save buttons being hidden or data entry boxes being misaligned. This is due to compatibility issues following an SSTS update. If you experience display problems, you should first check that you are using either Internet Explorer 8 or Internet Explorer 11. If you are still having problems, please contact your local SSTS Manager, who can advise on local settings and solutions.

Firefox, Google Chrome or any browsers apart from Internet Explorer 8 or 11 are not supported and should not be used.
2.3 Changing Working Location

Once you have logged in to the tool you will be presented with the following screen:

Check the Current Location at the top of the screen.
If this is incorrect, select ‘My Account’ and then ‘Change Working Location’:

A screen will then appear containing the ward and clinical areas you have access to:

The ward/area can be searched for by roster location, staff bank, local area or employer.
To choose a ward/area of interest, select it from the available list and then click ‘Select’:
The below screen will then appear, select ‘OK’ to proceed:

The location will then update on the toolbar:
3. Creating and Editing a Record

3.1 Opening the tool

To open the EDEM tool, select ‘Workload Tools’ and then ‘EDEM’:

3.2 Editing existing records

Existing records will be shown in the Event Date table, with records for the most recent dates first:

Click on Edit beside a date to amend individual patient data that has been recorded for that date.
Clicking on Delete or Amend Date will alter the information for all of the records that have been entered for that date. If you click on one of these options, you will be asked to confirm that you want to amend the date or delete the data.

### 3.3 Creating a new record

Click on a date on the calendar to create a new record. Today's date is highlighted by default:

You can only create new records for dates up to two months in the past.
4. **EDEM Interventions Tab**

4.1 **Adding a Direct Intervention**

The default page when a new record is created is the EDEM Interventions tab. Here, you can enter data for individual patients. The EDEM Interventions tab will initially contain no details when the user accesses this screen for the first time.

To add a direct intervention, the user should select “Add Patient” at the bottom of the screen:

![Add Patient Button](image)

When the Add Patient button is clicked, it will take you to the screen below. Here you can enter the Unique Identifier, Time In and Time Out, and select the level of care from a drop-down menu for each patient.

- ! The Unique Identifier is required to track patient throughput to ensure that all patient workload has been recorded and/or that there is no double counting. The Patient CHI is the most commonly used identifier.

- ! Click on the information icon next to Select level of care to see a description of the levels of care.
Click ‘Save’ to save data and return you to the EDEM Interventions tab.

Click ‘Save and add new patient’ to save the data and bring up a clear screen to enter another patient's information.

When you have completed entering data and saved it, you will be returned to the EDEM Interventions screen, which should now look similar to the screen below:

### 4.2 Adding a Change in Level of Care

If a patient's level of care changes during their stay, click on the plus sign beside the Unique Identifier:

The following will appear under the unique identifier. Click ‘Add another Level’ under ‘Add another Level of Care’:
The following pop-up will appear:

![EDEM Intervention Pop-up](image)

The Time In will be auto-populated as one minute after the last Time Out. This cannot be edited.
Enter the Time Out and select the new level of care.
Click ‘Save’ to return to the EDEM Interventions screen, with a new line added for the new level of care.
Click ‘Save and add another’ to save the entry and add another change in the level of care for the same patient.
Clicking ‘Cancel’ returns you to the previous screen.

**4.3 Editing and Deleting an Intervention**

To edit an intervention for a particular patient, click on ‘Edit’ beside the Unique Identifier:

![EDEM Interventions Screen](image)

This takes you to a screen where all levels of care for that patient are displayed:

![EDEM Interventions Table](image)

It is possible to edit the Unique Identifier on this screen.
You can also click on Edit beside any level of care to edit the corresponding information. This brings up a pop-up as shown in section 4.2.
Clicking ‘Delete’, beside the last level of care deletes the entry for that level of care. On this screen, you can only delete one level of care entry at a time. You will be asked to confirm that you want to delete the level of care entry:

Once you have made the changes, click ‘Save’ to save the changes and return to the EDEM intervention screen.
Alternatively, click ‘Save and add new patient’ to save the data and add data for a new patient. ‘Cancel’ will take you back to the previous screen without saving the changes.

