

# Standards of Emergency Care Uganda 2022



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#### Standards of Emergency Care

- Why Emergency Medicine?
- What we do
- How to: Resuscitation Bay
- Relationships within and without
- Protocols







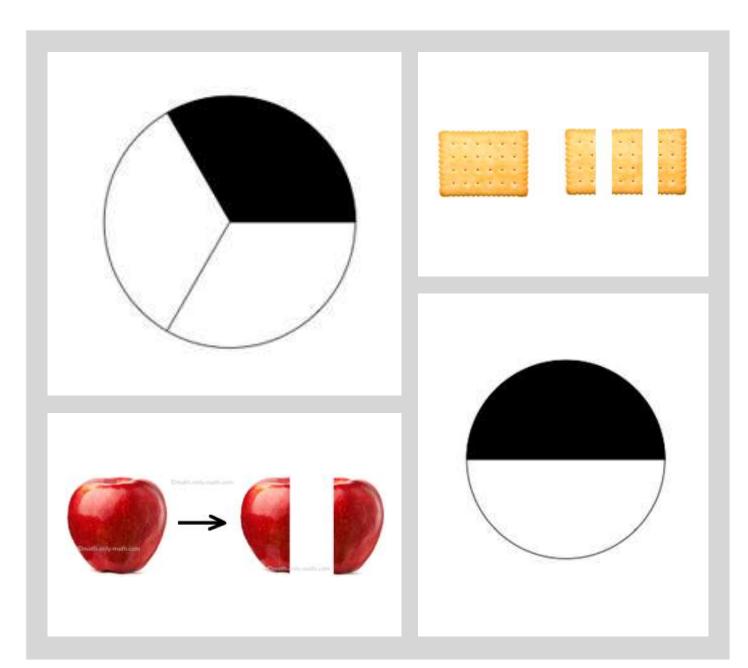




#### MINISTRY OF HEALTH

Department of Emergency Medical Services

NATIONAL
EMERGENCY DEPARTMENT
