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Acute Gynaecological Services SOP

Princess of Wales Hospital

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Author(s)	Miss Sarika Nandan Mr Ken Emmanuel	Ratification Date	24/02/2022
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Service Group	Women & Children Services Bridgend ILG	Clinical Director	Miss Jo Hilborne
Service Lead	Mr Ken Emmanuel	Directorate Manager	Mr Lee Evans
Head Nurse	Mrs Helen Jones		

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Introduction

Purpose

The aim of this document is to:

1. Give an overview of how acute gynaecological services (early pregnancy and emergency gynaecology) will be provided at the Princess of Wales Hospital.
2. Detail how the unit functions and the expectations for users and support services of this facility.
3. Give information on how care of acute gynaecological inpatients will be provided by the gynaecology team out of hours.

This standard operating procedure (SOP) aims to minimise adverse events, and potential complaints by standardising the information, advice and management that we provide to women who use our acute gynaecology service.

Roles and Responsibilities

In seeking further advice on any uncertainties contained in this document, or if you feel that there is new or more updated advice it is your responsibility to contact the guideline author or Approval Group manager so that any amendments can be made.

The guideline Approval Group is responsible for disseminating this guideline to all appropriate staff.

The guideline author or a named alternative is responsible for updating the guideline with any amendments that they become aware of or are highlighted to them.

All health professionals are responsible to ensure that the guideline is utilised effectively, and to ensure that they are competent and compassionate in the implementation of it.

Training Requirements

There is no mandatory training associated with this guideline.

Monitoring of Compliance

- By audit and review of complaints relating to use of the acute gynaecology service.
- The Governance Department will collate any complaints and distribute to the relevant individuals for comments, and share any learning points.
- The Service Lead will oversee any governance issues, make relevant recommendations to the directorate, and advise the Clinical Director or the directorate of any matters that require implementation.

Acute Gynaecology Services

The acute/emergency gynaecology service aims to provide a clinical department to review women with acute gynaecological conditions, including pregnancy under 16-weeks gestation, as an alternative to women being seen within the Emergency Department (ED). The on call gynaecology team will assess patients. Whilst there is no defined emergency gynaecology assessment unit (EGAU) as such, there is one pathway for both the Early Pregnancy Unit (EPU) and Gynaecology Assessment Unit (GAU).

Women must be clinically stable (based on NEWS/MEWS/GCS, volume of blood loss, and other clinical variables) to be able to be moved out of ED, for onward referral within the ward areas of the hospital. Clinically unstable patients will be admitted via the ED, and the on call team should ideally attend within 15 minutes of the patient's referral from ED (or from any other clinician elsewhere in the hospital). This may vary during out-of-hours service due to the reduced staffing capacity at these times, where the obstetric service is managing both acute obstetrics and gynaecology referrals.

The service will provide support to patients:

- Following elective surgery;
- Following acute referral and/or admission;
- For early pregnancy complications;
- Who are under the care of other specialities, but have a possible gynaecological condition or require review;

Emergency Gynaecology Service

1 x Consultant (covering obstetrics and gynaecology) – Call 56392

1 x Middle grade doctor (ST3+) – Call 56179

1 x GMP/SHO – Call 56428/56420

Early Pregnancy Service

The unit telephone number is on ext 54030.

1 x Specialist EPU nurse daily (2 x nurses available)

1 x HCA/ward clerk (HCA support provided to cover)

The specialist nurse will manage all aspects of care for women presenting to the early pregnancy unit and follow relevant guidelines. Onward referral may be made to the acute gynaecology service.

The EPU service operates a see and scan service Monday to Friday, from 9-11.00am. From 11am to 3.00pm, the EPU nurse will be available to chase results generated in the EPU and to plan further management of existing patients.

The HCA/ward clerk will collect details of new patients and add them to the EPU diary. Any non-attendees should be contacted to determine the reason and rebooked if needed.

A quiet room is available opposite the EPU that is used for the breaking of bad news.

Staffing and Responsibilities

On Call Consultant 56392	Gynaecology Reg 56179	Gynaecology SHO 56420	Obstetric Reg 56279	GMP (SHO) 56428
Available 24 hours on-site from 0900- 2000, Monday to Friday, and 0900-1130 Saturday to Sunday	Daytime on-site from 0900-1700, Monday to Friday	Daytime on-site from 0800-1630 Monday to Sunday	Out of hours 5.00pm-9.00am Mon-Fri, and 24 hours daily at the weekend and on bank holidays	Overnight 8.30pm to 8.00am GMP = Gynaecology Midwifery Practitioner

The above reflect the handover times

Responsibilities of the acute gynaecology doctors:

- clinical assessment and management for all acute gynaecological services
 - the gynaecology history sheet should ideally be used in order to standardise assessment
- 0900 and 1700 ward/board round
- The consultant will aim to review new admissions in line with RCOG standards (i.e. <14 hrs).

