



Standard Operating Procedure for the Urgent Treatment Centre (UTC) Support to ED

Key messages

- Roles and responsibilities
- Acceptance criteria and referral process
- UTC pathway
- Management of clinical deterioration and escalation process

Summary

The Urgent Treatment Centre is a GP led service based in clinic 9 7 days per week. The service supports patients to be seen by the clinician most appropriate to their presenting condition.

The designated service operates 08:00 – 23:00 seven days per week including bank holidays.

1 Scope

The Urgent Treatment service is a co-located provision offering the Out of Hours GP service and a GP led Primary care service. This Standard Operating Procedure covers the GP led Primary care service only. The Out of Hours provision is managed by Herts Urgent care and is delivered under a separate policy.

All patients meeting the agreed acceptance criteria.

SOP applies to CUH staff and HUC teams providing the Urgent Treatment Centre service.

2 Purpose

To provide an overview of the operational functioning of the Primary care streaming delivered in the Urgent Treatment Centre

3 Definitions

UTC	Urgent Treatment Centre
OoH	Out of Hours
GP	General Practitioner
ANP	Advanced Nurse Practitioner
ED	Emergency Department



CUH	Cambridge University Hospitals
HUC	Herts Urgent Care
CCG	Clinical Commissioning Group

4 Introduction

Facilities

- The service operates from Outpatient clinic 9
- Outpatient clinic 9 has seven consulting rooms, a reception, waiting area complying with out of hours standards, a store room and a telephone triage office.
- The CUH campus also offers:
 - Childcare facilities
 - Leisure and Fitness Facilities
 - Food and Drink Facilities 24hrs a day
 - Very good bus links, with the site having a main bus station
 - Staff parking at a fixed price per 24hr period

Opening Hours

The designated service operates 08:00 – 23:00 seven days per week including bank holidays.

5 Responsibilities

UTC Clinician

- The UTC clinician is responsible for patient care from arrival via ED triage/streaming to discharge, where appropriate this will include prescribing TTO medications. They are responsible for referring patients to the respective specialty teams when clinical need arises or is indicated.

Specifically UTC clinicians will

- Work as a primary care clinician
 - Accept undifferentiated patients of all ages streamed by the Front Door Triage team based in the ED, whose condition is either primary care or does not warrant ED attendance.
 - See and independently manage the patient – should patient need to be seen by a specialty they will be referred directly as would be the case when working in a GP surgery.



- To not order diagnostics (other than obs and urinalysis) or imaging as this moves away from premise of working as a primary care clinician.
- Ensure that all patients and attendance details are recorded onto SystmOne. Reasons for patient attendance and any discharge summaries, child safeguarding screening, should be completed on SystmOne.
- Ensure patients are seen in time order, except where clinical need indicates otherwise and operate within the four hour ED standard.

UTC receptionist (Herts Urgent Care)

- Welcome patients when they arrive at the UTC
- Monitor the GP Care trackboard of EPIC, if a patient hasn't arrived at UTC after 15 minutes of being allocated on the screen then immediately escalate to the 219 Bleep holder (1560219) to ensure that a welfare check can be made.
- Transfer patient details from EPIC and register patient onto SystmOne
- Book patient onto next available allocated streaming appointment slot
- Provide administrative support to GP/ANP if required
- When confirmed via the GP/ANP that the patient can be discharged, then to discharge the patient from EPIC within real time
- To summon security assistance either by phone (3333) or panic alarm
- To offer a parking stamp to the patient using an Addenbrookes car park.
- To contact 219 bleep holder (1560219) to escalate if any patients referred by ED are at 1.5 hours from arrival and have not been seen by a clinician.
- If patient has an onward referral to a speciality, print a copy of the consultation, allocate to speciality stream on EPIC and redirect patient back to the ED

ED 219 bleep holder (nurse in charge) (supported by Patient Flow Navigators and Senior Support)

- Maintain oversight of current waiting time in urgent treatment centre to ensure four hour standard is met, if waiting times become extended
 - to link with the UTC team to ensure ED streamed patients are being appropriately prioritised and seen within the agreed time frame of 1 hour
 - to restrict streaming levels if appropriate, taking into account ED pressures
- To respond to all 2222 emergency calls within urgent treatment centre and to arrange for patient transfer to resus if required.
- To respond to any fire calls to urgent treatment centre (clinic 9) and take on the role of nurse in charge of area and liaise with the fire response team