DESIGN STANDARDS



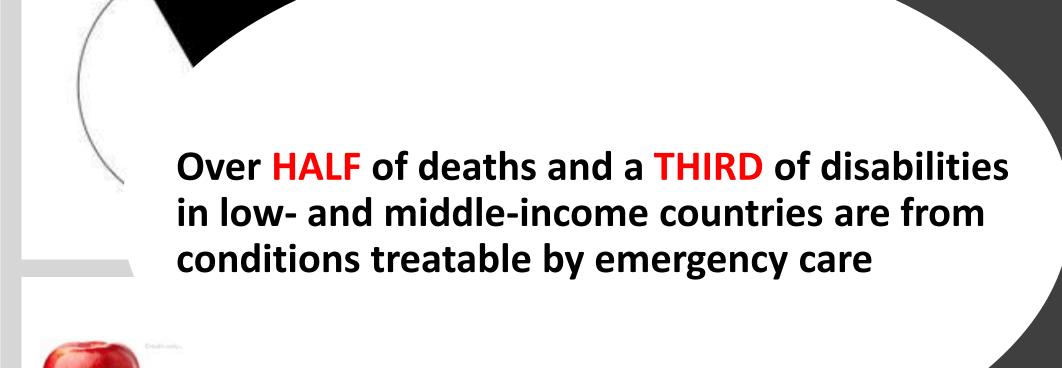
#### Emergency Care

...by the numbers





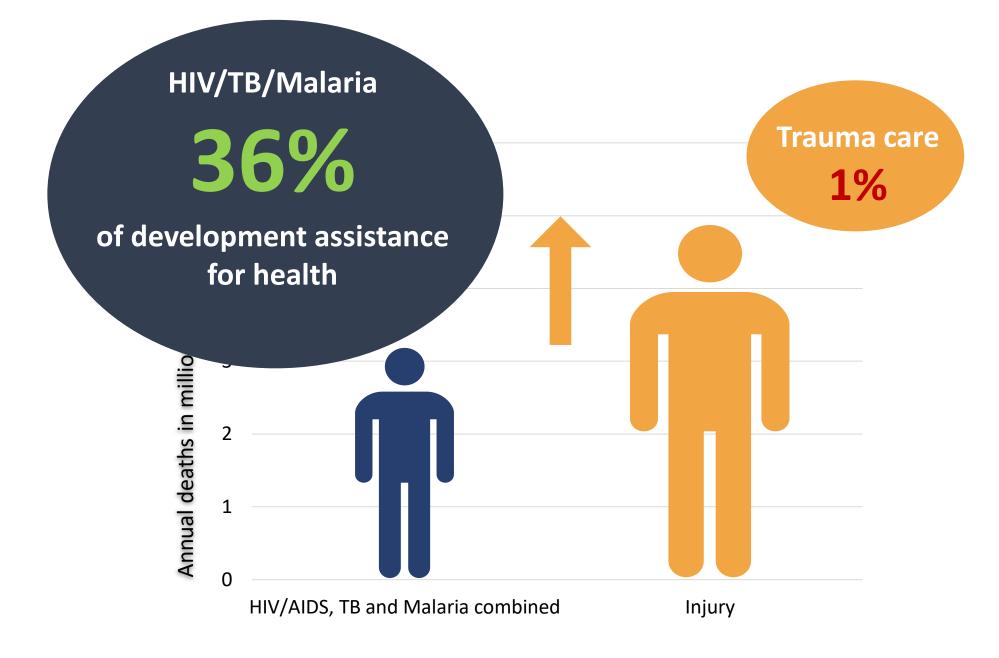


















#### **Emergency Medicine**

a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders







#### What is triage?

"to sort"









Medical

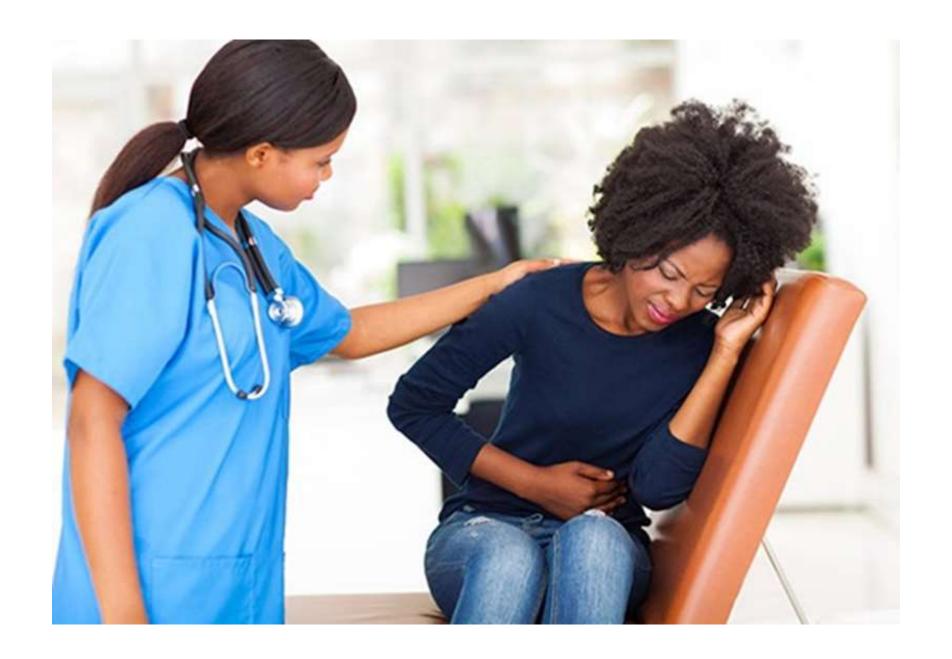
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VS

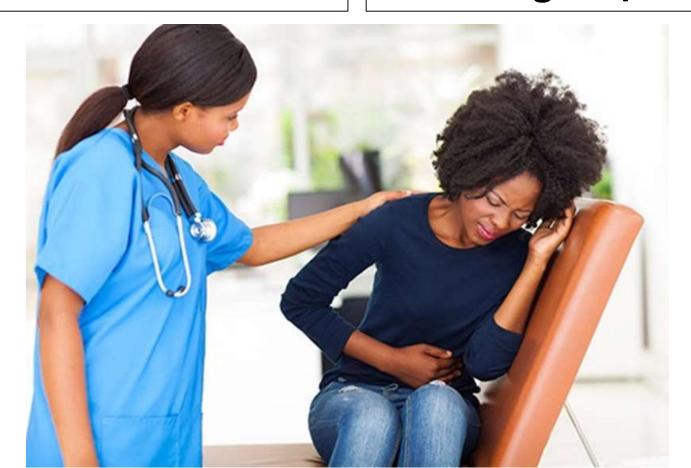






#### Medical

#### Medical

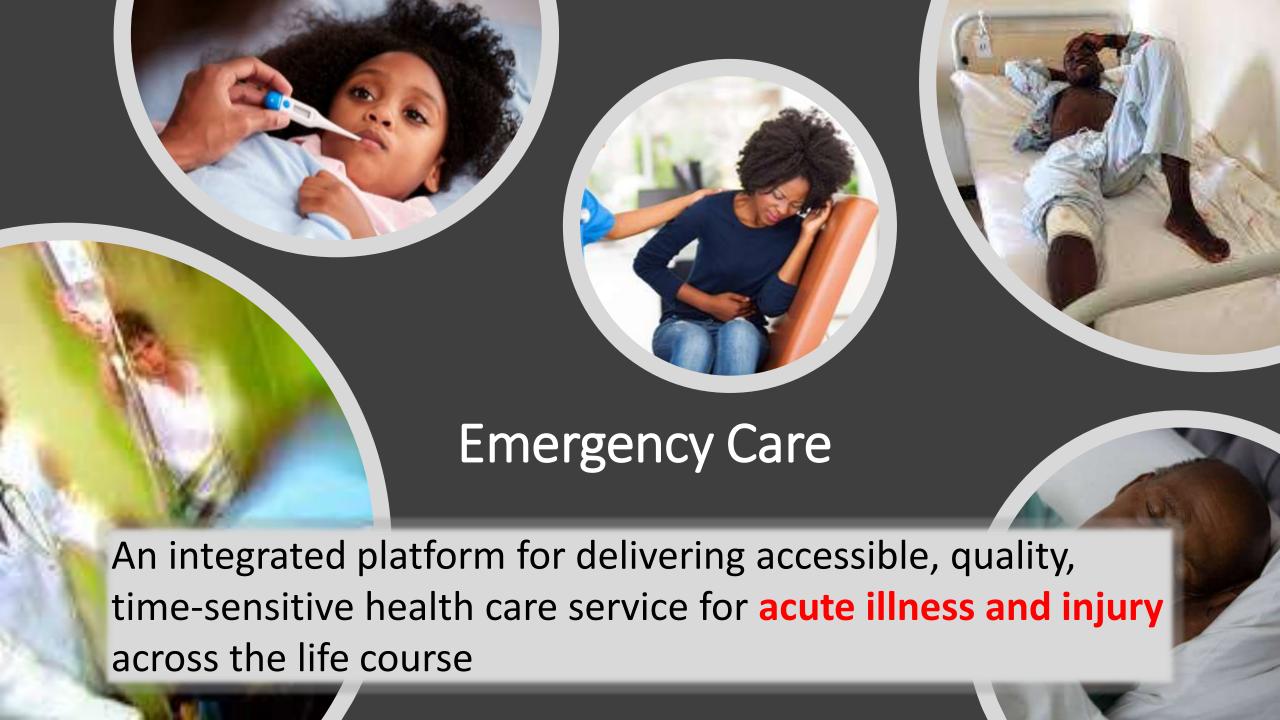


### Today...

### **Emergency Department**







#### Care for all the people, all the time

LEVEL OF FACILITY	OLD NOMENCLATURE	RECOMMENDED NOMENCLATURE
National Referral Hospital	Casualty (Trauma)  Medical Emergency (None trauma)	Emergency Department (to manage all emergencies across all age groups)
Specialised referral hospital		Emergency Department
Regional Referral Hospital		Emergency Department
General Hospital		Emergency Unit