Referral Process

Women will be able to access the service via:

- GP referral
- ED
- Cross referral from other hospital specialties
- Staff of the OBGYN department (nurse, midwives, doctors, managerial staff)
- Self-referral to the early pregnancy unit
- Following recent attendance or admission where the patient has concerns that are unable to be addressed by their GP

All new referrals should be referred to the emergency gynaecology registrar during working hours (0900-1700hr, Monday to Friday). Outside of these times, referral should be to the combined obstetrics and gynaecology registrar on call. If the registrar is otherwise engaged, referral should be made to the junior doctor on call.

Referral Criteria

Whilst an exhaustive list of conditions suitable for management under the acute gynaecological service could be listed, it would seem more logical to accept any woman that is deemed to have an **acute** gynaecological problem should be referred for further assessment.

Patient Triage

While a referral may be taken by the GMP/SHO, they should discuss all such referrals with at least a middle grade doctor prior to giving definitive advice, and before the woman is discharged from the service.

Delayed Assessment

if suitable for delayed assessment, an appointment will be made for the patient to attend the emergency gynaecology service or early pregnancy unit on a set date/time. Ideally this should be the following day where services are available.

Immediate Assessment

If a patient is not thought to be suitable for delayed assessment or review, and depending on clinical features/urgency, the patient will be seen in the:

- ED
- gynaecology clinical assessment room on ward 19

Following clinical assessment it will be decided if the woman is suitable for discharge or requires admission:

- **ADMISSION** – discussion should occur with the bed manager who will allocate an appropriate ward and bed.
Bed Manager 8am to 8pm – 56264 (daytime)
Bed Manager 8pm to 8am – 56215 (out-of-hours)
- **DISCHARGED WITH FOLLOW UP** – There may be a need to follow up investigations or management plans via a further appointment by the emergency gynaecology team (via the attendance book) back in the gynaecology assessment room on ward 19 or via an outpatient appointment.
- **DISCHARGED TO GP** – Follow up may be made for the patient to contact her GP. In such cases it is vital that the patient is given written information on the day that she is seen explaining what the plan made is, and what is expected of the GP. The electronic discharge summary should ideally be completed within 24 hours of discharge.
- **DISCHARGED NO FOLLOW UP** – The patient may be discharged without further follow up

Obstetric Patients

- **Up to 15+6 weeks gestation** are to managed by the acute gynaecology service.
- **16+ weeks gestation** are managed by obstetrics team via labour ward, the maternity day assessment unit, or out of hours by referral to the antenatal ward (ward 12) or the obstetrics and gynaecology registrar.

Arranging an Ultrasound Scan

Early Pregnancy Scan Request

There are six slots provided daily to cover early pregnancy 9-11am, booked at 20-minute intervals. Daily availability can be determined by checking the booking diary on ward 19 and EPU online app.

Acute Gynaecology Scan Request

There is one slot daily to cover emergency gynaecology. This may be at 11am or 2pm. However, further scan slots may be accessed by request with the radiology department.

Escalation of Concerns

Where any person working within the service, or is referring to the service, believes that patient care may be compromised in any way, they have a duty to seek a second opinion from either the consultant on call, or their line manager. Serious issues should be escalated at consultant-to-consultant level or management-to-management level.

However, we would always suggest that gentle and reasoned communication with an explanation of why any concerns has arisen with the person involved is usually able to avoid escalation.

Where a member of the acute gynaecology service is unable to be contacted, the next most senior person should be contacted.

Service Standards

The service will work as closely as possible with NICE/RCOG to ensure that the standards of service for both gynaecology emergencies and EPU are adhered to, where facilities are staffing allow.

The service will adhere to the already embedded Governance Structure.

The service will adhere to national and local health and safety standards.

Monitoring of the Acute Gynaecology Service

Activity needs to be accurately captured on patients who attend the service. The minimum dataset includes:

- Date & time of referral
- Mode of referral
- Appointment date & time
- Date & time of attendance
- