

ECDS – Quick Reference Guide for Specialty Clinicians

ECDS

The Emergency Care Dataset (ECDS) is the new national data set for urgent and emergency care

The current Accident and Emergency data set was developed in the late 1970's at which time the work of the "Casualty Department" was largely minor injuries and occasional Major Trauma.

A rapid and sustained increase in the volume, scope and complexity of emergency care has resulted in the data we have been collecting has not kept pace with these changes.

The key components of ECDS are:

- Reason for Attendance
- Chief Complaint
- Acuity
- Diagnosis

This Document

This document has been created to provide "Specialty Clinicians" with an understanding of the changes made to iCLIP for completing the discharge/depart process.

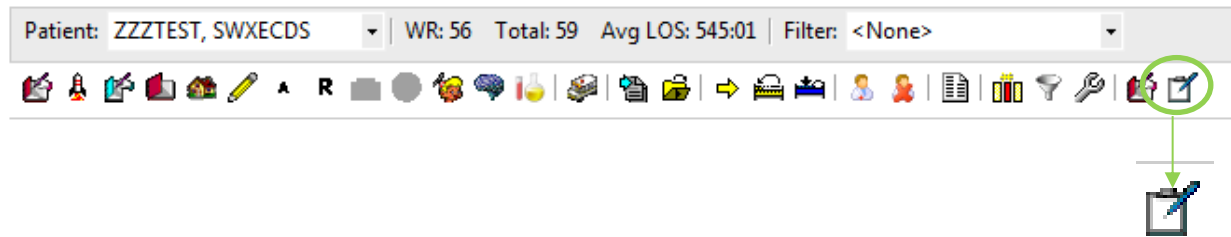
It is not intended to be a guide on "how to use iCLIP".


It contains screen shots of the new screens and forms that need to be completed in order to complete the required documentation to discharge a patient, which will include:

- Diagnosis
- Treatments
- Investigations
- GP information
- Confirmation of final completion of Discharge Summary

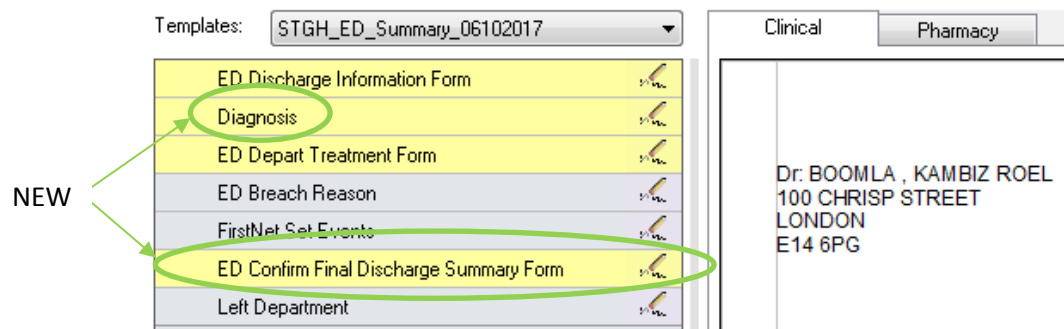
Depart Process (Patient Discharge)


The “Depart Process” window contains all the steps required to complete the discharge summary.



- Click  from the menu bar
- The menu on the left of the “Depart Process” window will guide users through the necessary steps to complete the depart process.
- The window on the right displays the current discharge summary

Please note ALL yellow fields are mandatory.



Click  to open a section

There are two new steps to the Depart Process (As Highlighted above) **Diagnosis** and **ED Confirm Final Discharge Summary Form**

New ED Discharge Information

By selecting the **ED Discharge Information Form** you will be presented with the ED Discharge Information form where you complete:

1. Instructions/Information for GP's (Free Form Text)
2. Discharge Status (Radio Buttons)
3. Discharge Destination (Radio Buttons)
4. Ward/Trust/Clinic (From Drop Down)
5. Discharge Follow Up (Radio Buttons)

TESTING, CHRISTIAN-TEST-02
NHS: MRN: 2779537

Discharge Information

Instructions/Information for GP (Free text box which supports 30,000 characters)

Segoe UI 9

1. Freeform text containing instructions and/or information that you wish to be passed on to the GP via the GP letter.

Discharging Staff Member:
Cole, Reena

Discharge Status:

☐ Treatment complete
☐ Streamed to primary care service / GP
☐ Streamed to Urgent Care Centre
☐ Streamed to Emergency Department
☐ Streamed to Ambulatory Emergency Care service
☐ Streamed to falls service
☐ Streamed to frailty service
☐ Streamed to mental health service
☐ Streamed to pharmacy service
☐ Streamed to dental service
☐ Streamed to ophthalmology service
☐ Left before initial assessment
☐ Left after assessment other ED
☐ Left after assessment before treatment
☐ Dead on Arrival
☐ Died in the Emergency Care facility