Streaming Nurse/Clinician (Front Door Triage Team)

- To work within their own organisations policies and procedures, and professions code of conduct



- Service provided through partnership working between ED and HUC staff
- To apply the streaming guidance developed for the UTC to identify patients suitable to be seen in the UTC (Appendix 2 Adults & Appendix 3 Paeds)
- To explain to patients that their emergency pathway means they are being streamed to the UTC based on their presenting condition and provide directions to the UTC
- To register the patient onto EPIC and provide a brief single note and to change speciality on EPIC to GP Care
- To provide guidance following a secondary triage of the patients, whereby the obs and ECGs are within normal limits and whether the individual is suitable to be streamed to the UTC
- To provide patient education regarding choosing the most appropriate source of healthcare
- Where suitable, and within competence, to direct patients to other sources of healthcare such as pharmacies or to provide self-care advice and discharge patients and document on EPIC.

Clinical Responsibility

Clinical responsibility for each patient is with CUH from presentation at the ED front door, until booking in to the UTC at clinic 9.

Clinical responsibility for each patient is with the UTC from booking in at clinic 9 and following discharge.

Clinical responsibility for patients referred back to CUH from UTC remains with UTC, until they are reassigned back into ED by the front door team.

Indemnity

Through honorary contracts CUH provides indemnity, under its NHSLA, for all clinicians working in UTC when seeing patients streamed from ED until point of discharge. Indemnity for patients booked through 111 or any other service is the responsibility of HUC or individual clinicians.

6 Acceptance Criteria and Referral Process

6.1 Patients suitable for UTC

- UTC clinicians will accept undifferentiated patients of all ages streamed by the front door triage team whose condition is either primary care or does not warrant ED attendance



- Patients presenting condition meets the agreed criteria (Appendix 2 Adults & Appendix 3 Paeds) or following a discussion with the UTC practitioner
- Following secondary triage and the observations and ECG are within normal limits, the patient is reassessed and meets the criteria
- Outside of the streaming criteria, the Streaming Clinician has used their professional judgement and feels that the most appropriate place to see the patient is within the UTC Clinic 9

Front door assessment team / streaming nurse/clinician

- Make an initial assessment if the patient is suitable for UTC referral (Appendix 2 Adults & Appendix 3 Paeds)
- Change speciality within EPIC to GP and care area allocation to minors
- Document on EPIC rational for referral to UTC

Patients not suitable for UTC

- Patients who have been referred directly by a primary care clinician to ED or a specialty team
- Patients requiring x-rays
- Patients requiring more than oral analgesia on arrival
- Specific exclusions are also noted in the criteria in appendix 2 and 3

6.2 Onward referral

Should the UTC clinician wish to refer the patient to another team this should be done directly by bleeping the relevant team.

Contact can be made with the relevant specialty by calling the GP Liaison Sisters weekdays 08.30 – 19.00: bleep 156-0449 via the GP switchboard 01223 216151.

Outside these hours bleep the specialty SpR on-call via GP switchboard

Should a team request the UTC clinician undertake tests or place orders this should be declined as this is not within the remit of the UTC clinician.

The patient is given a print out of the consultation from SystmOne, the UTC receptionists changes the speciality stream on EPIC and redirects the patient back to the ED.

The patient remains within their original 4 hour time frame



6.3 Self presenters to the UTC

For those patients who self present to the UTC without a 111 or an ED referral and are not clinically compromised they should be directed to the ED for assessment by the front door team and referred onto either the ED or into the primary care stream and redirected back to the UTC

7 UTC Patient Pathway 08:00 – 23:00

The clinical pathway is shown as a flow chart in appendix 1. For clarity the CUHFT responsibilities are in the red boxes and the UTC responsibilities are shown in the blue boxes. The purple box is an UTC responsibility on behalf of CUH.

The designated service operates 08:00 – 23:00 seven days per week including bank holidays.