You can also edit entries for individual levels of care by clicking the plus beside a Unique Identifier on the EDEM Interventions page. This brings up a list of the levels of care, allowing you to Edit or Delete for different entries as above. The Unique Identifier cannot be edited this way:

To delete all data for a Unique Identifier, click Delete beside the Unique Identifier on the EDEM Interventions screen:

You will be asked to confirm that you wish to delete all data for that Unique Identifier.
5. Additional Activities Tab

The additional activity section should only be used if there is a rare event that has a significant adverse effect on the Emergency Department resource that requires the interventions of a number of additional staff for a specific period of time.

If there were any additional activities that took place on the date concerned click on the Additional Activities tab to enter data.

The Additional Activities screen will initially contain no details when you access this screen (and date) for the first time. To add an additional activity, select “Add Additional Activity”:

The following screen appears, allowing you to enter the Start and End time, Description, Staff required for an activity and the Level of Care:
The description box is a drop-down list that allows the user to select one of three options.

If “Other Please Specify” is selected, a free-text box will appear for the user to type a short description of the additional activity that took place.

Click on the information icon next to Level of care to see a description of the levels of care.

Click ‘Save’ to save the data and return you to the Additional Activities screen, or ‘Save and add another’ and enter more data. Once the data entry has been completed and you have returned to the Additional Activities tab, you should now see a screen similar to the one below:

You can choose to Edit or Delete any Additional Activity that has been entered.
6. Activity Screen

This tab shows the number of patients that have been entered for each block. If a patient’s stay spans multiple blocks, they are shown as a patient in each block.

Each change to a patient’s level of care throughout their stay is shown as an additional patient on this screen. For example, if a patient was level 1 from 11:00 to 11:59 and level 2 from 12:00 to 14:00, they would be counted as one Level 1 patient in Block 1 and one level 2 patient in Block 2.

You can click Print on this screen to print a copy of the data.
7. Summary Display tab

7.1 Summary Screen

This screen is only available for users with Editor permissions. Users with Data Entry permissions cannot see this tab. Please contact your local SSTS Manager if you require a change in tool permissions.

The top of the Summary Display tab shows a count of the number of patients for the day.

As in the Activity Screen, patients are counted once for each change in their level of care. The Total may not be the same as the Total on the Activity Screen tab. This is because patients in the Activity Screen are counted once for each time block, while patients in the Summary Display are counted once over the whole day.

The Rcmd WTEs column shows the recommended WTE based on the patient data entered into the workload tool. It gives the WTE that would be recommended if all days were the same as the current date.

The recommended WTE is broken down by nursing staff and doctors, and by different staff roles. The recommended WTE needed to cover the Additional Activity is shown separately. The Total Recommended WTE includes the recommended WTE for all nursing and medical staff, including Additional Activity WTE.
7.2 Local Data Calculations

Local data can be added under the Budget, Actual and Temporary columns.

⚠️ Budget, actual and temporary staffing should only be entered using the day 14 Summary Display tab, i.e. the final day of the two-week run. This can be left blank for all other days of the run.

⚠️ The actual hours worked needs to be collected separately for both nursing families and medical families to allow you to undertake the following calculation.

To calculate your actual staffing:

1. Add together the actual hours worked by all members of staff for each night and day shift.

   For example:
   
   On Monday:
   
   **Day shift:**
   
   - 5 staff worked an 11 hour shift, and
   - 2 staff worked a 7.5 hour shift
   
   Total staff hours on Monday day shift
   
   \[= (5 \times 11) + (2 \times 7.5)\]
   
   \[= 70 \text{ hours}\]
   
   **Night shift:**
   
   - 6 staff worked an 11 hour shift, and
   - 2 staff worked a 7.5 hour shift, and
   - 1 staff member worked a 4 hour shift
   
   Total staff hours on Monday night shift
   
   \[= (6 \times 11) + (2 \times 7.5) + (1 \times 4)\]
   
   \[= 85 \text{ hours}\]

   Total staff hours for Monday = day shift hours + night shift hours = 70 + 85 = 155 hours

2. Add the number of staff hours for the full week.

   For example:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day and night, 7 days</td>
<td>155</td>
<td>126.5</td>
<td>138</td>
<td>138</td>
<td>138</td>
<td>161</td>
<td>138</td>
<td>994.5</td>
</tr>
</tbody>
</table>
3. Do the same calculation for Week 2