#### What is triage?

"to sort"

Prioritizes the order of evaluation & treatment based on **severity of the condition** 











**Resuscitation Bay** 

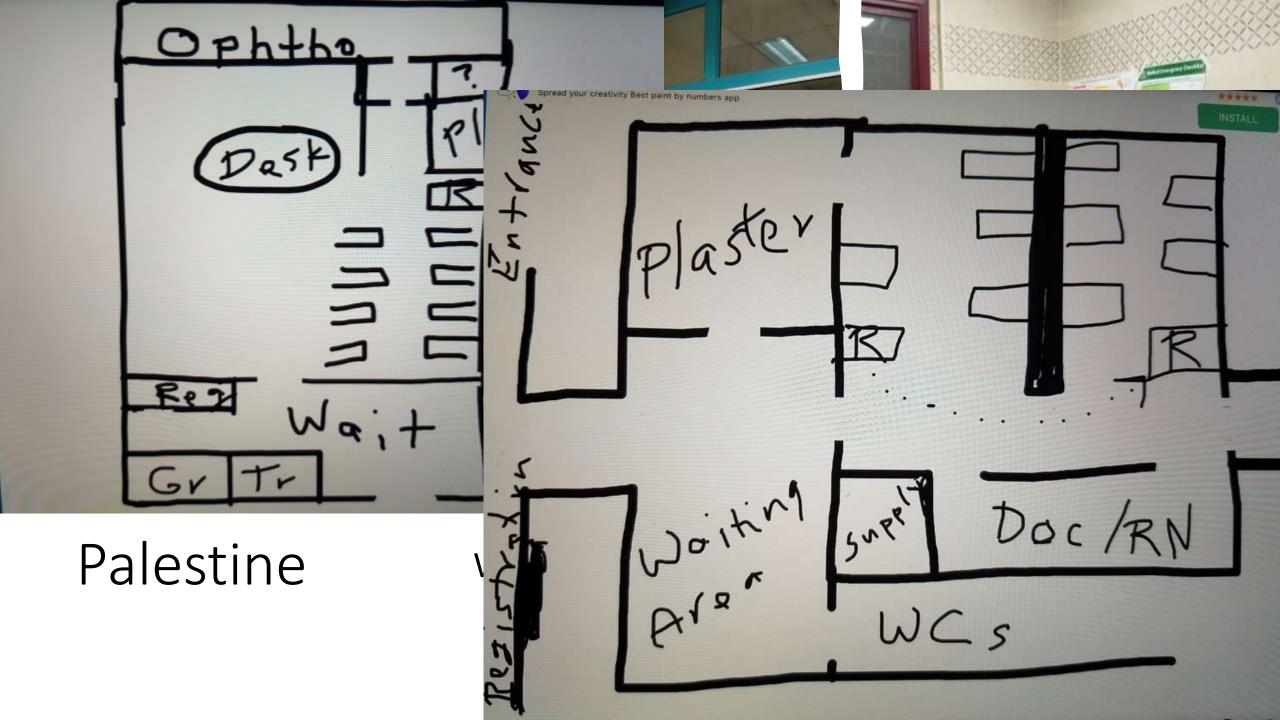




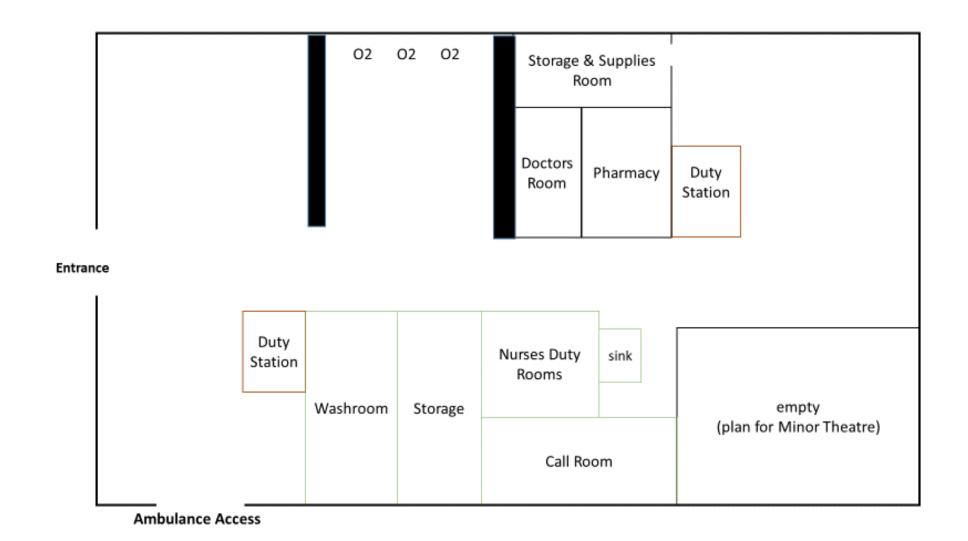


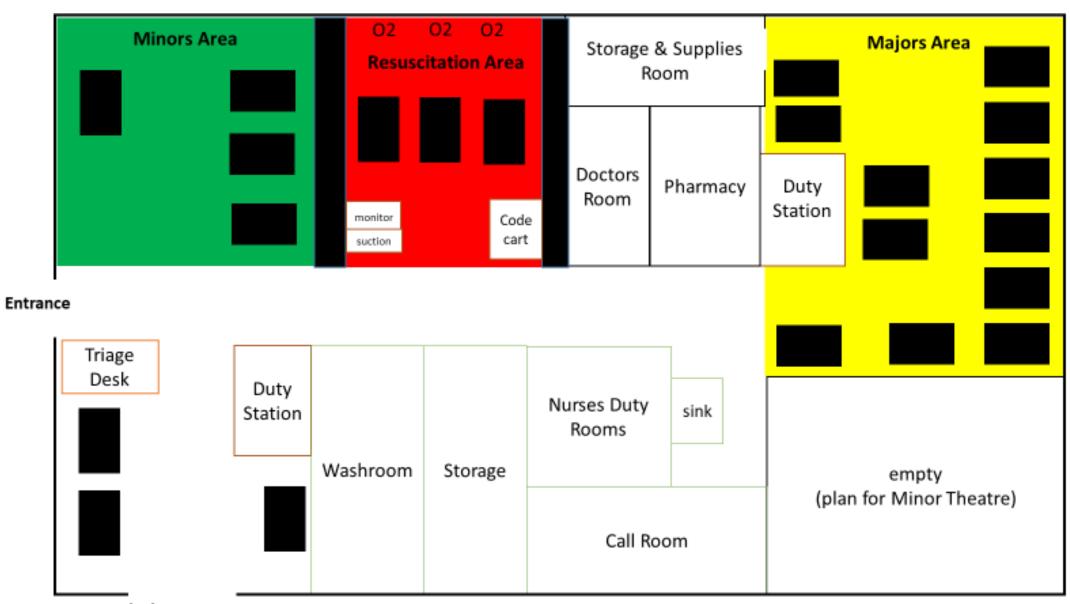
Palestine

WHO Triage Tool and Medical/Trauma Checklists



#### Kiriddu Emergency – March 2019





**Ambulance Access** 



Accessible and separated from other care areas

Line of sight of care team

Privacy provided when possible



#### **Resus Bay**

Accessible and separated from other care areas

Line of sight of care team

Privacy provided when possible

Reliable oxygen supply

Code cart (essential meds and airway equipment)

Monitors, vital sign machines, suction



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Accessible and separated from other care areas

Line of sight of care team

Privacy provided when possible

Reliable oxygen supply

Code cart (essential meds and airway equipment)

Monitors, vital sign machines, suction

Audible alert when critical patient arrives

Immediate response to bedside

EMS/Family/Bystanders stay to give report

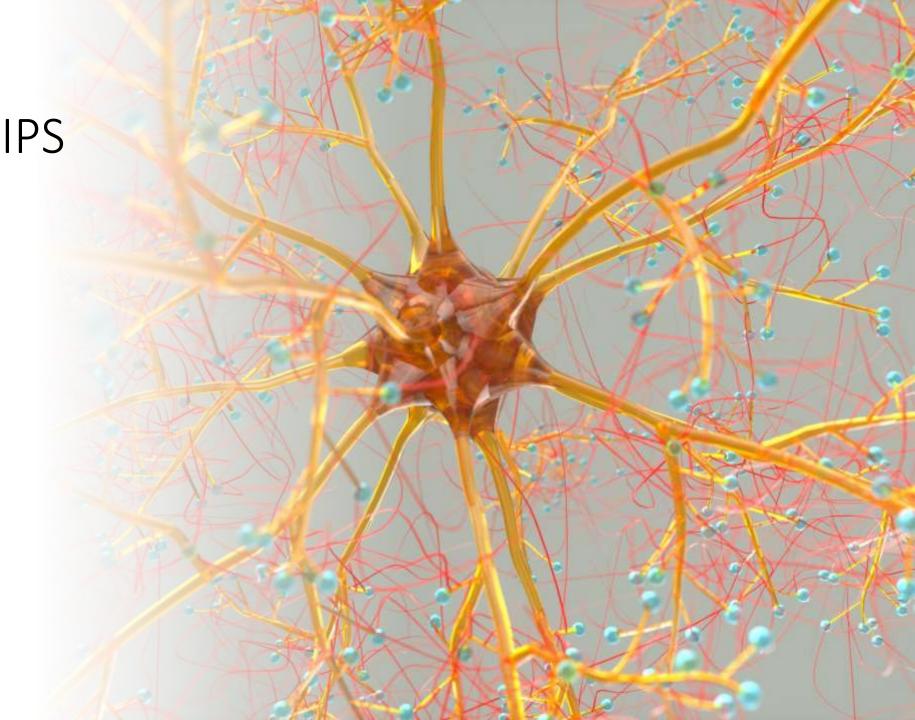




• Internal

External

• Functional



## Internal RELATIONSHIPS

- Planning of workspaces varied stations, easy flow, sufficient seating
- Consideration of security visible presence is better than fancy equipment
- Break room food preparation, relaxation, secure storage, staff toilets



#### Procedure / Plaster / Paediatric room



## External RELATIONSHIPS

- Other hospital units
  - Radiology
  - Intensive Care
  - Transport
  - Security
  - Consult services
- EMS providers
- Police, Disaster response units



### Functional RELATIONSHIPS

- Adequate space for patient families in waiting room and at bedside
- Clear signage in local language
  - Hospital policy "service is free"
  - EU flow triage, bed, doctor/nurse, etc
  - Toilets
- Outpatient services











#### **Protocols**







- Communications
  - Routine
  - Security crisis violence, infant theft
  - Hospital emergency fire, structural damage
  - Disaster natural, terrorist

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#### **Protocols**

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  - Plan to scale up space, providers, supplies
  - Coordinate with other institutions
- Clinical
  - Trauma
  - Sentinel presentations shortness of breath, chest pain, anaphylaxis, sepsis, etc.
  - Transfers cardiac cath, Ob Gyn, neurosurgery, etc.
  - Unknown patients

#### Resources



- MINISTRY OF HEALTH
  - Health Management Information System
    - Data collection tools
    - Patient report forms
    - Emergency Unit Register
  - National Emergency Department Design Standards
    - Soon!
- ALL OF US
- AND...

#### Future of EM

MUST and MAK
Emergency Medicine
residents













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