

 KING ABDULAZIZ UNIVERSITY HOSPITAL	Department : ENT	Unit:	Policy Number: KAUH-ENT-III-015
	Title: ENT EMERGENCY ADMISSION	Issue Date: Sept. 2009 Revision Date: Oct. 2009 Effective Date: Oct. 2009 Due for Revision on: Oct. 2013	Prepared/Revised by: Date:
Reviewed by: Date: Quality Management Department	Authorized by: Date: Department Head	Authorized by: Date: Medical Director - King Abdulaziz University Hospital	
Authorized by: Date: Vice Dean for Quality & Development Affairs	Authorized by: Date: Vice Dean University Hospital Affairs	Approved by: Date: Dean of College	

1.0 Conditions:

- 1.1 This procedure applies to all ORL-H&NS Staff

2.0 Purpose:

- 2.1 To facilitate admission for emergency treatment and management of ENT patient.
- 2.2 To define the role of each staff in the department in the process of ENT admission

0 Policy:

- 3.1 Written orders from ENT doctors patient should be sent directly to the ward through A/E Department or from outpatient clinic
- 3.2 Nursing supervisor must be informed by the ER nurse .
- 3.3 Ward nurse must inform about the admission.
- 3.4 Anesthesiologist must be informed if the case need surgical interventions

- 3.5 OR slip should be filled by the doctors and sent to the OR
- 3.6 Lab investigations should be done in the Emergency room
- 3.7 In cases of acute airway, uncontrolled bleeding patient should be directed from the ER to the OR

.0 Procedure:

- 4.1 Prepare the following:
 - 4.1.1 The Nurse in the ER will prepare all the paper for admission (see ENT Emergency Admission Policy and Procedure of Nurses)
- 4.2 Emergency Admission:
 - 4.2.1 All ENT Emergency cases that need admission should be seen by second On call and he should discuss the case with consultant on call . If admission is advised by the consultants patient should be admitted under the name of the consultant on call.
 - 4.2.2 Lab work should be done at ER
 - 4.2.3 The second on call doctor should explain to the patient the management plan and the purpose of admission consent should be sign by the ENT doctor and the patient
 - 4.2.4 The operative slip should be written by the doctor and he should call the anesthesiologist
- 4.3 Emergency Operation:
 - 4.3.1 The second on call should be with the first on call for minor cases (foreign body removal ear, nose, control Post Tonsillectomy bleeding....)
 - 4.3.2 The consultants should be in the OR with the first and second on call in serious cases (Emergency Tracheostomy, Brochoscopy, Esophagoscopy....)