4. Add the total staff hours for Week 1 and Week 2
   For example:
   Total staff hours Week 1 = 994.5
   Total staff hours Week 2 = 1005.5
   Week 1 staff hours + Week 2 staff hours
   = 994.5 + 1005.5
   = 2000

5. Divide by 2 to get the average weekly hours
   For example: 2000 ÷ 2 = 1000

6. Divide by standard weekly working hours, i.e.
   • 37.5 for nursing staff
   • 40 for medical staff
   For example:
   If the staff were nursing staff: 1000 ÷ 37.5 = 26.67
   If the staff were medical staff: 1000 ÷ 40 = 25

7. Add a percentage for Predictable Absence Allowance (PAA), i.e.
   • 22.5% for nursing staff
   • 25% for medical staff
   For example:
   If the staff were nursing staff: 26.67 x 1.225 = 32.67
   If the staff were medical staff: 25 x 1.25 = 31.25

8. Enter the average weekly WTE into day 14 of the EDEM tool.

   The temporary staffing should be calculated using the same method, except PAA should not be applied.
Once you have entered the budget, local and temporary staffing information, click the Update button. The Actual (Total) and Local Mix columns will then be calculated, as shown in the example below:

The Actual (Total) column is the sum of the Actual and Temporary columns. The local mix % is the mix of nursing and doctors in the department.
8. Reporting results

After EDEM data entry into SSTS is complete, please use the EDEM standard report developed in Business Objects (BOXI) to view and extract information for a selected period of time. This report was created by the national team and has a series of built-in prompts to generate customised outputs locally.

Access to BOXI reports requires a login and password, which can be granted by your local SSTS Manager. You will require your Line Manager’s permission and authorisation before contacting your local SSTS Manager.
9. Frequently asked questions and answers

9.1 Purpose

The purpose of this section is to give some quick guidance about completing the EDEM tool and to provide examples. This quick guide has adopted a question/answer format and should be used in conjunction with earlier parts of the user guide.

9.2 General information

Q.1 Why not use the information we already have?

The available information does not measure workload.

Q.2 What's in this for staff?

The aims of this programme of work are i) to ensure Boards have good quality information on the workload of this cohort to inform and support decisions on having the right staff in the right place, etc. and ii) to provide staff with a tool to help them in their negotiations locally. It is important that staff recognise the value of the workload tool and how to use the information to the best advantage.

Q.3 How often should the tool be run?

The EDEM tool is freely available locally so can be used regularly to monitor and record as required.

The national working group have recommended as a minimum the application of the tool twice a year, in summer and winter, for a 2-week period, to be used in conjunction with the Professional Judgment Tool over the same period.

Locally each Board may decide to use the tool more frequently within their own local workforce planning arrangements.

Q.4 Will the use of the tool result in fewer staff?

The aim of this programme is to provide workload tools to help staff and organisations recognise staffing needs in relation to workload. Decisions will be taken locally on the information. That is why it is important to be familiar with the tool and the information it provides.
Q.5 Who do I contact if I need help?
Contact your local coordinator in the first instance. The national team are available for support if the matter cannot be resolved locally.

9.3 About the tool

Q.6 Does the tool capture all aspects of my work?
The tool was developed by ED clinicians, nurses and doctors, across Scotland who have agreed that the tool broadly represents what they do. The workload tool is incorporated into a national programme of work, which will be reviewed and refreshed to ensure that as far as is possible all workload, changes and new developments are included.

Q.7 Does the tool reflect the complexity of the care given?
Levels of Care have been developed within the tool to recognise the workload required for the most straightforward care to the most critical care. The differing Levels of Care reflect the varying complexity.

Q.8 In some cases relatives may require as much, if not more, care than the patient, e.g. bereavement. Is this work captured?
Yes, this is recognised in the tool. It is important that you are familiar with the workload descriptors that are in the tool.

Q.9 What is Additional Activity?
There are only a small number of nationally agreed Additional Activities in this function. There is an option, ‘OTHER’ which allows staff to enter unusual or untoward situations, which may arise where the need for staff, for a period of time, is greater than could be anticipated. It is expected that the ‘Other’ option would be used rarely.