- The UTC will be staffed from 08:00. At 08:00 the ED front door team will review patients who have been in the department for under an hour and currently waiting to be seen by a clinician. If patients meet the criteria, they can following discussion be streamed over to the UTC. Patients will not be held in the ED waiting room in preparation for the service to open. Streaming to the service will cease at 22:00 however following communication between the ED and the UTC, if there are no patients waiting to be seen, streaming can continue, ensuring the last patient is seen and discharged by 23:00
- Patient arrives at ED and is greeted by the front door triage team who enter the patient on the CUH IT system EPIC (this initiates the clock start time of the 4 hour performance indicator), the patient is assessed according the streaming guide (appendix 2 & 3)
- Following assessment, patients are either streamed to the Emergency Department or to the UTC. Those streamed to the UTC are allocated to GP Care on EPIC and redirected to clinic 9 where they will be met by the UTC receptionist who will allocate the patient to the next available (ring fenced ED streaming appointment) and enter the patient's details onto SystmOne.
- Through commissioning and activity modelling HUC will ensure there are sufficient ring fenced ED streaming slots to deal with the anticipated hourly flows from ED. It is expected that patients will be offered an appointment within one hour of attending the service following redirection, inline with CUH internal professional standards and the national ED indicators.
- Patients will be seen by the UTC clinician and the clinical contact and closure information will be recorded on SystmOne
- Patients seen, treated and completed within the UTC will be closed on SystmOne by the UTC clinician. The UTC receptionist will monitor ED streamed cases and once closed by the clinician will need to discharge the



patient on the CUH EPIC System in real time, this initiates the clock stop time and is measured against the national 4 hour standard

- For those patients who require an ongoing referral the UTC clinician needs to contact the relevant specialty by calling the GP Liaison Sisters weekdays 08.30 – 19.00: bleep 156-0449 via the GP switchboard 01223 216151. Outside these hours bleep the specialty SpR on-call via GP switchboard. The patient is then redirected back to the ED and remains within their 4 hour target.
- If patients have been directed into the ED stream and following secondary triage the observations and ECG are within normal limits, the patient is reassessed and meets the criteria they can be streamed to the UTC.

All patients seen in the UTC service will have their contact and treatment passed onto their registered GP by 8am following morning, the contact will be passed using ITK messaging on SystmOne.

ED notifications will need to be recorded streamed to UTC as the clinical details will be in the ITK message to the registered GP.

8 Clinical Deterioration and Escalation Process

In the event of sudden clinical deterioration or UTC clinicians are instinctively concerned:

Instruct receptionist to place 2222 call stating either Adult, Paediatric or Obstetric Cardiac Arrest (as appropriate) and giving location as "clinic 9 outpatients, level 2". The CUH cardiac arrest team will respond together with the senior nurse in charge of ED. In addition a hospital resuscitation equipment trolley will arrive to support the cardiac arrest team.

If the UTC clinician has any clinical concerns, that do not present an immediate risk of deterioration, they should first be directed to the relevant on call specialist contactable via the switchboard or rotawatch. It is likely to be safer in the first instance to make arrangements for the patient to be returned to ED and the referral made as a secondary consideration. In such instances the ED portering team will assist with the physical transfer of patients.



The Emergency Physician In Charge of ED remains contactable for support at all times (bleep 156-2226) as does the Nurse in charge of ED (bleep 156-0219)

Emergency resuscitation equipment provided in the UTC will be an AED, emergency box and portable oxygen and suction. The emergency box will have similar contents to the emergency boxes that are provided on the CUH site. HUC have responsibility for ensuring this equipment is checked and maintained in line with the appropriate standards and the equipment will be supplied and managed by HUC.

9 Pathway/Capacity escalation

As part of the development of the UTC extensive modelling was completed to model capacity requirements, the CCG has commissioned HUC to provide sufficient ring fenced slots for ED streamed patients.

