

 <b>KING ABDULAZIZ UNIVERSITY HOSPITAL</b>	Department : <b>ENT</b>	Unit:	Policy Number: <b>KAUH-ENT-III-014</b>
	Title: <b>POLICY &amp; PROCEDURES FOR CALLING THE ON- CALL RESIDENTS/CONSULTANTS</b>	Issue Date: Sept. 2009 Revision Date: Oct. 2009 Effective Date: Oct. 2009 Due for Revision on: Oct. 2013	Prepared/Revised by: Date: <b>Dr. Manal Al-Bukhari</b>
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## 1.0 Conditions:

- 1.1 This policy and procedures applies to all Clinic Staff, Clinical Service Division of the Department of ENT of KAUH.

## 2.0 Purpose:

- 2.1 To get care for patient without delay.

## 3.0 Procedure:

### 3.1 CHRONIC AND ROUTINE CASES

For these cases, the 1<sup>st</sup> on-call has to assess the patient and has to inform the 2<sup>nd</sup> on-call about his decision whether to refer the patient to the Primary Care Clinic for further management or for discharge.

### 3.2 EMERGENCY AND REFERRALS

3.2.1 Emergency cases should be seen by the 1<sup>st</sup> on call Doctor and he has to consult the 2<sup>nd</sup> on call about every cases he sees, while the patient is still in Accident and Emergency (A/E) room and they should make the plan of management together.

3.2.2 If the case is difficult and needs the consultant's opinion, the 2<sup>nd</sup> on call should inform the consultant on call. The consultant will make the recommendation whether to admit the patient to the hospital and/or refer the patient to his clinic.

- 3.2.3 All the patients seen in the A/E will be under the name of the consultant on call in that particular day from 7:30 a.m. – 7:30 a.m. next day.
- 3.2.4 Patients referred from Emergency Room (A/E) to ENT Primary Care Clinic (PCC) will go to common pool the same way as any patient seen in PCC.
- 3.2.5 Those patients who were already under the care of certain Consultant or post-operative patients should be referred to the original Consultant after solving their emergency condition during the on call duties.

### 3.3 FOR ON CALL DOCTORS

- 3.3.1 1<sup>st</sup> on call should stay in the hospital 24 hours, 7:30 a.m. - 7:30 a.m. next day.
- 3.3.2 Cases to be referred to the consultant on call clinic “after his/her approval” has to be arranged at registrar’s level (by endorsing the case to the registrar working with consultant’s group)
- 3.3.3 Post operative case, e.g. suture removal, should not be done at A/E room. It has to be managed by the concerned group.
- 3.3.4 In case of admission, the 2<sup>nd</sup> on call registrar should inform the registrar working with the consultant’s group about the admitted cases on the morning of the first working day.
- 3.3.5 Exchanging the on call duty at different doctor’s levels: a special form for exchange duty should be filled and signed by both doctors concerned. This particular form should be distributed to all the concerned units including the office of the Chief of Medical Staff, A/E, operator, nursing department, wards (5A, 5B, 6A,6B), OR, admission’s office and ENT clinic for information.
- 3.3.6 Calling the on duty Doctors. When calling the On duty doctors, all means of communication/facilities should be used aside from the hospital bleeper including their respective landlines, mobile, personal pagers and the like, in order to avoid any circumstances and/or shortcomings.
- 3.3.7 Calling the ENT on-call doctor, ER Doctor has to call the ENT 1<sup>st</sup> on-call duty. However, if no response within 10 to 15 minutes, the 2<sup>nd</sup> on-call should be called. If within 10 to 15 minutes and no response from the 2<sup>nd</sup> on-call, the 3<sup>rd</sup> on-call (Consultant) should be called. Though, this 10 to 15 minutes interval should not be observed in an urgent and/or critical case(s).
- 3.3.8 For the 2<sup>nd</sup> on-call, if the 1<sup>st</sup> on-call did not respond, he/she has to respond properly and should go directly to ER to see the patient(s).
- 3.3.9 During working hours, if no response has been received from the on-call duty doctors, this incident has to be brought to the attention of the head of the department for appropriate action.

3.3.10 If the 2<sup>nd</sup> or 3<sup>rd</sup> on call does not answer the call, then, the registrar and consultant on-call on the following day should be called.

3.3.11 Any referral to the ENT Doctors, it is a mandatory for the ER Doctor to put in writing his referral and has to indicate the date and time of the referral. The ENT 1<sup>st</sup> on-call or 2<sup>nd</sup> on-call who is assigned and/or responded to this referral should likewise fill the clinical forms. Verbal consultation and/or telephone response is not acceptable.

### 3.4 KKUH COVERAGE

3.4.1 For KKUH coverage, during the working hours, 7:30 a.m. to 4:30 p.m., patient should be seen by the KKUH in-charge Doctor. After the working hours, the 2<sup>nd</sup> on-call duty doctor should be the one to see patient. It is advised that the Registrar in KKUH should inform the 2<sup>nd</sup> on-call about the real emergency cases that need Consultant's opinion in coordination with his particular team.

3.4.2 All the regular patients seen in KKUH clinic who need further management at KAUH should be referred to the consultant(s) in accordance to the subspecialty.

3.4.3 Emergency cases will be under the care of the consultant call on that day.

### 3.5 REFERRAL / CONSULTATION / TRANSFER OF CASE(S) FROM OUTSIDE OF INSIDE THE HOSPITAL

3.5.1 All the referrals or transfer of cases from inside and/or outside the hospital has to be in written format

3.5.2 Case(s) which are referred from the other hospital(s) and which are not endorsed by the medical committee of the concerned hospital particularly on the eligibility will be referred to the primary care clinic.

3.5.3 Case(s) referred from the medical committee of a certain hospital, referral should be addressed to the head of patients' affairs, and addressed to the doctors according to their subspecialties.

3.5.4 Outside Hospital transferred patient to the Emergency Room of King Abdulaziz University Hospital will not be accepted unless it was arranged and accepted by the particular Consultant prior to its transfer.

### 4.0 Reference:

4.1 PP – “Policy and Procedure for Calling the On-Call Residents / Consultants” – (ENT KAUH).