9.4 Outcomes

Q.10 When and where do we see the results from the tool?
Please see Section 8 for details on reporting results.

Q.11 Other staff in wider staffing establishment
The workload tool measures the workload of those delivering Direct Care. There will be local variations in how EDs are staffed, e.g. agreed dedicated time out of the clinical workload rota for specific reasons, coordinators, liaison etc.

Where these occasions happen and the staff are not rostered to work clinically, this time should be added to the WTE outcome of the workload tool in looking at the wider establishment.
Appendix 1  Emergency Department/Emergency Medicine Dependency Levels

The Workload Tool was developed to define the time and intensity of patient’s demands on medical, nursing and support worker staff in this environment. There are different levels of classifications used to identify the differing levels of complexity in the demands made on staff. The classifications range from Level 1 - routine care where there is minimal dependence on staff to Level 4 where there is total dependence on staff requiring 1:1 or continuous care.

The 🦆 symbol indicates criteria or guidance relating to children.

**Level 1 (Require routine intervention and care)**

<table>
<thead>
<tr>
<th>Level 1 description</th>
<th>Inclusion Criteria</th>
<th>Guidance on Care Required</th>
</tr>
</thead>
</table>
| Individual requires assessment. May require investigation and treatment. Needs met with routine care. Discharged home. | Any individual presenting with a minor injury or illness whose condition is stable and requires only minimal intervention. Parent, relative, carer, police/security may be present. | • Requires routine clinical assistance  
• Routine observation (may be frequent for a short period)  
• Requires advice and simple instruction on self or follow up care  
• Parent, relative, carer requires advice and simple instruction on behalf of patient or follow up care  
• May require social work/other agency intervention  
| } (This would put this in level 2 if children's)
## Level 2 (Require moderate increase in interventions and care and/or may involve the Consultant or more than one person for a specific period of time)

<table>
<thead>
<tr>
<th>Level 2 description</th>
<th>Inclusion Criteria</th>
<th>Guidance on Care Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-life threatening acutely ill/injured individual requiring clinical intervention or those who are medically unstable with a greater potential to deteriorate. OR Individual who requires increased clinical intervention/assistance with specific aspects of care.</td>
<td>Patients requiring urgent but not emergency assessment and intervention. May require admission to inpatient care.</td>
<td>Instability requiring frequent but not continuous observation. i.e. # Neck of Femur</td>
</tr>
<tr>
<td></td>
<td>Is in stable condition but with increased acuity and/or potential to deteriorate</td>
<td>• May require some or all of the following;</td>
</tr>
<tr>
<td></td>
<td>Requires more than routine care but can be managed in the ED</td>
<td>- Frequent monitoring in view of potential emergent deteriorating condition or fluctuating Vital Signs</td>
</tr>
<tr>
<td></td>
<td>Increasing parental, relative, carer reassurance and emotional support required</td>
<td>- Neurological monitoring in view of potential emergent deteriorating condition or fluctuating Level of Consciousness GCS</td>
</tr>
<tr>
<td></td>
<td>difficulties, acute trauma, confused</td>
<td>- ECG monitoring</td>
</tr>
<tr>
<td></td>
<td>Relative, carer and staff support required due to increased anxieties/behaviours of parents/carers/relatives</td>
<td>- Fluid management</td>
</tr>
<tr>
<td>Mild respiratory distress</td>
<td>Poor fluid intake due to e.g D&amp;V</td>
<td>- Oxygen therapy 24 – 40%</td>
</tr>
<tr>
<td>Restricted mobility; spinal instability/mobility difficulties, pain, psychological support with anxiety/agitation, psychosis or considered safety risk, vulnerability/risk factors, e.g. drug/alcohol abuse, suspect domestic abuse requiring constant input and supervision</td>
<td>Requires increased clinical input due to intensive therapy and invasive procedures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Requires complicated care needs requiring constant clinical attention during stay</td>
<td>- 0% Saturation monitoring</td>
</tr>
<tr>
<td></td>
<td>Has complicated emotional and/or social family/carer support needs, e.g. ill child or young person, child protection issues, learning difficulties, acute trauma, confused</td>
<td>- Invasive monitoring</td>
</tr>
<tr>
<td></td>
<td>Parents, relatives or carer’s require increasing support</td>
<td>- Pain Control</td>
</tr>
<tr>
<td></td>
<td>Parents, relatives or carer’s increasing anxiety and/or behaviours causing concern within clinical area</td>
<td>- Increasing demands on clinical time</td>
</tr>
<tr>
<td></td>
<td>May require social work/other agency intervention</td>
<td>- Requires frequent monitoring</td>
</tr>
<tr>
<td></td>
<td>Constant observation due to risk of harm/flight or agitation/confusion from organic illness, dementia, mental illness or poisoning</td>
<td>- Pain management requiring IV analgesia and/or psychological support</td>
</tr>
<tr>
<td></td>
<td>Pain management requiring IV analgesia and/or psychological support</td>
<td>- Challenging behaviour</td>
</tr>
<tr>
<td></td>
<td>Challenging behaviour</td>
<td>- Challenging behaviour</td>
</tr>
<tr>
<td></td>
<td>Parents, relatives or carer’s require increasing support</td>
<td>- Parents, relatives or carer’s increasing anxiety and/or behaviours causing concern within clinical area</td>
</tr>
<tr>
<td></td>
<td>May require social work/other agency intervention</td>
<td>- May require social work/other agency intervention</td>
</tr>
</tbody>
</table>
### Level 2 description

**Inclusion Criteria**

- May be agitated/ aggressive due to underlying drugs/alcohol intoxication
- Challenging complex child protection concerns requiring facilitation within the ED

**Guidance on Care Required**

- Individual requiring non-invasive ventilation/ respiratory support e.g. re-breathe mask/ head box /
- Nasal CPAP (child)

### Level 3 (Requires complicated invasive interventions and constant but not continuous care)

#### Level 3 description

Individual who is seriously ill with uncorrected major physiological abnormalities and/or clinically deteriorating.

**Inclusion Criteria**

- Severe infection, sepsis, complex wound management. Compromised immune system. Psychological support with severe anxiety/agitation, severe psychosis or considered flight or safety risk, requiring continual supervision. Spinal instability / mobility difficulties.
- Will require admission to inpatient and ongoing care
  - Needing advanced respiratory support
  - Individuals who require 1 to 1 supervision but not dedicated 1:1 care /or constant but not continuous care.
  - Is seriously ill and at risk of deteriorating, requiring constant monitoring and more detailed monitoring
  - Challenging complex concerns requiring facilitation within the ED
  - Requires direct senior medical input/decisions
  - Challenging complex concerns requiring multidisciplinary and specialist team facilitation within the ED

**Guidance on Care Required**

- Individual requiring non-invasive ventilation/ respiratory support e.g. re-breathe mask/ head box /
- Nasal CPAP (child)
- Respiratory or CNS depression/ compromise requires mechanical/ invasive ventilation
- Airway obstruction / intervention / nebulised adrenaline / prolonged apnoeas /severe asthma IV medications and hourly nebulisers
- Requires a range of therapeutic interventions including:
  - Continuous oxygen therapy
  - ECG / invasive pressure monitoring
  - ECG / non invasive monitoring
  - Vasoactive drug infusions (amiodarone, potassium, inotropes, nitrocine, magnesium)
  - Haemodynamically unstable or who have CNS
  - Depression and loss of airway & protective reflexes and require neurological observation
<table>
<thead>
<tr>
<th>Level 3 description</th>
<th>Inclusion Criteria</th>
<th>Guidance on Care Required</th>
</tr>
</thead>
</table>
| Challenging complex child protection concerns requiring facilitation within the ED | - Challenging co-existing neurological impairment  
- Increasing and demanding parental and staff support and reassurance required during this period to manage increased anxieties and concerns  
- Requires complex emotional and/or social family/carer support, e.g. ill child or young person, child protection issues, learning difficulties, acute trauma, confused greater part of their stay | - Treatment of hypovolaemia/haemorrhage/ sepsis or neurological protection  
- Frequent arterial blood gas analysis  
- Insertion and care of central lines / chest drains  
- Complex drug regimes  
- Complex fluid regimes  
  - Ketoacidosis /electrolyte imbalance  
  - Fluid resuscitation 10-30mls/kg  
  - Acute renal failure  
- CNS Depression, GCS 8-12  
- Providing emotional support to highly anxious parents, relatives, carers  
- Vulnerable family requiring support  
- May require social work intervention  
- Increasing demands on nursing time  
- Requires frequent monitoring  
- Constant observation due to risk of harm/flight or agitation /confusion from organic illness, dementia, mental illness or poisoning  
- Pain management requiring IV analgesia and/or psychological support  
- Challenging behaviour  
- Parents, relatives or carer’s require increasing support  
- Parents, relatives or carer’s increasing anxiety and/or behaviours causing concern within clinical area  
- May require social work/other agency intervention. |
### Level 4 (Requires intensive interventions/or continuous 1:1 care, may require more than 1:1 care for periods of time)

