



EM/PHEM

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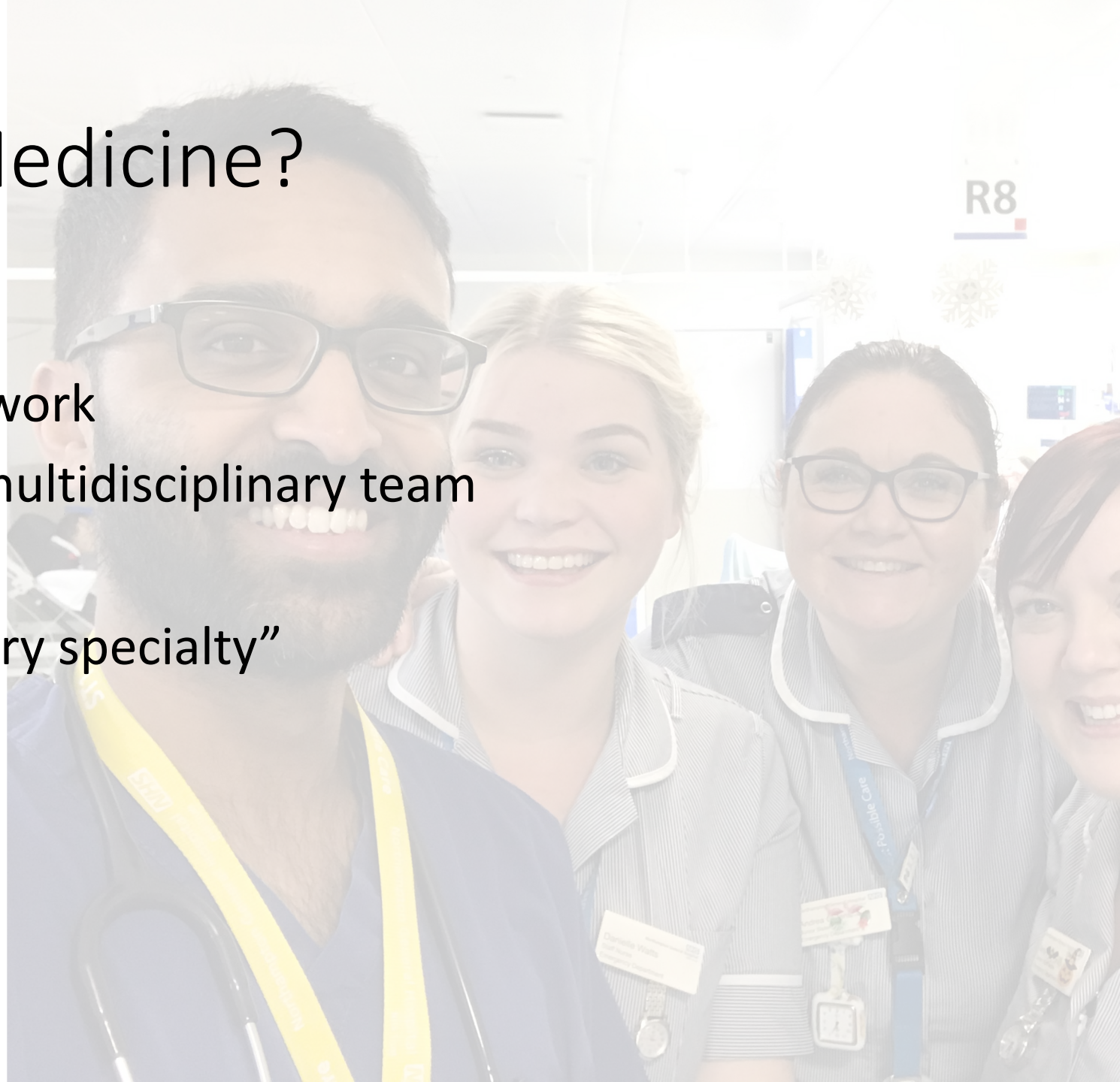
UoL Outreach Project Lead

Learning Objectives

- Describe ED setup
- Appreciate the PHEM setup in the UK
- A-E assessments and how they differ in Pre-Hospital environments
- Introduction to Major Incident and Medical Management and Support (MIMMS)
- Practice safe extrication in a simulated environment
- Know how to pre-alert your local ED

Why Emergency Medicine?

