

Emergency Department Process for Signposting

1. Signposting trigger identified in Reception: Patient is registered on Trak, given Signposting Patient Information Leaflet, triage nurse alerted and patient waits in waiting room.
2. Patient assessed in Triage: Signposting trigger confirmed or identified, NEWS obtained and patient triaged as safe for signposting. Triage Nurse happy with decision making as per signposting policy. Patient is provided with information on alternative service to seek care (including self care). Signposting discharge letter is completed by Triage nurse (template available).
3. Patient is assessed in Triage, triage nurse thinks he/she is a possible candidate for signposting however, identifies individual patient factors complicating signposting or does not feel comfortable signposting patient. Reasons for this may include patient declining signposting, time in triage is tight to have adequate discussion, time of presentation or uncertainty about decision making. Senior Clinician (ST4+ or consultant) will review the patient and signpost appropriately: this may be to be seen as an ED patient, directed to an alternative service or given self care advice. If patient is signposted the discharge letter will be completed by the discharging clinician.
4. Patient seen in Triage, safe NEWS and Triage nurse did not highlight as a candidate for signpost (i.e. assigned a Triage Category other than 8). However, when reviewed by senior clinician patient met criteria for signposting. Senior Clinician to explain signposting to patient and provide relevant leaflet. Triage category to be changed to 8, signposting discharge letter to be completed by the discharging clinician.

A flowchart detailing the Emergency Department signposting process can be found overleaf:

Emergency Department Signposting Flowchart

