

Emergency Department Standard Operating Procedures (SOPs) according to MSDS

- After getting registration slip from reception, the patient will be brought to the Casualty Medical Officer's (CMO) room by the hospital staff on wheelchair, stretcher, etc. and will be, initially examined by CMO.
- On an average 1500 patients come to Emergency Department for treatment daily. Two CMOs I EMOs (Emergency medical officers) are present on duty in each shift with an additional female CMO to conduct medicolegal of female patients.
- After medicolegal formality, if any, the patient will be referred to the concerned Emergency medical I surgical ward for further evaluation and treatment (TRIAGE). The triage will be based strictly on patient's clinical condition. The referral time will not be more than 2 - 3 minutes.
- If a surgical patient having roadside accident is seriously injured and bleeding, he I she will be taken to Minor Operation Theater (MOT), and if needed, to Emergency Operation Theater (EOT) for further management.
- The patient having minor injuries, after observation and treatment, will be discharged
- A pure surgical case, after proper assessment in Emergency surgical ward will be sent to Emergency Operation Theater if requiring surgery and from there, to surgical ward for another few days for follow-up.
- The patients having background of trauma, but having predominantly fractures or predominantly head injury, after maintaining I.V line in Emergency surgical ward will be sent to their respective Emergency Wards for treatment.
- If the patient presents to CMO with any medical problem, he I she is sent to medical emergency for further treatment. Patients requiring admission are admitted in the medical ward, otherwise the patient is discharged from medical ward after treatment and is advised for follow-up through OPD.
- On discharge from medical, surgical or from any other ward of emergency department, the patient will be provided a discharge summary, signed by the treating doctor which will contain patient name, date of admission and discharge, reasons for admission, significant findings, diagnosis, and patients condition on discharge, investigations results, treatment provided and follow-up advice.
- If the patient is leaving the hospital against medical advice (LAMA) the declaration of the patient / attendant will be recorded and signed.
- In case of transfer of patient to other healthcare facility, details regarding medical history of the patient, investigations, procedures performed, treatment provided, reasons for referral and the name of healthcare establishment to be referred will be recorded in the referral form.
- All record of the patient including medicolegal will be properly maintained.

NOTE

- All medical and nursing staff deployed in Emergency Department is aware of the existing protocols. Although they have not received training in advanced Trauma Life Support (TLS), Advance Cardiac Life Support (ACLS), Trauma Nursing Care Course (TNCC) and Pediatrics Advance Life Support (PALS) but they are trained enough to implement the SOPs, mentioned above.
- The staff training programs and programs for continuous professional development of the staff are still to be implemented.

STANDARD OPERATING PROCEDURES (SOPs) FOR MEDICOLEGAL CASES

- Police will be informed immediately by the 1st examining doctor. Information will be given to the nearest police station of the hospital. It will be then the responsibility of such a police station to inform the police station in whose area, the incident took place.
- Request of the patient or relatives to make the case MLC or not will never be entertained.
- If a case is brought by police even after many days, it will still be a MLC.
- In emergency department, if the patient is serious, resuscitation and stabilization of the patient will be carried out first and medico legal formalities will be completed subsequently.
- Cases of trauma will be labeled as medico legal, if there is suspicion of foul Play, even if the incident is not of recent origin.
- Medico legal documents will be kept under safe custody to avoid tampering.
- Proper patient treatment will be provided to MLCs to avoid any complication.
- In case of injury to bones! Joints, the MLC report will be finalized after receiving MLC X-ray reports from X-ray department, through police.
- Samples and specimens collected for medico legal purpose will be properly sealed, labeled and handed over to police for chemical examination.
- The complete particulars of the patient will be noted down along with identification marks.
- One will not rely on memory while writing reports or during recording evidence in a court of law.
- In case a MLC patient dies, no cause of death will be mentioned in death certificate. Exact cause will be ascertained by postmortem examination only.
- The dead body of a MLC case will be handed over to police only.
- The 1st examining doctor in any hospital initiates the MLC report; however, if the patient is transferred to Lahore General Hospital before the initiation of report, LGH will initiate the report.
- When requisitioned by police, the medico legal report will be provided by the casualty medical officer, who first attended the patient. The initial M-C report is incomplete because some injuries may be kept under observation. In case of serious injuries when patient is discharged from the hospital, the operation notes will be obtained from ward in which patient remained admitted, through police. In suspected poisoning or rape case, the final MLC report will be declared only after receiving all such reports from concerned quarters. The final MLC report will be, and then handed over to police.
- Clothing worn by the patient showing evidence of injury such as tears, bullet holes, cuts, blood stains, etc. will be encircled and handed over to police.
- Bullets recovered from body will be handed over to police. All evidences will be mentioned in medico legal report.
- In case of suspected poisoning, gastric lavage, vomits, soiled clothing, blood, urine and any other relevant body fluid will be sent to chemical examiner through police.
- In case of burns and carbon monoxide poisoning, pieces of clothing, scalp hair & blood for carbon monoxide level will be sent for chemical examination through police.
- In case of sexual offences, clothing worn by the patient, showing evidence of blood stains, seminal stains, etc; vaginal and anal swabs will be sent for chemical examination through police.
- Medico legal record will be kept for 12 years or later as per necessity.

DISASTER MANAGEMENT

Disaster is defined as any serious or unusual situation which cannot be resolved by the personnel on duty in the hospital at that particular time.

- Disasters are of two types, natural and man-made. Natural disasters include storms, heavy rains & floods, landslides, earthquakes, hurricanes, etc. Examples of man-made disasters are riots, plane crashes, complex motor vehicle accidents, train accidents, building collapses, dam breaks, etc.
- Disaster may be internal such as fire, bomb threat or gas leak or it could be an external disaster such as complex roadside accident, train or airplane accident, or explosion, etc.