<table>
<thead>
<tr>
<th>Level 4 description</th>
<th>Inclusion Criteria</th>
<th>Guidance on Care Required</th>
</tr>
</thead>
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<td>Individual with life threatening trauma/illness who needs advanced respiratory support and/or invasively ventilated and intensive therapeutic intervention. Bereavement care to the individual and family.</td>
<td>Intensive monitoring and supportive therapy for compromise or multi system organ failure, severe cardiovascular instability (rhythm abnormalities e.g. frequent defibrillation required), at risk of organ failure developing, neurologically unstable requiring (invasive) monitoring and therapeutic intervention, Severe asthmatic child Circulatory and respiratory compromised child Neurologically impaired child Will require; • Extensive intervention for the resuscitation and/or stabilisation of the critically ill • Admission to inpatient area/transfer and ongoing care • Direct senior medical input/decisions • Advanced respiratory support • Intensive and invasive cardiac monitoring • Extensive assessment and monitoring of the individuals physiological responses • Dedicated 1:1 care/or continuous care, may require more than 1:1 care for periods of time • Extensive support and care of family • Complex emotional and/or social parental, family/carer, staff support, e.g. ill child or young person • Bereavement care and support of parent, relative, carer, discuss organ donation</td>
<td>The emphasis at this level is on the multifaceted nature and complexity of care required. The majority of adults, children and young people at this level will require high intensity nursing and medical care during the period of care in the ED. • Individual requiring non-invasive ventilation/respiratory support e.g. re-breathe mask/ head box / nasal CPAP (child) • Respiratory or CNS depression/ compromise requires mechanical/invasive ventilation • Airway obstruction/ intervention/ nebulised adrenaline/ prolonged apnoeas/severe asthma IV medications and hourly nebulisers • Extubation • Requires a range of therapeutic interventions including: – Continuous oxygen therapy ECG/ invasive pressure monitoring – ECG/ non invasive monitoring – Vasoactive drug infusions (amiodarone, potassium, inotropes, nitrocinne, magnesium) – Haemodynamically unstable or who have CNS depression and loss of airway &amp; protective reflexes and require neurological observation • Treatment of hypovolaemia/haemorrhage/ sepsis or neurological protection – Airway compromise – Major scald/burn – Major sepsis – Acute obstruction</td>
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<td>Level 4 description</td>
<td>Inclusion Criteria</td>
<td>Guidance on Care Required</td>
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| Management of;      | Challenging and highly complex child protection issues | - CFAM Monitoring  
- Patients who are non-invasively ventilated but showing signs of deterioration |
|                     | Challenging complex concerns requiring multi-disciplinary and specialist team facilitation within the ED | - Frequent blood gas analysis  
- Insertion and care of central lines / chest drains |
|                     | Challenging co-existing neurological impairment | - Intra - Osseus needles  
- Complex drug regimes  
- Complex fluid regimes  
  - Ketoacidosis /electrolyte imbalance  
  - Fluid resuscitation 10-30mls/kg  
  - Acute renal failure |
|                     | Frequent measurement of challenging physiological abnormalities | - CNS Depression  
- Providing emotional support to highly anxious parents, relatives, carers  
- Challenging behaviour / potential for self-harm  
- Bereavement care and support of parent, relative, carer, discuss organ donation  
- Any disruption to ABC requiring ongoing support and treatment |
|                     | Complex neurological needs | |