It is however recognised by both HUC and CUH that extended waits to be seen in the UTC do not support a good patient experience and both HUC and CUH are committed to ensuring that the four hour standard is delivered. The following escalation steps support this

Issue	Action
Absence of streaming nurse/practitioner provided by HUC	ED front door assessment team to stream patients within their competency levels
Shortage of UTC clinicians	<p>ED NIC and CUH operational matron to be notified, streaming volumes to be restricted to ensure operational performance standard of 1 hour to see a UTC clinician is met</p> <p>CUH Operational Matron to notify CUH Duty Director/oncall director. CUH director escalates to HUC senior management and CCG Director on call.</p> <p><i>NB Inability to deliver any UTC service for streamed patients would be regarded as a service closure and an SI</i></p>



Waiting time in UTC for streamed patients (as monitored by HUC reception team) reaches 2 hours.	UTC receptionist notifies ED NIC, streaming ceased/restricted for 1 hour. UTC receptionist completes incident form.
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ED NIC, ED patient flow navigators and ED consultant in charge will proactively monitor the waiting times in the UTC for streamed patients through epic as part of their normal oversight of ED.

Monitoring and escalation of non ED streamed patient's capacity and waiting times is covered by HUC normal operating procedures and not this document.

10 Staffing model

The staffing levels for the UTC are the responsibility of HUC and will be flexible to ensure capacity meets demand.

Reception cover will be from 08:00 – 23:00

A GP will be present from 08:00 – 23:00

Supported by an ANP 18:00 – 23:00 (Mon-fri)
10:00 – 18:00 (sat – sun)

A streaming HUC clinician will support the ED front door team from 10:00 – 22:00 seven days a week to meet peak levels of activity.

Outside of the times where a streaming nurse/clinician is provided by HUC the ED front door assessment team will undertake streaming to the UTC.

If there is not adequate staff to operate the service escalation via the agreed pathway needs to be followed.

11 Visitors

There are no visiting times in the clinic, it is expected most attendees will have friends or family who may accompany them to the service. Rules for numbers of families and friends will be as per wards no more than two at any time however this may be changed on a patients situation e.g. children. Monitoring of occupancy levels will be undertaken by the UTC receptionists and should it be deemed that the UTC has become crowded then those accompanying patients will be asked to wait in the main CUH concourse.



12 General

12.1 Drugs & Other Stock

The drug cupboards will be stocked via the UTC provider's pharmacist and other stock will also be supplied via the provider. CUH has no responsibility for medications of any type within the UTC. HUC has responsibility for ensuring appropriate medicines management systems are in place, this includes maintaining the security of medicines inline with all appropriate standards/requirements. HUC have responsibility for monitoring the temperature of any medication storage areas and escalating to the CUH estates (ext 2696) team if temperatures fall outside of acceptable ranges.

Stocking of equipment and consumables for the UTC is the responsibility of HUC.

During the hours of operation a hand written or printed FP10 prescription will be prepared and issued at the UTC by the Clinician. The patient or their carer / representative will be advised to take the prescription to a pharmacy to have it filled. Information on pharmacies with extended hours and opening times on bank holidays will be available. Prescriptions cannot be faxed to pharmacists in C&P.

12.2 Cleaning

Overseen by CUH Medirest will provide cleaning and waste removal services from the UTC. Any concerns should be escalated in the first instance to the CUH helpdesk on ext 2696.

12.3 Catering

Arranged as part of the CUH campus wide contract vending machines will be in operation in the UTC waiting room. Any concerns should be escalated in the first instance to the CUH helpdesk on ext 2696.

12.4 Security

Access to clinic 9 will be restricted and HUC staff will be required to wear a Trust photo ID and access badge at all times whilst on the campus. A designated UTC security group has been created within the CUH access control system to provide UTC staff with access to the required areas.

The doors to the UTC will be open between the hours of 08:00 – 23:00, outside of these hours patients will be required to use the intercom and reception will release the doors to allow access.



If there are any concerns then entry should not be granted and security should be called for assistance.

CCTV is installed both inside and outside of the building and will be monitored by the onsite CUH security team

A panic alarm is installed in the reception area when once pressed alerts the security control room that will immediately send a response team to clinic 9
Emergency Security assistance can be summoned by

- dialling 3333
- pressing the reception panic alarm

For Non emergency security assistance dial 6606

12.5 Parking

There are 3 designated 'drop off no waiting bays' located outside of the UTC. Patients and visitors are required to park in car park 1 and will be charged the set outpatient rate. The car park ticket is required to be stamped by the UTC prior to the patient leaving the centre. Parking enforcement is in place 24/7.

Parking for HUC marked response vehicles is facilitated in car park H at the front of the campus with space outside the UTC for the vehicles when operational.

UTC staff parking is provided inline with the standard CUH Campus policies. Access is provided in line with these policies on return of the honorary contract from HUC to CUH and the issuing of a CUH ID card.

12.6 Patient Experience

Patients who have 'GP' as their treatment speciality within EPIC will be excluded from the CUH standard ED patient experience questionnaire. A joint patient experience survey will take place between CUH and HUC for patients streamed to the UTC, this will be administered by HUC will results discussed at the joint governance meetings between CUH and HUC.

13 Discharge

- Discharge will occur following completion of the patients consultation and discharged on Systmone
- E-discharge will be completed by the UTC Receptionist on EPIC
- The GP will receive one discharge summary which will be generated from Systmone only.



14 Applicable standards/KPI's

Performance Indicator	Target / Standard	Baseline position	Information Source / Evidence Base	Responsibility	Frequency of assessment
Number of occasions UTC pathway has to be ceased/reduced due to reduced capacity as a result of staffing levels being below commissioned levels NB full service closure would be regarded as an SI	Zero	Zero	Incident forms/rotas.	HUC	Monthly
Number of Patients seen by the Primary care clinician per hour as part of the UTC stream	4 per hour NB trajectory to be developed to support this	4 per hour	S1	HUC	Monthly
Number of patients returned to the ED stream following triage and initial review by Primary care Clinician	<5%	5%	S1	HUC	Monthly
Number of patients re-attending the ED following review and discharge by UTC with the same presenting condition within 7 days	<5%	<5%	EPIC data	CUH	Monthly
Time seen by the Primary care Clinician following initial Triage	<1 hour		S1	HUC	Monthly
Patient satisfaction response rate	40%		Patient survey	HUC	Monthly
Patient satisfaction – net promoter score	>75		Patient survey	HUC/CUH	Monthly
Number of complaints, incidents,	<5%	<5% of attends	HUC/CUHFT	HUC	Monthly
Number of SIs	<2%	Zero	HUC/CUH	HUC/CUH	Monthly



UTC four hourly performance (excluding those referred onto a speciality/back to ED within 2 hours of initial arrival)	100%	95%	EPIC data	HUC	Weekly
Left before being seen rate	<5%	<5%	EPIC data	HUC	Monthly

15 Clinical Governance, Performance Monitoring and Service Development

A UTC monthly meeting will take place between CUH, HUC and the CCG. Administration support for this will be provided by the CCG. Both CUH and HUC will submit the necessary information, as outlined in the performance standards/KPIs, to the CCG 5 five days ahead of the meeting to enable collation of a joint performance report.

Membership of the monthly governance meeting will comprise

For CUH:

- ED Consultant
- ED Matron
- Operations Manager
- Deputy Operations Manager
- Divisional Quality Manager (as required)
- Pharmacist (as required)
- Paediatric ED Consultant (as required)

For HUC:

- Clinical Services Manager
- Associate Director of Quality
- IUC Service Manager
- UTC Administrator
- GP Clinical Lead

For CCG (Commissioner)

- Administration support
- GP Urgent care lead or representative
- Programme Manager



A quorum will be a minimum of three individuals, which must include one from each party with a minimum of one of the three being a registered health professional.

Monthly Governance Meeting Agenda

1. Governance/patient experience/quality
 - a. Complaints/PALS
 - b. Incidents/SIs
 - c. Claims
 - d. Risk register and risk assessments
2. Delivery / KPIs
 - a. Activity levels
 - b. Return to ED/referral rates
 - c. 4 hour performance
 - d. 1 hour to see decision maker performance
 - e. Left before being seen rates
 - f. Re-attendance within 24hour rate
 - g. Service delivery issues including reduced shift coverage
3. Workforce
 - a. Shift cover levels
 - b. Turnover/vacancy levels
4. Nursing
 - a. Infection control/cleaning check results
 - b. Patient experience including national friends and family test results
5. Pathway development/service development opportunities

Each party will ensure that this meeting is incorporated into their own organisations governance structures and that minutes, produced by the CCG, are retained for a minimum of five years.

