

	INODAYA Hospitals - Kakinada		Documentation code: INH/COP .Doc.No:02
	Policy on Emergency Services		Prepared Date: 11/11/2025
	Reference: COP.02.a.b.NABH Standards – 6 th Edition		Issue date: 11/11/2025
	Issue no:1	Review No:0	Review Date: 10/11/2026

1.0 Purpose: To establish and maintain standardized procedures for Emergency Care Services.

2.0 Scope: The policy and procedure covers all patients arriving at Emergency Department

3.0 Definition:

3.1 Emergency Medical Condition is a Medical Condition manifesting itself by acute symptoms of sufficient severity (including without limitation severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

4.0 Responsibility: - Casualty Medical Officer and Nursing Staff

5.0 Policies:

5.1 Emergency Services are available round the clock in the ER room for Medical screening, examination and stabilization of individuals presenting with Emergency Medical Condition at the department. The ER attends to all types of MLC cases and performs necessary formalities related to MLC Cases.

5.2 Our Emergency Services area offers comprehensive emergency care 24 hours a day and doctors & trained nurses are available round the clock. Consultants are available on call, after duty hours. Ambulance services are available 24 hours a day.

5.3 On arrival of a patient during medical emergency, patient & their attendees shall be guided by the security guards to avoid chaos in the emergency. Emergency Medical officer

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on duty shall arrive at a provisional diagnosis & shall direct the patient to respective consultant depending on the type of injury / procedure / medical care required.

5.4 On diagnosis of patient condition, consultant shall recommend the patient for admission into ICU / OT / Ward. In case of non availability of the specialty / facility / beds the doctor shall recommend the patient to transfer to other hospital. Proper care shall be taken depending on the physical condition of the patient before & during the transfer

5.5 Emergency Registration policy: Patients seeking to avail the Emergency facility of our hospital arrive at the Emergency area - Casualty of our hospital. At the registration counter the following information about the patients are fed into the system:

- a. Name
- b. Father's Name
- c. Age /sex of the patient
- d. Residential Address
- e. Contact number

The system then generates a Unique Medical number (if the patient comes for the first time). During HIMS or system down time the patients are registered by the nominal registration number and the same shall be used as patient identifier in various care areas till the patient is provided with a unique Medical record Number.

6.0 Procedures

6.1. Stabilizing Policies and Procedures:

- a. As soon as the patient arrives, Casualty Medical Officer (CMO) and staff Nurse attends to the patient and Triage process is carried out

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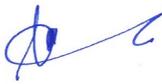
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- b. The type of emergency or casualty is determined
- c. The CMO & Nurse checks the vitals and if required connects to Monitor
- d. Emergency treatment such as Oxygen, IV fluid will be started
- e. The Casualty medical officer will perform resuscitation if required
- f. Dressing, suturing and other minor procedures are done in Minor OT if required.
- g. A brief history and physical examination is done for all patients and the initial assessment form is documented.
- h. After Initial assessment of the patient, the concerned consultant is informed and necessary instructions obtained for further care. All the consultants are available on call to provide necessary care as and when required.
- i. Medical Emergency Team (MET) is available round the clock to address emergencies as and when required.
- j. Investigation orders are raised as advised by the Consultant/ MET In-Charge
- k. Patients are assessed for wards admission /discharge to home /intensive care treatment/Procedure in Operation Theatre - based on consultant's opinion and investigations results if any.
- l. In case of Transfer of patients to wards at the time of admission-handing over and taking over is done between staff nurses in the casualty and the admitting department

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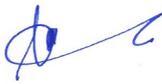
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6.2 Emergency Medical Supplies

- a. The staff sister maintains the stock of Emergency Medical Supplies
- b. The checklist of the Emergency Medical Supplies is maintained.
- c. Inventory is checked at the end of every shift.
- d. Inventory drugs are used on patients, which are be later on replaced by the patient after stabilization or during admission.