2

Discharge Destination:

☐ Usual Place of Residence
☐ Residential care without 24 hr nursing
☐ Residential care with 24 hr nursing
☐ Police
☐ Custodial services
☐ Short stay ward managed by ED
☐ Ambulatory Emergency Care service
☐ Hospital in the home service
☐ Ward (Physical ward bed outside ED)
☐ High Dependency Unit (level 2)
☐ Coronary Care Unit (level 2)
☐ Special Care Baby Unit (level 2)
☐ Intensive Care Unit (level 3)
☐ Neonatal Intensive Care Unit (level 3)
☐ Transfer to another hospital
☐ Mortuary

3

Ward / Trust / Clinic:

4

Discharge Follow Up:

☐ Ambulatory Care service
☐ Community psychiatric support services
☐ Dentist
☐ Franchise clinic
☐ General Practitioner
☐ Medical specialist (private)
☐ No referral
☐ Other community service
☐ Outpatients (not fracture clinic)
☐ Physiotherapy
☐ Review in ED (scheduled)

5

Templates: STGH_ED_Summary_06102017

ED Discharge Information Form	1
Diagnosis	1
ED Depart Treatment Form	1
ED Breach Reason	1
FirstNet Set Events	1
ED Confirm Final Discharge Summary Form	1
Left Department	1

New ED Discharge – Diagnosis Section

Depart Process

STGTESTING, PDS-SYNC Age: 47 years Sex: Male Loc: Emergency Department
 Allergies: Allergies Not Recorded DOB: 12/Dec/70 MRN: 2779372 Emergency [13/Oct/2017 10:34 <No
 Resus status: Planned Disch Date: Lead Clinician:

Templates: STGH_ED_Summary_06102017

Clinical Pharmacy

St George's University Hospital
NHS Foundation Trust

Dr. MACKENZIE, SARAH JANE
66 EASTWOOD STREET
STREATHAM
LONDON
SW16 6PX

Dear Dr. MACKENZIE, S

Name: STGTESTING, P
D.O.B: 12/Dec/70
Gender: Male
Address: St. Georges H

MRN Number: 2779372
NHS Number: 590-004-
Home Telephone:
Mobile Telephone:
Ethnicity: White - Britis

Previous ED attendanc

Discharge

Mark all as Reviewed

Diagnosis (Problem) being Addressed this Visit

+ Add Modify Convert Display: All SNOMED CT

Clinical Dx	Dx Type	Confirmation	Date	Clinical Service	Ranking	Cl

Problems

+ Add Modify Convert No Chronic Problems Display: All SNOMED CT

Name of Problem	Onset Date	Last Updated	Last Updated By	Ranking	Classification

Close

Select add Diagnosis

Select Folders Option OR Select from freeform Search

Discharge

Diagnosis (Problem) being Addressed this Visit

Clinical Dx	Dx Type	Confirmation	Date	Clinical Service	Ranking
-------------	---------	--------------	------	------------------	---------

*Diagnosis ☐ Free Text Laterality Responsible Clinical Staff

Display As *Clinical Service Non-Specified *Date 28/12/2017 Comments

*Type Discharge *Confirmation Confirmed *Classification No flag Ranking

Show Additional Details

OK OK & Add New Add Problem & Diagnosis Cancel

Up Home Favourites Folders Previous Diagnosis Folder: Folders

- ED Diagnosis
- Comorbidities

Close

Up Home Favourites Folders

- ED Fracture / dislocation
- ED Infectious Disease
- ED Medical
- ED Musculoskeletal
- ED Psych / tox / D+A

Select Sub Folder

Select Diagnosis from the list

Up Home Favourites Folders Previous Diagnosis Folder: Folders\ED Diagnosis\ED Medical

Term	Code	Terminology	Terminology
Seasonal allergic rhinitis	492457012	UK ED Subset	Diagnosis
Anaphylaxis	66382015	UK ED Subset	Diagnosis
Angio-oedema due to angiotensin-converting-enzyme inhibitor	1773745017	UK ED Subset	Diagnosis

Click OK and Close

***Diagnosis** Anaphylaxis ☐ Free Text Laterality Responsible Clinical Staff

Display As Anaphylaxis *Clinical Service Non-Specified *Date 29/12/2017 Comments

*Type Discharge *Confirmation Confirmed *Classification No flag Ranking

Show Additional Details

OK OK & Add New Add Problem & Diagnosis Cancel

Up Home Favourites Folders Previous Diagnosis Folder: Folders\ED Diagnosis\ED Medical

