

AIIMSGHY Hospital	Doc No.	E/NABH /AIIMSGHY/ COP 02 / 03
POLICIES & PROCEDURES ON EMERGENCY CARE INCLUDING HANDLING OF MEDICOLEGAL CASES	Issue No.	01
	Rev. No.	00
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POLICIES & PROCEDURES ON EMERGENCY CARE INCLUDING
HANDLING OF MEDICOLEGAL CASES

ALL INDIA INSTITUTE OF MEDICAL SCIENCES,
GUWAHATI



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The authority over control of this manual is as follows:

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COP 2 – POLICIES & PROCEDURES ON EMERGENCY CARE INCLUDING HANDLING OF MEDICOLEGAL CASES

1.0 PURPOSE

Policies and procedures guide the admission, assessment, stabilization, treatment, transfer, and discharge of patients coming to the Emergency Department of **All India Institute of Medical Sciences, Guwahati**.

- The Accident & Emergency Department functions round the clock to cater to all emergencies
- The department is manned by highly trained medical, nursing, and paramedical staff
- Immediate life-saving and emergency medical interventions are provided
- The department is well-equipped with advanced and sophisticated emergency equipment

2.0 SCOPE

This policy applies to **all patients** presenting to the Emergency Department, including:

- Medical emergencies
- Trauma cases
- Road Traffic Accidents (RTA)
- Suicidal and homicidal cases
- Assault, sexual assault, violence cases

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- Poisoning, burns, drowning
- All Medico-Legal Cases (MLC) etc.

3.0 RESPONSIBLE PERSONS

- Casualty Medical Officer (CMO) / Resident Medical Officer (RMO)
- On-duty Consultants
- Nursing Staff
- Patient Care Attendants (PCA)
- Security Staff

4.0 JOB RESPONSIBILITIES OF STAFF

4.1 Casualty Medical Officer (CMO)

- 4.1.1 Attend to all patients presenting to the Emergency Department and provide quality emergency care
- 4.1.2 Perform rapid assessment, resuscitation, stabilization, and initiate treatment
- 4.1.3 Counsel patients/relatives regarding condition, treatment, admission, transfer, or death
- 4.1.4 Attend cardiac and non-cardiac ambulance calls along with nurse and PCA
- 4.1.5 Register all trauma, accident, homicidal, suicidal, assault cases as **Medico-Legal Cases (MLC)** and inform police
- 4.1.6 Accompany patients during transfer to wards/ICU/OT/diagnostic areas
- 4.1.7 Arrange transfer to other hospitals if beds or services are unavailable
- 4.1.8 Perform minor emergency procedures (suturing, dressing, plastering, suture removal)
- 4.1.9 Procure, review, and interpret laboratory/diagnostic reports
- 4.1.10 Inform and coordinate with on-call consultants

4.2 Casualty Nurse

- 4.2.1 Maintain inventory of emergency equipment and medicines
- 4.2.2 Take charge during shift handover
- 4.2.3 Receive patients and initiate immediate nursing assessment
- 4.2.4 Carry out medical orders of CMO/consultants
- 4.2.5 Secure IV access and collect blood samples
- 4.2.6 Accompany patients for imaging and non-invasive procedures
- 4.2.7 Maintain Emergency patient registers
- 4.2.8 Prepare emergency charge sheets for OPD discharges
- 4.2.9 Assist in emergency procedures
- 4.2.10 Transfer patients to wards/ICU/OT
- 4.2.11 Maintain emergency drug trolley
- 4.2.12 Check ambulance equipment after every call

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- 4.2.13 Attend ambulance calls when required
- 4.2.14 Maintain staff immunization records
- 4.2.15 Maintain CSSD items
- 4.2.16 Inform Head Nurse for repair/replacement of equipment

4.3 Patient Care Attendant (PCA)

- 4.3.1 Shift patients using trolleys and wheelchairs
- 4.3.2 Assist and accompany ambulance calls
- 4.3.3 Clean and maintain Emergency Department, ambulances, and equipment
- 4.3.4 Transport materials between departments
- 4.3.5 Transport blood samples from Emergency to laboratory
- 4.3.6 Maintain wheelchairs and stretchers
- 4.3.7 Perform duties assigned by CMO/Nursing staff

5.0 TRIAGING

- 5.1 Emergency staff are trained in triaging through regular training modules
- 5.2 Patients are prioritized based on urgency of medical need
- 5.3 Under routine conditions, patients are triaged and allotted beds accordingly
- 5.4 During disasters, color-coded triage is followed:

Red (Immediate – Life Threatening)

- Compromised airway
- Severe respiratory distress / SpO₂ < 90
- Cardiac arrest
- Hypotension (BP < 90 mmHg)
- Unresponsive trauma patient
- Severe overdose with respiratory depression
- Anaphylaxis

Yellow (Urgent)

- Acute abdomen
- GI bleeding
- Acute CVA
- Ectopic pregnancy
- Acute asthma
- Renal failure
- RTA with transient LOC

Green (Non-urgent)

- Minor injuries without systemic compromise

Black (Dead)

- No spontaneous breathing or circulation

Color-coded ID bands are used during Code Red.

6.0 PROCEDURE FOR INITIAL ASSESSMENT AND ADMISSION

- 6.1 Wheelchairs and stretchers are ensured at ER entrance
- 6.2 Unaccompanied/unconscious patients receive immediate life-saving care
- 6.3 Initial assessment is done by CMO and documented
- 6.4 Investigations and treatment initiated as per condition
- 6.5 Consultant on call is informed and guidance obtained
- 6.6 Admission advised only by consultant
- 6.7 Nursing staff coordinates with blood storage unit if required
- 6.8 Patient shifted to ward/ICU/OT at the earliest

7.0 HANDLING MEDICO-LEGAL CASES (MLC)

- 7.1 All accidents, burns, assaults, suicides, homicides, poisoning, RTA, rape, drowning are registered as MLC
- 7.2 If already registered elsewhere, outside MLC number is recorded
- 7.3 Cognizable offenses reported later are also registered
- 7.4 Medical care is never delayed for legal formalities
- 7.5 Security informs police and details are documented
- 7.6 MLC form filled in duplicate and completed before doctor's shift ends
- 7.7 Entry made in MLC intimation register

8.0 TRANSFER FOR DIAGNOSTIC TESTS / OTHER HOSPITALS

- 8.1 Samples are sent to laboratories on priority
- 8.2 Diagnostic tests are advised based on triage and clinical need
- 8.3 No discharge/admission/transfer without review of reports unless life-threatening
- 8.4 Shift-to-shift handover includes patient status, transfer and care details
- 8.5 Receiving area doctor is informed during internal transfers

9.0 AMBULANCE SERVICES

- Hospital provides BLS equipped ambulances with emergency medicines and for other ambulance hospital is dependent on 108 service by Assam Government.
- Ambulances are manned by trained personnel
- Daily equipment and medicine checklists are maintained

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9.1 Ambulance Procedure

- Hospital ambulance available round the clock
- Alternate ambulance arranged if required
- Drivers available on call with mobile communication
- Delays documented in ambulance register
- Receiving facility informed before referral
- Critical patients accompanied by doctor/nurse
- Emergency drugs, oxygen, ventilator ensured
- All documentation accompanies patient
- Used disposables replaced after every transfer

9.2 Equipment in Ambulance

Includes oxygen cylinder, ambu bag, suction, monitor, BP apparatus, IV fluids, emergency drugs, stretcher, dressing materials, airway equipment, catheters, syringes, linens, thermometer, and consumables.

10.0 PROCEDURE FOR LAMA

- Patients unwilling for admission after emergency care are LAMA
- Risks explained and LAMA consent obtained
- Date and time recorded
- Treatment details documented
- Billing clearance ensured

11.0 PROCEDURE FOR TRANSFER OF PATIENT

- Consultant counsels relatives regarding need for transfer
- High-risk consent obtained
- Bed availability at receiving hospital confirmed
- Ambulance arranged with oxygen, emergency drugs, trained staff, doctor if required
- Transfer form and medical documents handed over

12.0 RECORDS GENERATED

- Admission & Assessment Register
- Initial Assessment Form
- Medication Order Sheet
- MLC Form
- LAMA Consent
- Transfer Form
- Ambulance Register

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13.0 REFERENCE

NABH – Pre-Accreditation Entry Level Standards for Hospitals
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