For any Serious incidents which occurs, following discussion between HUC and CUH operational and clinical team an investigating officer will be appointed. The incident will need to be reported to the CCG Clinical lead within the next working day and the SI guidance followed.

16 Monitoring compliance with and the effectiveness of this document

- Review of incident forms, as recorded on QSI, for non-compliance and the results presented to the Patient Safety & Governance group and



relevant Standards Setting Group - the minutes of these meeting are retained for a minimum of 5 years.

17 References

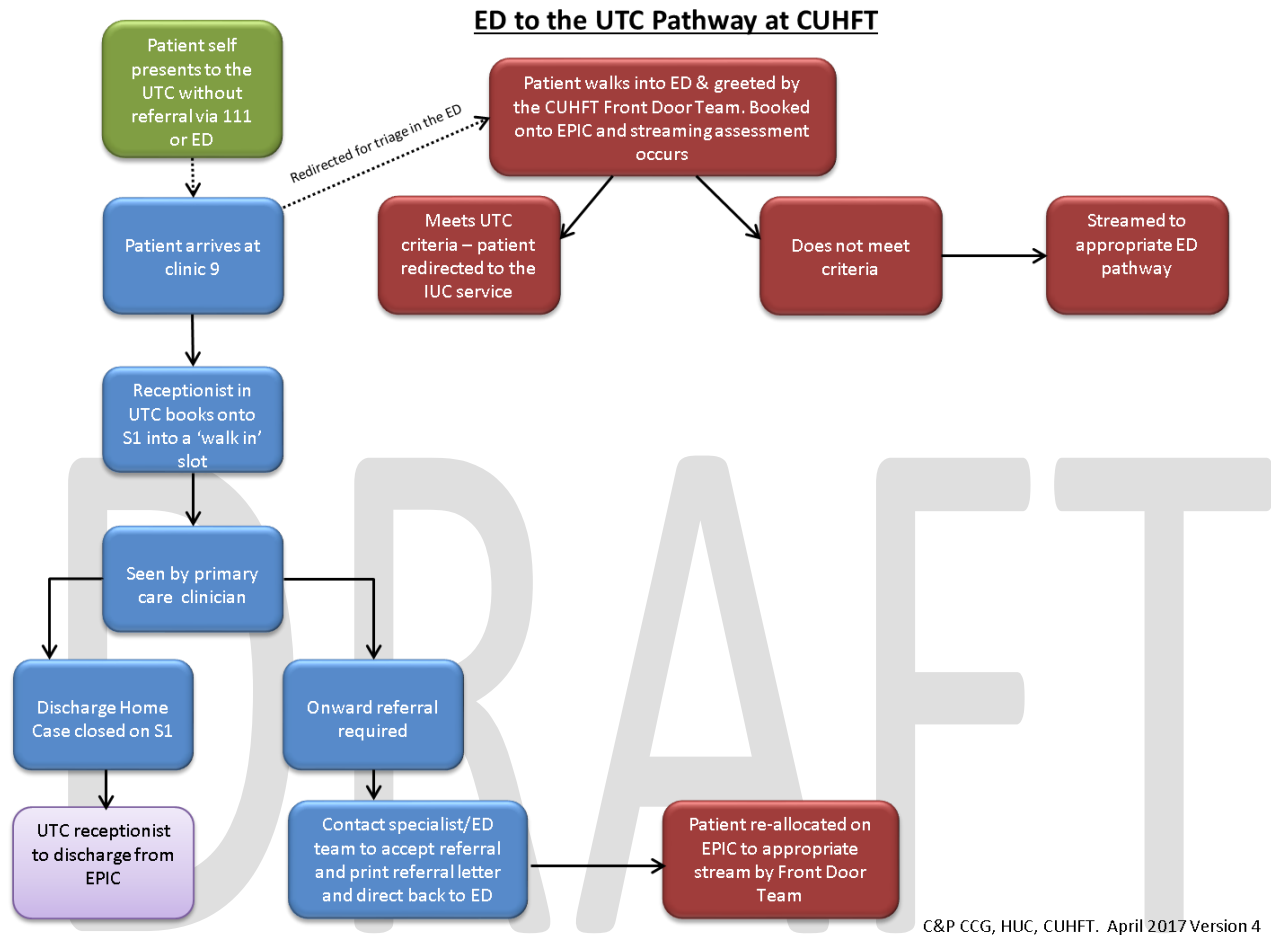
This policy has been established with references to the following national guidance
Primary Care Practice in Emergency Departments, Feb 2015, NHS ECIP
Primary care streaming: Roll out to September 2017, March 2017, NHS England
Walk-In Procedure 1, HUC

