

SaTH Speciality Guidance for Adult Emergency Referrals from ED or CCC Jan 2021 Medicine

- Chest pain
- Arrhythmias
- Stroke (PRH)
- Shortness of breath
- Sepsis of unknown origin
- Diarrhoea
- Diabetic emergencies
- Non-specific deterioration in a frail patient
- Upper GI bleeding (RSH)
- Isolated pubic ramus fracture
- Fits / headache / coma
- Liver disease (RSH)
- Lower limb cellulitis
- Suspected DVT or PE

General Surgery (RSH only)

- Abdominal pain
- Abscesses – perianal, groin or pilonidal
- Abdominal or thoracic trauma
- Head injuries
- Lower GI bleeding
- Obstructive jaundice
- Acutely ischaemic limb
- Bleeding or symptomatic abdominal aortic aneurysm

Urology (RSH only)

- Renal colic
- Haematuria
- Acute urinary retention
- Obstruction uropathy
- Priapism

Orthopaedics

- Fractures
- Dislocations
- Upper limb cellulitis
- Hand injuries
- Significant soft tissue injuries of the limbs
- Cauda equina syndrome
- Spinal injuries
- Bone and joint infections

ENT (PRH only)

- Epistaxis
- Tonsillitis or quinsy
- Stridor
- Foreign body in ear, nose or throat

Maxillo Facial Surgery

(PRH only)

- Soft tissue facial injuries
- Fracture of mandible, zygoma or maxilla
- Neck or facial infections

Gynaecology (PRH only)

- Vaginal bleeding
- Torted ovarian cyst
- Abdominal pain and +ve pregnancy test
- Likely gynaecological malignancy
- Vulval mass / infection
- Genital trauma

Critical Care

Patients requiring critical care admission must be first referred to the relevant speciality team.

Notes:

1. Patients should be referred to the most appropriate speciality – regardless of whether they need an operation
2. Patients needing admission for palliative care should usually be admitted under the treating speciality
3. This guidance should be read in conjunction with the Internal Professional Standards