6.3 Admission Policy

- a. The CMO & Consultants decide regarding admission based on detailed history, examination and plan of care
- b. Treatment is provided by the nursing staff as advised by the Consultant/Junior Residents
- c. Consultants are kept well informed about all admissions and their management.
- d. Laboratory is 24 Hours functional for all emergency investigations
- e. **For MLC CASES:**
 - i. Local Police authorities are informed
 - ii. MLC details are filled in the MLC register.
 - iii. MLC number is noted and mentioned on admission file
 - iv. Patient attendants are informed regarding involvement of Local police authorities

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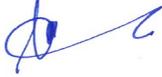
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- v. The subsequent outcome of the patient's condition (discharge / death /DAMA /LAMA/abscond) is informed to the Police.
- f. Patients are kept and after stabilizing or as per the condition of patient in emergency are transferred to ward / ICU / OT.

6.4 Equipment and supplies:

The following equipment and supplies are available in the Emergency Department at all times:

- Cardiac and respiratory monitoring equipment
- Foley catheters and collection system
- Ryles tube
- Laryngoscopes and Endo-tracheal tubes
- Minor surgical instruments
- Oxygen, oxygen supplies
- Splints
- Suction equipment
- Tourniquets
- Ventilator assistant equipment including airways, bag valve device.
- ECG machine
- Glucometer
- Life saving drugs

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- Defibrillator & others

7. Absconded Patients:

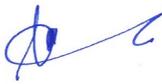
1. Staff informs the doctor / security / administration of patient's absence for necessary action.
2. "Code Yellow" should announce in case of abscond.{ refer to disaster manual)
3. Abscond form is filled by the resident doctor.
4. All details of last examination, probable diagnosis and treatment is duly mentioned and documented
5. The admission file along with the filled abscond form is sent to MRD.

8. Death

1. In the event of death of a patient in inpatient areas/ Emergency areas, the concerned duty medical officer will verify the cause of death with the concerned Duty Intensivist / Primary Consultant / consultant on call.
2. Death certificate will be issued by the Medical Officer on duty.

9. TRANSFER TO THE WARD / ICU

1. The CMO in the emergency decides regarding patients who need ICU care according to the Primary consultant's opinion & ICU bed availability

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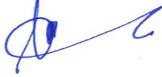
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2. The ICU resident in charge is informed who arranges to receive the patient and informs the Consultant- in- charge of the respective ICU
3. The patient's "CAB" is secured and is transferred on a trolley accompanied by junior resident and nursing staff.
4. The doctor and the nurse complete all the necessary documentation before the transfer of the patient
5. The patient is accompanied by the nurse and transferred to their allotted bed in the ICU, Incase if patient is on life saving mode is accompanied by the Duty doctor or intensivist.
6. The nurse will carry the documentation and give a hand over to the receiving area nurse.
7. Continuity of care and patient safety is maintained during transfer
8. The ward in charge is informed about the no. of transfers.
9. The patients are accompanied by staff nurse & attender along with their files and are handed over to the sister on duty in the ward.

10. DISCHARGE FROM EMD AS OUTPATIENT

- The emergency physician fills out the outpatient assessment sheet, documents all investigation reports and treatment given to the patient
- The emergency physician explains the patient in detail about discharge advice and documents it on the chart.

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- The nurse ensures the appropriate billing for all the consumables used, consultations, medications administered and procedural charges if any.
- A copy of the discharge advice form is handed over to the patient after the patient has finished all the formalities. The other copy of the discharge advice is put in the patient OP folder

11. DISCHARGE FROM EMD AS IN-PATIENT

- All patients admitted in the ED shall have an initial assessment sheet documented by the emergency physician or CMO on duty.
- The ER Physician or CMO will document the clinical findings, investigation reports and details of the treatment given.
- A specialist consult if necessary shall be sought and details of the same documented on the chart
- The emergency physician explains the patient in detail about discharge advice and documents it on the chart.
- The nurse ensures the appropriate billing for all the consumables used, consultations, medications administered and procedural charges if any
- Physician instructs the nurse to send the activity card for billing
- The physician fills in the discharge summary for the patient
- The nurse will send it for typing and hand over the typed summary to the patient / relatives
- The nurse also explains the medications dosage and timings to the patient

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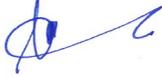
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12. TRANSFER FROM EMD TO WARDS