18 Contact Details

ED Nurse in Charge Bleep 1560219
ED consultant Bleep 1562226
UTC base TBC
HUC shift manager 01733 424082 / 08445605040 (2)
Security Emergency 3333
Security Non Emergency 6606
CUH Estates/Facilities Helpdesk 2696
CUH IT Helpdesk 2757
Clinical emergency 2222
CUH GP Switchboard 01223 216151
CUH Operational Matron Bleep 1560707
CUH Oncall manager via CUH Switchboard
HUC Oncall manager via IUC Shift Manager
CUH Shift Facilities Manager Bleep 1560697
ED Reception 3118/3062
ED Paediatrics 6028/6841/6842
ED Resus 3114/4635
ED Majors 3061/3896
ED Minors 3119/6843



Appendix 1 UTC Pathway 08:00 – 23:00





Appendix 2 Streaming Criteria – Adults

Criteria as agreed June 2017

Urgent Treatment Centre criteria for ED walk in patients

The Following System-based list of presentations applies to patients of all ages, but special consideration should be given to infants and young children

Type of injury	Exclusion criteria
Abdomen, chest, pelvis or genitalia	Major injuries
Bites and stings	Associated anaphylaxis (even if resolved prior to presentation) Airway involvement Human Bites
Burns	>3% body surface area Electrical or inhalational eg smoke Involving mouth, perineum, SIGNIFICANT palm or palmar aspects of digits Full circumference of a limb Requiring plastic surgery input owing to depth, site or size
Ear	Involving cartilage or eardrum Associated with foreign body
Eye	Penetration of globe and / or blood in anterior chamber Involvement of eyelid margin or tear drainage system Foreign body or suspected foreign body
Face	Uncontrolled epistaxis Any laceration with cosmetic consequences or that requires suturing
Foreign bodies	Foreign body in the airway or rectum Suspected but non-visible foreign body in a deep or penetrating wound Foreign body in a wound overlying important anatomical structures
Head	Intoxicated Confusion 2 or more episodes of vomiting On Anti-coagulants
Limbs	Suspected fracture and / or dislocation Neurovascular deficit Deformity Severe or apparently disproportionate pain or tenderness
Neck	Off-road vehicle incident, motorised or otherwise Axial direction of force
Wounds	Penetrating or deep injuries Severe crush injuries Suspected or actual tendon or nerve injuries Any wound requiring suturing Other wounds requiring surgical intervention, eg post-op dehiscence



Type of illness	Exclusion criteria
Respiratory	Severe respiratory distress and / or stridor Cyanosis Heavy haemoptysis
ENT	Uncontrolled epistaxis currently bleeding Foreign body Airway obstruction (stridor, choking)
Dental	Uncontrolled bleeding after extraction
Ophthalmological	Suspected foreign body, corneal abrasion Red eye with pain or altered vision
Cardiovascular	Chest pain with cardiac history Cardiac sounding chest pain in the >25yrs Current palpitations Suspected PE / DVT
Gastrointestinal	Haematemesis Dehydration requiring IV fluids Swallowed high risk foreign body abdominal pain in the >70yr
Genito-urinary	Priapism Sexual assault
Gynaecological	>16 weeks pregnant with bleeding Severe pelvic pain Suspected labour
Dermatological	Anaphylaxis Suspected meningococcal rash
Neurological	Sudden onset headache Suspected stroke or TIA Currently fitting or 1 st fit.
Musculoskeletal	
Mental Health– follow existing ED Pathway - 111	Overdose / Significant self harm Acute Psychosis Suicide plan

General exclusions: Any patients who are intoxicated or displaying behavioural problems.

Patients with communication difficulties to the extent that streaming would be unsafe.



Appendix 3 Streaming Criteria Paediatric

Criteria as agreed June 2017

STREAMING GUIDE FOR CHILDREN (AGE 0-15 YEARS) TO THE UTC

The following children are **NOT** suitable to be streamed to the Primary care service.