- No day is ever the same
- Fast paced, pressure filled work
- Full representation of the multidisciplinary team
- Highly skilled specialty
- “It’s the best 20mins of every specialty”

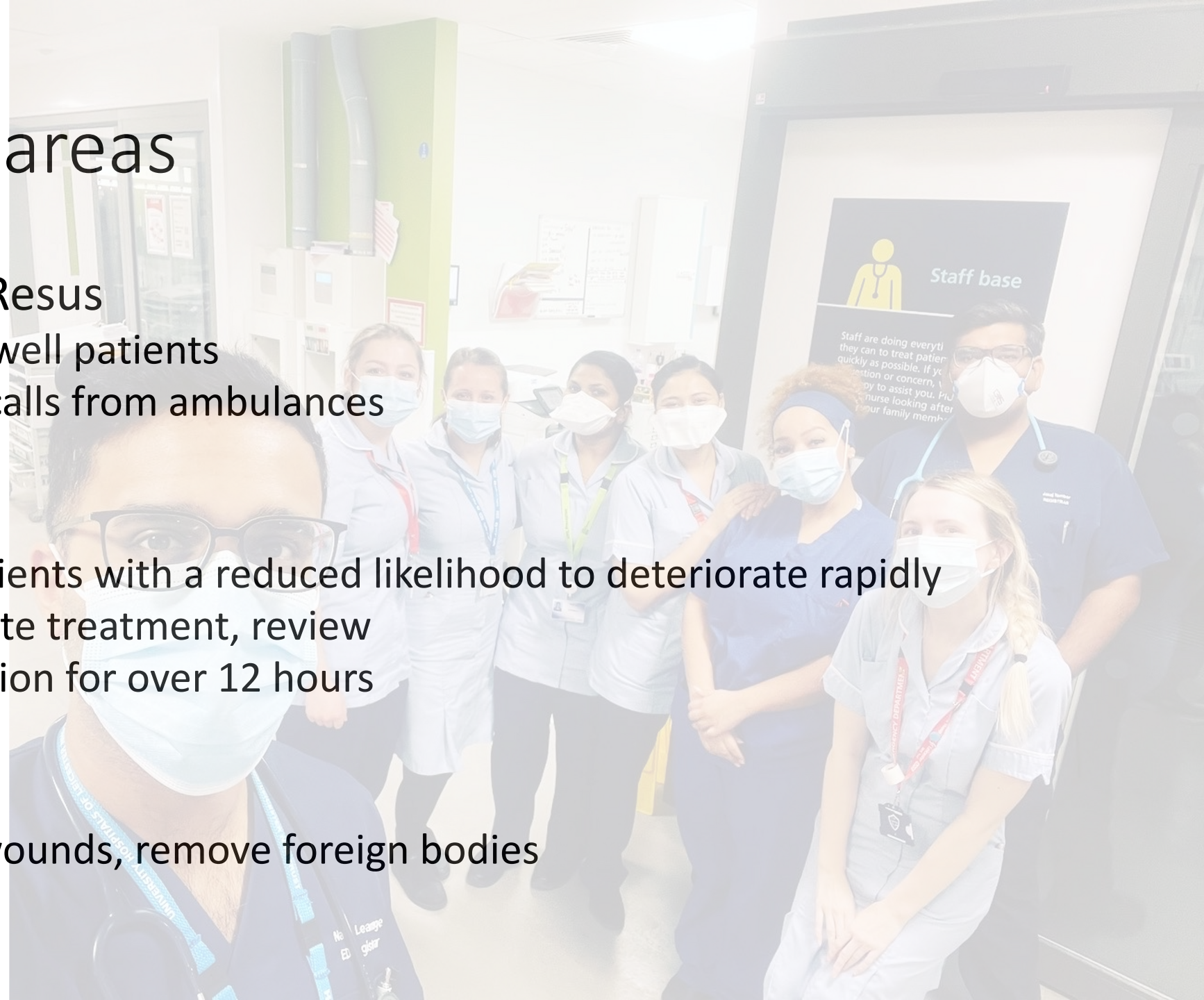


Emergency Department – Patient Journey

- 3 ways in to the dept
 - Front door – walk in or ambulance
 - Ambulance assessment – ambulance only
 - ER – walk in, ambulance assessment, pre-alert
- Triage by Senior Nurse and/or ACP and/or EM Spr/Cons
 - Dynamic Priority Score assigned and streamed to appropriate area according to pathology, acuity and demand

The different areas

- Emergency Room/Resus
 - Full of critically unwell patients
 - Regular incoming calls from ambulances
 - Stabilise or revive
- Majors
 - Acutely unwell patients with a reduced likelihood to deteriorate rapidly
 - Assess, initiate acute treatment, review
 - Likely need admission for over 12 hours
- Minors
 - Injuries
 - Pull bones, close wounds, remove foreign bodies



Pre-Hospital setup in the East Mids

- Absolutely huge!
- EMAS
 - Specialist Practitioners, Paramedics, Technicians, ECA, Ambulance drivers
- BASICS
 - East Midlands has EMICS
- Specialist teams
 - Level 3 support – HEMS (TAAS, Magpas, LNAACT)
 - Level 2 support – Physician Response Unit
 - Falls Teams, DHU
- Additional volunteer services
 - St Johns, Community Responders, GoodSAM