- The nurse incharge confirms the availability of allotted bed and informs about the patient to be shifted to the receiving area nurse
- The Nurse incharges will co-ordinate with the admission about the availability of beds and expedite the process.
- The doctor and the nurse complete all the necessary documentation before the transfer of the patient
- Patient and the family are explained about the transfer in advance
- The patient is accompanied by the nurse and transferred to their allotted bed.
- The nurse carries the documentation and gives the hand over to the receiving area nurse
- Continuity of care, patient safety is maintained during the time of transfer

13. TRANSFER FROM EMD TO OPERATING ROOM

- All patients are transferred accompanied by a nurse.
- In case the patient is intubated or is unstable hemodynamically the physician will accompany the patient or call in for on call anesthetist to transport the patient
- The nurse in-charge will confirm the availability of operating room and inform about the patient to be shifted to the area nurse
- The doctor and the nurse complete all the necessary documentation before the transfer of the patient

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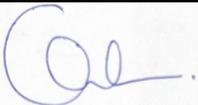
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- The nurse ensures that the necessary pre-procedural investigations, screening status, imaging results are available to the anesthetist.
- The nurse ensures that the necessary consent is taken in the ER before shifting the patient
- The nurse will also ensure that necessary arrangement for blood and blood products in cases going in for emergent surgeries
- The Pre-anesthetic check should be carried on the patient in the ER before shifting to the OR. All preoperative orders must be carried out in ER
- The nurse will carry the completed documentation and give a hand over to the receiving area nurse.

14. TRANSFER TO CATH LAB

- In case requiring urgent intervention like Primary angioplasty or temporary transvenous pacing the patient shall be shifted to the cardiac catheterization lab from Emergency room.
- The ER Physician on duty shall discuss the same with cardiologist on call and arrive at the decision quickly
- The ER Physician / ER Nurse on duty shall inform the cath-lab and ensure the availability of cath-lab
- All patients being shifted to Cath lab for urgent intervention must be shifted under constant monitoring with a monitor defibrillator and must be accompanied by a ERP or transport anesthetist.
- The nurse in-charge will confirm the availability of operating room and inform about the patient to be shifted to the area nurse

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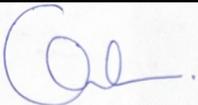
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- The doctor and the nurse complete all the necessary documentation before the transfer of the patient
- The nurse ensures that the necessary pre-procedural investigations, Screening status, ECG, imaging results are available to the anesthetist.
- The nurse ensures that the necessary consent is taken in the ER before shifting the patient
- The nurse will carry the completed documentation and give a hand over to the cath lab nurse

15. TRANSFER TO OTHER FACILITY

- In cases where the patient requests for a transfer to other facility or the clinical presentation is with conditions where our institute does not provide inpatient services (like Radiation oncology, Neonatal ICU, High-risk obstetrics), the patient would be given initial necessary treatment, explained the risk associated and the reasons for transfer and shifted to appropriate facility.
- In case the patients chooses to go against medical advice a Left Against Medical Advice form is to be filled in by the physician and signed by the patient/ relatives.
- All patients transferred from EMD to any other facility are be given a hand written brief summary on the patient assessment and treatment in EMD to ensure continuity of care for the patient.
- If necessary the physician will directly get in touch with the receiving facility authorities and inform them about the clinical condition of the patient.

FMS2D, HRM5, HRM6, HRM 11, HRM12, HRM13.

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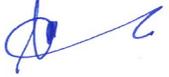
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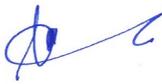
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Prevention of Patient Overcrowding and crowd management.

- Patients overcrowding and crowd management was done according to Laid down policy.
- Patient footfall trends were analyzed and staffing pattern was done accordingly.
- Crowd management in emergency for patients / attendees and visitors was done in coordination with consultants / manager on duty and security.
- In case of more than 5 patients came to emr at a single point of from different or same incident emergency department incharge will announce code orange(mass casualty)
- In case if the cases in emergency department are not able to mobilize due to some admission issues we will refer them to govt general hospital or any other near by hospital.
- Inodaya Hospital Kakinada follows one patient one attendant policy in order to avoid overcrowding.

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