Term	Code	Terminology	Terminology
Seasonal allergic rhinitis	492457012	UK ED Subset	Diagnosis
Anaphylaxis	66382015	UK ED Subset	Diagnosis
Angio-oedema due to angiotensin-converting-enzyme inhibitor	1773745017	UK ED Subset	Diagnosis

Close

Depart Process

STGTESTING, PDS-SYNC
Allergies: Allergies Not Recorded
Resus status:

Age: 47 years
DOB: 12/Dec/70

Sex: Male
MRN: 2779372
Planned Disch Date:

Loc: Emergency Department
Emergency 13/Oct/2017 10:34 <No
Lead Clinician:

Templates: STGH_ED_Summary_06102017

Clinical
Pharmacy

St George's University Hospital
NHS Foundation Trust

Dr. MACKENZIE, SARAH JANE
86 EASTWOOD STREET
STREATHAM
LONDON
SW16 6PX

ED Discharge Information Form
Diagnosis
ED Depart Treatment Form
ED Breach Reason
FirstNet Set Events
ED Confirm Final Discharge Summary Form
Left Department

Dear Dr MACKENZIE, S

Name: STGTESTING, P
D.O.B: 12/Dec/70
Gender: Male
Address: St. Georges H

MRN Number: 2779372
NH S Number: 590-004-
Home Telephone:
Mobile Telephone:
Ethnicity: White - Britis

Previous ED attendanc

Discharge

Mark all as Reviewed

Diagnosis (Problem) being Addressed this Visit

+ Add
Modify
Convert
Display: All
SNOMED CT

Clinical Dx	Dx Type	Confirmation	Date	Clinical Service	Ranking	Cl
-------------	---------	--------------	------	------------------	---------	----

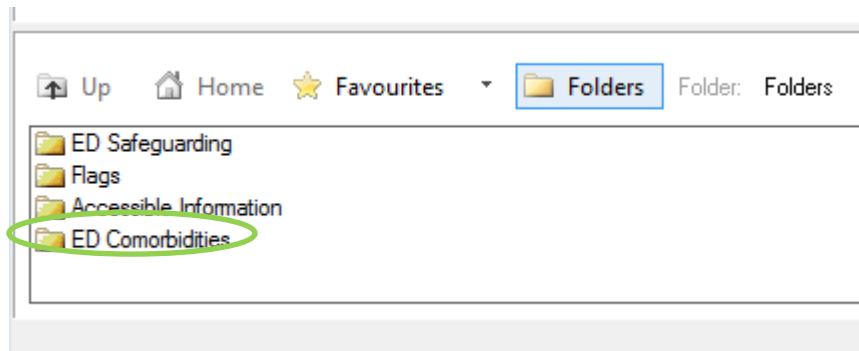
Problems

+ Add
Modify
Convert
No Chronic Problems
Display: All
SNOMED CT

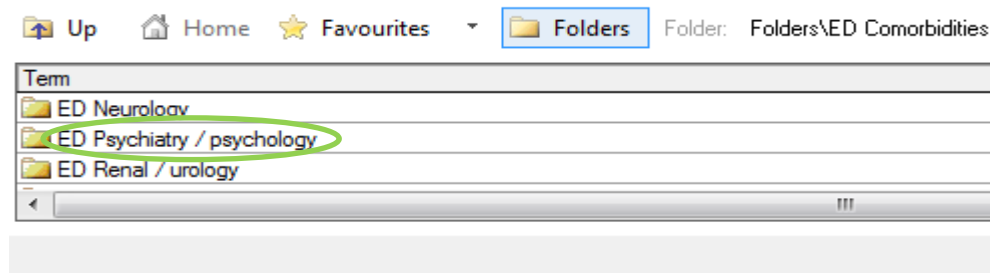
Name of Problem	Onset Date	Last Updated	Last Updated By	Ranking	Classification
-----------------	------------	--------------	-----------------	---------	----------------

Select add Problems

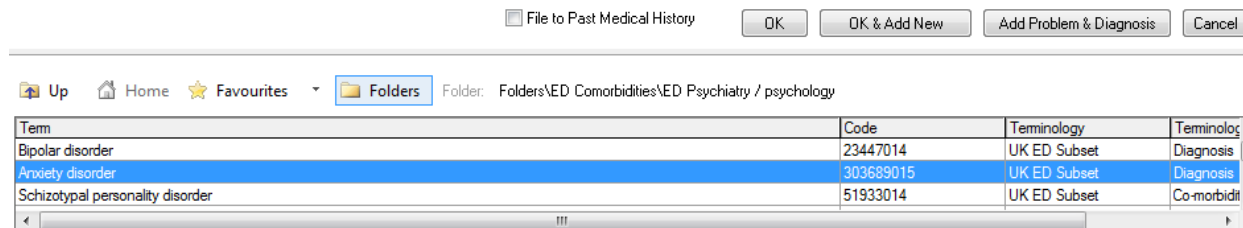
Select relevant Folder (e.g. ED Comorbidities)



Select relevant Sub-Folder



Select relevant Problem and Click OK to add




New ED Discharge – Depart Treatment Form

Templates: STGH_ED_Summary_06102017

ED Discharge Information Form	
Diagnosis	
ED Depart Treatment Form	
ED Breach Reason	
FirstNet Set Events	
ED Confirm Final Discharge Summary Form	
Left Department	

It is **VERY Important** that all appropriate fields in the ED Depart Treatment Forms are Completed correctly in order to provide accurate information relating to patient treatment to the GP.

Select **Investigations** and complete form, click  to sign completion

ED Treatment Form - TEST, ED-TEST

*Performed on: 29/12/2017 1027 GMT By: Cole, Re

Investigations

Radiology/other

☐ ECG
☐ USS: (FAST, Aorta Assessment, IV Access, Bladder Scan, FIB)
☐ Other - please specify in comments box
☐ None

Victim of assault?

☐ Yes
☐ No

Observations & monitoring

☐ Vital signs
☐ Neuro observations
☐ Oximetry / Sats
☐ Cardiac monitor
☐ Other - please specify in comments box

Bloods


☐ Arterial blood gas
☐ Bacteriology
☐ Biochem
☐ Cardiac
☐ Haematology
☐ G&S/X-Match

☐ D-Dimer
☐ BM
☐ Other - please specify in comments box
☐ None

Urine

☐ Urinalysis
☐ Toxicology

Additional Investigations Details:

Select **Procedures** and complete form, click  to sign completion


*Performed on: 29/12/2017 1030 GMT By: Cole, Reen

Investigations
Procedures
 Treatments
 Medications
 Victims of Assault

Procedures

Airway & breathing <input type="checkbox"/> CPAP <input type="checkbox"/> BiPAP <input type="checkbox"/> Intubation <input type="checkbox"/> Laryngeal mask <input type="checkbox"/> Oral airway <input type="checkbox"/> Nasal airway <input type="checkbox"/> Bag valve mask <input type="checkbox"/> None	Manipulations <input type="checkbox"/> Manipulation of upper limb fracture <input type="checkbox"/> Manipulation of lower limb fracture <input type="checkbox"/> Manipulation of upper limb dislocation <input type="checkbox"/> Manipulation of lower limb dislocation <input type="checkbox"/> Manipulation other - please specify <input type="checkbox"/> None
Critical care procedures <input type="checkbox"/> Resuscitation / CPR <input type="checkbox"/> Defibrillation <input type="checkbox"/> Pericardiocentesis <input type="checkbox"/> Rewarming hypothermic patient <input type="checkbox"/> Cooling (post arrest) <input type="checkbox"/> Cooling (pyrexia) <input type="checkbox"/> Aspiration (pneumothorax) <input type="checkbox"/> Aspiration (pleural fluid) <input type="checkbox"/> Temporary Transvenous Pacing <input type="checkbox"/> External Pacing <input type="checkbox"/> Mechanical cardioversion <input type="checkbox"/> None	Anaesthesia <input type="checkbox"/> General anaesthesia <input type="checkbox"/> Sedation <input type="checkbox"/> Regional block <input type="checkbox"/> Local anaesthetic <input type="checkbox"/> Anaesthesia other - please specify <input type="checkbox"/> None
Lines / tubes <input type="checkbox"/> IV cannula <input type="checkbox"/> Central line <input type="checkbox"/> Arterial line <input type="checkbox"/> Chest drain <input type="checkbox"/> Urinary catheter <input type="checkbox"/> Suprapubic catheter <input type="checkbox"/> NG tube <input type="checkbox"/> Other - please specify in comments box <input type="checkbox"/> None	Minor procedures <input type="checkbox"/> Minor surgery <input type="checkbox"/> Minor plastic surgery <input type="checkbox"/> Incision & drainage <input type="checkbox"/> Joint aspiration <input type="checkbox"/> Removal of foreign body <input type="checkbox"/> Epistaxis control

Additional Procedure Details:

Select **Treatments** and complete form, click  to sign completion

✓ [Icons] *Performed on: 29/12/2017 1030 GMT

★ Investigations
★ Procedures
★ **Treatments**
★ Medications
Victims of Assault

Treatments

Critical care treatments

- ☐ Blood product transfusion
- ☐ Charcoal

Wound management

- ☐ Complex dressing
- ☐ Simple dressing
- ☐ Wound clean
- ☐ Sutures
- ☐ Wound clips
- ☐ Steristrips / glue
- ☐ Other - please specify in comments box

Review treatments

- ☐ Removal of sutures / clips
- ☐ Removal of plaster of paris
- ☐ Fracture review
- ☐ Dressing / wound review
- ☐ Burns review
- ☐ Recall / x-ray review

- ☐ OT ☐ Social
- ☐ Physio

Minor injuries / treatments

- ☐ Splint
- ☐ Plaster of paris
- ☐ Crutches / Stick
- ☐ Sling / Collar & Cuff / Broad arm sling
- ☐ Support bandage
- ☐ Other - please specify in comments box


Eye treatments

- ☐ Eye dressing
- ☐ Eye irrigation

Discharge advice

- ☐ Written advice
- ☐ Verbal advice

Additional Treatment Details:

Select **Medications** and complete form, click  to sign completion

*Performed on: 29/12/2017 1030 GMT By: Cole, f

Medications

Thrombolysis

☐ Tenecteplase
☐ TPA
☐ Streptokinase
☐ Thrombolysis other - please specify

Medications administered

☐ Intravenous infusion ☐ None
☐ Intravenous drugs (stat / bolus / flush)
☐ Intramuscular
☐ Subcutaneous
☐ Intradermal
☐ Infusion other - please specify

☐ Oral
☐ Sublingual
☐ Buccal
☐ Intranasal
☐ Per rectum
☐ PV

☐ Ear drops
☐ Eye drops
☐ Topical

☐ Oxygen
☐ Nebuliser
☐ Entonox
☐ None

Tetanus administered

☐ Combined tetanus / Diphtheria booster
☐ Human immunoglobulin
☐ Combined tetanus / Diphtheria course
☐ Tetanus toxoid booster
☐ Immune

Prescriptions

☐ Prescription TTA / TTO
☐ Prescription FP10

Additional Medication Details:

New ED Confirm Final Discharge Summary Form

Templates: STGH_ED_Summary_06102017

ED Discharge Information Form	1
Diagnosis	1
ED Depart Treatment Form	1
ED Breach Reason	1
FirstNet Set Events	1
ED Confirm Final Discharge Summary Form	1
Left Department	1

By selecting the **ED Confirm Final Discharge Summary Form** you will be able to Confirm Final Discharge and discharge the patient.

All information, including Diagnosis and Treatments, **must** be completed before completing this Summary.

ED Confirm Final Discharge Summary Form - STGTESTING, PDS-SYNC

*Performed on: 20/12/2017 1628 GMT

STGTESTING, PDS-SYNC
NHS: 590-004-5196 MRN: 2779372

Confirm Final Discharge Summary

If the ED Discharge Summary is in a complete state, you must click "Final Emergency Department Discharge Summary" below.

If not, then please go back and complete the ED Discharge Summary.
The ED Discharge Summary will then be sent when you click the 'Discharge/Transfer Outside Trust' button in the Depart Process.

☐ Final Emergency Department Discharge Summary

Was the patient provided with a copy of their Discharge Letter?

☐ Copy of discharge letter provided to patient
☐ Not given

Reason if no summary was provided:

New ED Discharge Summary

Templates:

STGH_ED_Summary_06102017

✓

ED Discharge Information Form

1

✓

Diagnosis

1

✓

ED Depart Treatment Form

1

ED Breach Reason

1

FirstNet Set Events

1

✓

ED Confirm Final Discharge Summary Form

1

Left Department

1

Clinical

Pharmacy

Dr. MACKENZIE , SARAH JANE

66 EASTWOOD STREET

STREATHAM

LONDON

SW 16 6PX

St George's University Hospital

NHS Foundation Trust

Emergency Department

St George's Hospital

Blackshaw Road

London SW17 0QT

Emergency Department

Direct Line : 020 8725 1279

Fax: 020 8725 3470

Clinical Director:

Phil Moss

Matron:

Clare Lucas, Tracy Holmes

Head of Nursing:

Heather Jarman

Date: 28 December 2017

Dear Dr MACKENZIE , SARAH JANE

Final Emergency Department Discharge Summary

Name: SPINE, ECDS-05

D.O.B: 01/Jan/76

Gender: Male

Address: St. Georges Hospital LONDON SW17 0QT

MRN Number: 2779369

NHS Number: 590-005-5469

Home Telephone:

Moblie Telephone: 07144444444