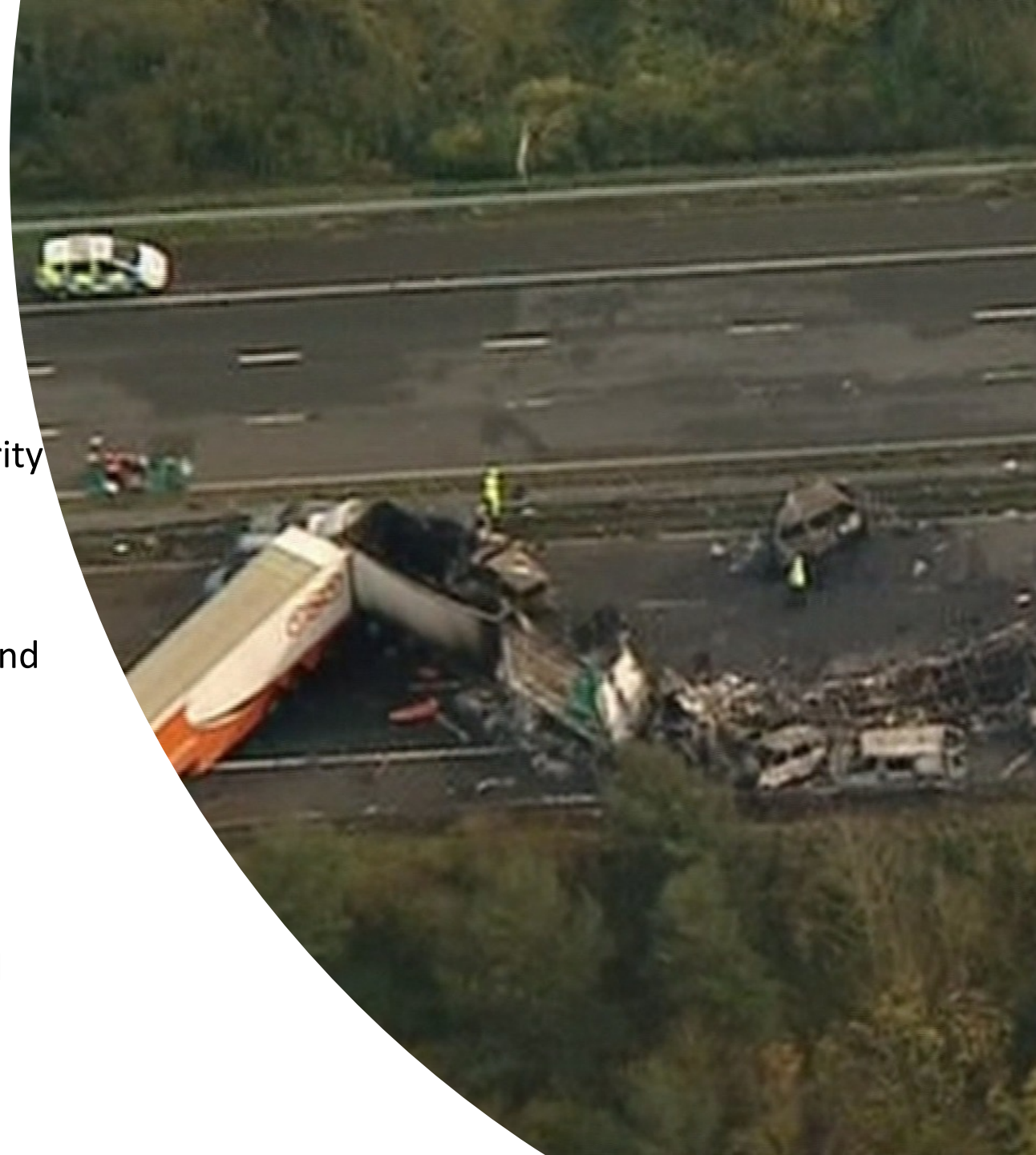
The Pre-Hospital Environment

- What you carry is what you can give
- Have a safe approach and safe extrication plan
- What can be achieved pre-hospital and what might go wrong during conveyance
- Where is the best destination for the patient
- Do you need to travel with them