All infants under 3 months with a current temp of 38C or above
Children who have been seen by a GP and referred to ED or specialty
Children with injuries where there are current safeguarding concerns
Clinical suspicion of meningitis or meningococcal septicaemia
Any child who is likely to need x ray
Limping children
Under 1's with a head injury and older children fulfilling NICE CG 176 criteria (see over)
Any child in the red zone on the NICE traffic light assessment
Children presenting with a mental health problem



NICE TRAFFIC LIGHT ASSESSMENT

	Green – low risk	Amber – intermediate risk	Red – high risk
Colour (of skin, lips or tongue)	<ul style="list-style-type: none"> Normal colour 	<ul style="list-style-type: none"> Pallor reported by parent/carer 	<ul style="list-style-type: none"> Pale/mottled/ashen/blue
Activity	<ul style="list-style-type: none"> Responds normally to social cues Content/smiles Stays awake or awakens quickly Strong normal cry/not crying 	<ul style="list-style-type: none"> Not responding normally to social cues No smile Wakes only with prolonged stimulation Decreased activity 	<ul style="list-style-type: none"> No response to social cues Appears ill to a healthcare professional Does not wake or if roused does not stay awake Weak, high-pitched or continuous cry
Respiratory		<ul style="list-style-type: none"> Nasal flaring Tachypnoea: RR > 50 breaths/minute, age 6–12 months RR > 40 breaths/minute, age > 12 months Oxygen saturation ≤ 95% in air Crackles in the chest 	<ul style="list-style-type: none"> Grunting Tachypnoea: RR > 60 breaths/minute Moderate or severe chest indrawing
Circulation and hydration	<ul style="list-style-type: none"> Normal skin and eyes Moist mucous membranes 	<ul style="list-style-type: none"> Tachycardia: > 160 beats/minute, age < 1 year > 150 beats/minute, age 1–2 years > 140 beats/minute, age 2–5 years CRT ≥ 3 seconds Dry mucous membranes Poor feeding in infants Reduced urine output 	<ul style="list-style-type: none"> Reduced skin turgor
Other	<ul style="list-style-type: none"> None of the amber or red symptoms or signs 	<ul style="list-style-type: none"> Age 3–6 months, temperature ≥ 39°C Fever for ≥ 5 days Rigors Swelling of a limb or joint Non-weight bearing limb/not using an extremity 	<ul style="list-style-type: none"> Age < 3 months, temperature ≥ 38°C Non-blanching rash Bulging fontanelle Neck stiffness Status epilepticus Focal neurological signs Focal seizures



Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

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ED to UTC pathway
V4



Adult Streaming
Criteria



Paed Streaming
Criteria

DRAFT



Document management

Document draft tracking; table will be removed before publication					
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Draft 2	Input from DM				References added
Draft 2.1	Clare Hawkins		06/04/17	Herts Urgent Care, CCG and CUH	Questions added and draft distributed to operational group for comment
Draft 2.2	Clare Hawkins		13/04/17	Herts Urgent Care, CCG and CUH	Updated with Vaz Ahmed, Alex Manning and Emma Downey's comments
Draft 2.3	Clare Hawkins		19/04/17	Herts Urgent Care, CCG and CUH	Updates following liz Robinsons review
Draft 2.4	Clare Hawkins		03/05/17	Herts Urgent Care, CCG and CUH	Updates following review from pharmacy, David Monk & security
Draft 2.5	David Monk		11/05/17	Herts Urgent Care, CCG and CUH	Updated governance, escalation and standardisation throughout document
Draft 3	David Monk		15/05/17	Herts Urgent Care, CCG and CUH	Full review with CUH and HUC
Draft 4	Clare Hawkins		24/05/17	Herts Urgent Care, CCG and CUH	Reviewed following decision on change of operational hours
Draft 5	Clare Hawkins		26/05/17	Herts Urgent Care, CCG and CUH	Revised following agreement on self presenters and 23:00 – 08:00 pathway
Draft 6	Clare Hawkins		14/06/17	Herts Urgent Care, CCG and CUH	Final Draft to be submitted for agreement

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