Emergency Department

The main role of the FY2 in the emergency department is to clerk, assess, investigate, treat and appropriately discharge patients who present to the emergency dept. A surprising number will be discharged home. There is a wide variety of presenting complaints and severity of illness. The role is well supervised and supported with senior advice always available, but also with a great deal of autonomy. The department is very busy and fast paced.

Five Main Areas:

1. **Resus** – Care of the very sick, unstable patient and where major procedures take place. SHOs will assess and stabilise patients, usually with significant senior supervision. Typical patients include arrest and periarrest patients, major trauma, unconscious patients, STEMIs, hypoxic/severe SOB, sick children etc. Patients may be brought in for procedures such as chest drains, rapid sequence induction anaesthesia and manipulation of severe fractures/ dislocations under sedation – again SHOs are well supported in these roles with the opportunity to participate/perform procedures.
2. **Minors** – patients triaged as having minor conditions including fractures, minor trauma, minor head injuries and a plethora of conditions from rashes to whiplash to toothache to URTIs.
3. **Majors** – care of patients who are clinically stable but have significant or potentially serious symptoms. These include chest pain, abdominal pain, haematuria, pneumonias, overdoses, PV bleeds, headaches etc.
4. **Paediatrics** – all but the very sickest children under the age of 16 are seen in the children's area. They present with a wide variety of problems. You may find yourself trying to extricate a tic-tac wedged up a nostril, testing your botany skills by identifying berries they have ingested or seeking swallowed coins with a metal detector!
5. **Clinical Decisions Unit** – this is an area of 14 beds dedicated to patients for whom investigations or decisions are pending where it is not immediately obvious that they require admission. Patients usually have a stay of less than 12 hours. SHOs will often receive handovers at shift changes for these patients – you then become responsible for them and following up on their care.

What's great and what's not so great

ED is generally well staffed and well supervised. The nursing staff are highly trained and skilled. You will see a wide variety of conditions, many of which you would need to do a lot of rotations to see. There is a good camaraderie and lots of cake. ED teaching is well structured and appropriate with protected time. Everyone participates in a group audit. You'll be set for later years – there always seems to be a need for locum doctors.

SO, the rota and the pace...the rota is tough...without a doubt. Ask to see a copy if you are in doubt. There are always patients – down time is rare. There is also a constant voice in your ear – sometimes before you have even finished seeing the patient 'so what's your plan?' – The four hour target in action.

And last thoughts – if in doubt – **ask** – better to be sure than go home and lose sleep. Take a lunch break – the patients will still keep coming even if you struggle through – look after yourself; you may need to hold back on the social life for 6 months.