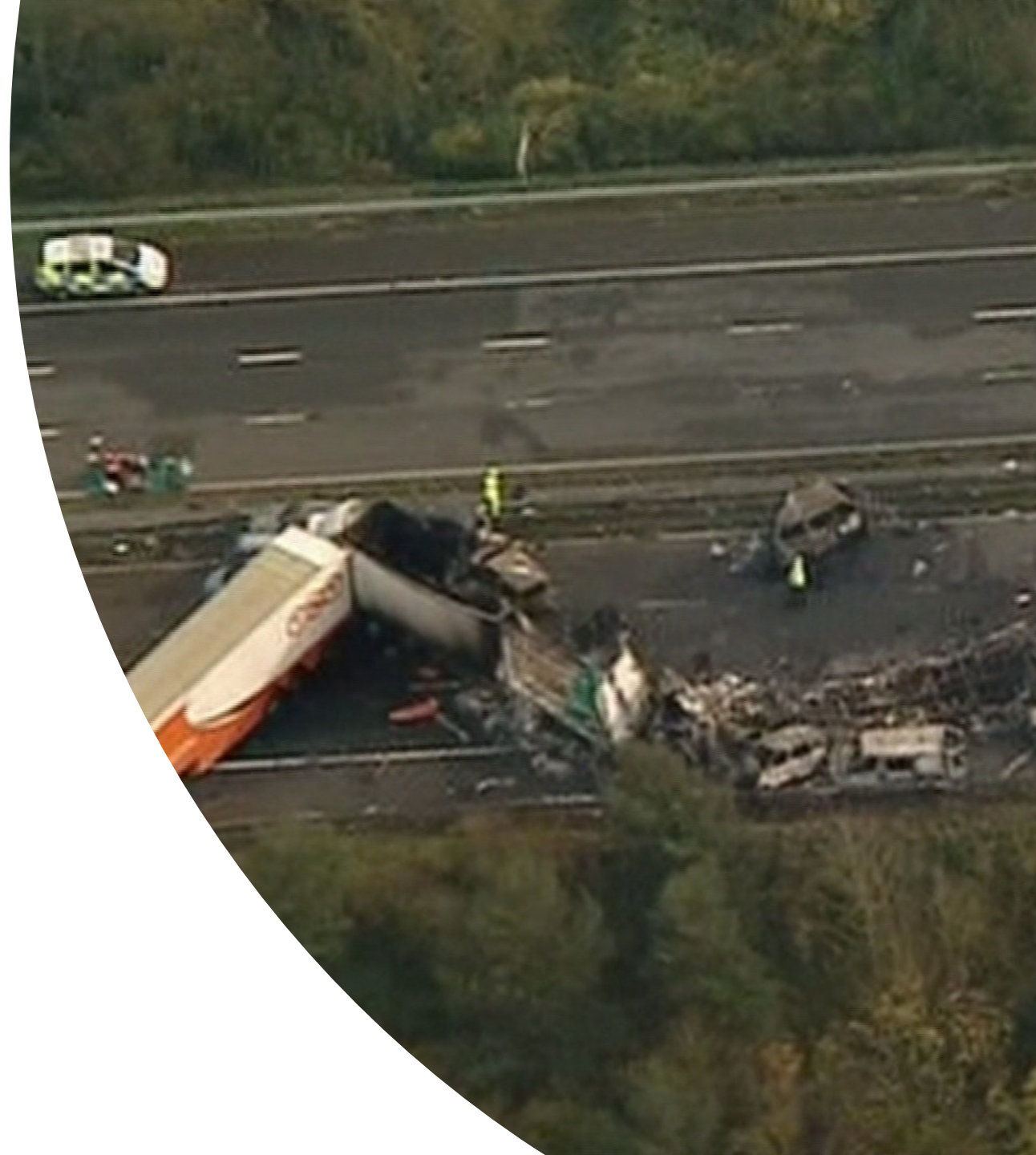
MIMMS

- An incident where the location, number, type, severity or live casualties require extraordinary service
- METHANE report
- Coordination with Emergency Services
- Set up of major incident organized by Silver Command (usually the Tactical Commander)
- Hospitals put on alert
- Goal is to safely manage and preserve life
- Sieve and Sort is very black and white
- Very little emergency care is delivered at the scene
- Priority is to extricate rapidly/efficiently to allocated hospitals



MIMMS

- Command
- Safety
 - Self, scene, survivors
- Communication
 - Radio with specific channel allocation
- Assessment
 - METHANE
- Triage
- Treatment
- Transport



Sims up to 4 patients simultaneously

- 999 call to a house
 - 54 year old male found unconscious in his bedroom naked
 - Family member ran across the street and has been hit by a car
- 999 call to a building site
 - 57 year old male in confirmed cardiac arrest
- 999 call to a care home
 - 92 year old female with worsening SOB, now reduced GCS and vomited

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PHEM

- There are lots of different forms of PHEM
- HEMS
- Rapid Response Teams
- Pitch-side/Immediate Care in Sport
- Events support
- And more...



Questions?

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