



GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department Medical Education Service – Department of Emergency Medicine - Action points for Administrators and Duty Medical Officers to improve the quality of trauma care services in Medical Colleges – approved Orders issued

HEALTH AND FAMILY WELFARE (B) DEPARTMENT

G.O(Rt.)No.622/2019/H&FWD.

Dated, Thiruvananthapuram, 09.03.2019.

Read:- Letter No.CA/3/2019/JDME(M) dated 23.01.2019 from the Director of Medical Education.

ORDER

As recommended by the Director of Medical Education, Government are pleased to issue the following points of action for Administrators and Duty Medical Officers of Emergency Medicine Department to address the needs of various trauma victims and to improve the quality of trauma care services in all Government Medical Colleges of the State.

1. As and when the Emergency Medicine Department gets established, the emergency management and the decisions regarding consultations to appropriate specialty and super specialty departments for treatment and takeover will be completely vested with the Emergency Medicine Department.
2. The Casualty Medical Officers must be available in the casualty round the clock, to attend traumatic emergencies in a manner expected of a tertiary care.
3. The duty arrangements are to be made in such a way that the treatment decisions regarding patients are not taken by Interns and Junior Residents alone, at the casualty centre.
4. Examination findings of the patient if elicited by an Intern, must be confirmed by the Junior/Senior Resident/Duty Medical Officer before instituting treatment. The presence of the Duty Medical Officer in the casualty must be ensured 24 x 7.
5. The Principals/Superintendents should conduct surprise inspections at the casualty on a periodic basis and submit monthly or bimonthly reports.
6. The Duty Medical Officers of casualty should keep the Staff Nurse/Residents on duty informed about their whereabouts when on duty at the casualty.

7. Any change in the duty system of the Duty Medical Officer in charge of the casualty must be made only with the permission of the Head of the Department only. The Casualty Superintendent (Deputy) will be responsible for the over all administration and day to day management of casualty.
8. Every patient brought to the casualty must receive appropriate care right from the first point of contact.
9. While delivering care, a responsible bystander must be apprised of the patient's condition as well as the treatment already given or going to be given.
10. All suspected brain injury cases are to be attended promptly and sent for a scan after stabilizing the patient and Neuro Surgery consultation sent at the earliest. Neuro Surgeons may be called for consultation in the casualty itself in cases with severe head injury so that valuable time can be saved.
11. The patients with fractures of long bones of limbs, pelvis or spine along with head injury, must be admitted in the Orthopaedic Department and Neuro surgery consultation sought from the ward, after exclusion of abdominal or chest trauma by the General Surgery Casualty Medical Officer.
12. Resuscitation trolleys including endotracheal intubation sets should be made available in CT area, ultrasound scan rooms and Xray rooms to manage critically ill poly trauma patients awaiting a or Xray, if required.
13. A paramedic or Junior doctor capable of monitoring the patient should accompany all critically ill patients sent for investigation and institute emergency resuscitation if needed.
14. There should be no undue delay in transporting the body to mortuary after declaration of death and for subsequent post mortem examination. The death should be certified by an appropriate Medical Officer (Surgery Medical Officer for Trauma induced head/chest/abdomen injuries, Orthopaedic Medical Officer for bony injuries and traumatic amputations, Medicine Medical Officer for all nontraumatic deaths including unnatural deaths). The bodies should be transferred to a separate room in the vicinity of the casualty until the final transfer to the mortuary.
15. All unexpected deaths and deaths within 24 hours of first consultation, occurring in the casualty should be informed to the Casualty Resident Medical Officer and unit chiefs of the corresponding units immediately. The Resident Medical Officer and Unit Chiefs shall perform a monthly death audit and report to Government and Director of Medical Education.

16. A second year Resident should be present in the casualty round the clock and in addition, a final year Resident must be available at all times for on call help.
17. Any untoward incident in the Casualty or nonavailability of Duty Medical Officers for supervision or management of patients should be communicated to the Resident Medical Officer/Casualty Superintendent/Medical Superintendent/Principal promptly.
18. The Emergency Medicine residents as well as the postgraduate students of surgical specialties (General Surgery, Orthopaedics, ENT etc) must be trained in FAST (Focused Assessment with Sonography in Trauma) at the commencement of the PG training itself.
19. All poly trauma patients should have a FAST screening by trained doctors in the casualty itself. The training is to be provided by the Radiology Department.
20. Coding of patients is to be done to segregate critically sick patients, so as to fast track their investigations, treatment and operating time.
21. Tribal promoters have to be present physically beside the tribal patients brought with trauma and render all necessary assistance.
22. In case of any problem in the casualty, PROs should try to defuse any commotion in the casualty by interacting with public, without delay.
23. A separate ward duty medical officer should manage patients posted for Operation Theatre intervention and all cases admitted in the wards.
24. Management of the patient must be carried out under the guidance of the duty medical officer. Emergency surgery must be done by the Residents under the direct supervision of the Ward Medical Officers.
25. The details of all patients awaiting emergency surgery at the Emergency theatre must be entered in a register to be maintained for the purpose in the order of their time and date of admission. The seniority of such patients must be ensured and any jump in seniority must be adequately justified in writing, by the duty Anaesthetist, with emphasis on its peculiar emergency nature. Elective surgeries in Emergency Theatre should not be entertained and the duty Anaesthetist must report any such incident to the Casualty Superintendent/Superintendent/Principal.
26. HODs/Unit Chiefs must preferably conduct daily rounds in the morning and evening in the casualty observation rooms on their days of admission and also when specially requested by administrative authorities. The duty Medical Officers shall take regular rounds in the casualty, along with the sister in charge and handover the details to the incoming duty Medical Officer. The Nurse in charge must maintain the records.

27. The institutional vigilance committees should send a monthly report of its activities to the Director of Medical Education.
28. CCTV cameras should be placed at vantage points in the hospital casualty and wards except patient examination room, CT scan and X-ray rooms. The CCTV visuals should be examined every week by a supervising authority and any relevant matter should be brought to the attention of the hospital Medical Superintendent/Principal/Director of Medical Education, upon which necessary action is to be taken expeditiously.
29. Medical students, Interns, Residents, Faculty, Nurses and paramedical staff should wear uniform and identity card while on duty.
30. Cleanliness and hygiene of the casualty beds should be ensured by the nursing staff. The head nurse casualty will be directly responsible for ensuring this.
31. The wheel chairs and trolleys should be maintained in good condition by the nursing staff. The shortage of these must be intimated in time to the administration. The head nurse shall ensure a streamlined flow of the wheel chairs and trolleys between the wards and casualty.
32. Arrangements for X-ray, Ultrasound and CT scan must be made as close to the casualty as possible.
33. Treatment guidelines are to be made in all departments dealing with trauma, for management of critically sick and poly trauma patients.
34. Above all, patients and bystanders must be treated with respect, kindness and empathy.

(By order of the Governor)

MANU.B
Additional Secretary

To

The Director of Medical Education, Thiruvananthapuram. (She is directed to publish in the Website of DME also).

The Principals of all Government Medical Colleges. (through DME).

The Superintendents of all Government Medical Colleges. (through DME).

✓ The Principal Accountant General (Audit), Kerala, Thiruvananthapuram

The Accountant General (A&E), Kerala, Thiruvananthapuram

Information & Public Relations Department (Web & New Media).

Stock File/Office Copy.

Forwarded/ By Order



Section Officer