

Admission by A&E

An **Accident and Emergency Department (A&E)** is sometimes called **Casualty**. It's where patients are taken by **ambulances in response to emergency calls** at any time - day or night. On arrival in A&E, patients are immediately **assessed**. This assessment is called **triage**, a word that comes from the French *trier* meaning 'to sort'. A&E triage normally assesses patients according to how **urgently** they need treatment, their age, and whether their condition will **worsen** if they are not treated immediately. This means that A&E patients are not necessarily seen on a **first come, first served** basis. In some emergency situations, where there are many casualties and resources are thinly spread, the wounded may be assessed according to their chances of surviving rather than their chances of dying.

People often use A&E wrongly. It is not an alternative to an appointment with a local doctor and it is not for things like bruises and cuts that can be dealt with in **minor injuries units**. However, if there is a **genuine emergency**, patients will receive **initial** treatment in A&E and then be admitted to hospital for further treatment and tests.

An **emergency situation** is not always easy to define, but most A&E departments would agree on the following criteria. An emergency is when a patient:

- **has stopped breathing or their heart has stopped**
- **suffers severe chest pains or has trouble breathing (possible cardiac arrest)**
- **is bleeding severely**
- **is unconscious**
- **has had a serious head injury**
- **has a severe burn**
- **has a severe allergic reaction**
- **suffers numbness down one side (possible stroke)**
- **cannot understand what is said to them**
- **has a suspected broken bone or dislocation**
- **experiences severe stomach pains which do not go away when treated by over-the-counter medicines**
- **has overdosed or poisoned themselves.**

Legally, anything that is not recorded has not been done, so the training of A&E staff emphasizes the importance of **accurate and full record keeping**. This is not just because clear communication is essential for efficiency, but also as a defence against complaints. A&E staff are **frequently sued** and accurate note keeping helps to protect them against legal action. **Accusations of neglect** are one of the most frequent reasons for legal action. In many countries, medical records can be used as evidence in courts. A&E staff therefore learn the importance of disciplined record keeping and they are instructed to

- record relevant positive and negative results
- never write derogatory remarks
- document the results of all investigations in the correct terminology
- outline procedures performed
- comment on a patient's overall demeanour and record adverse events such as verbal or physical violence
- draw diagrams wherever necessary.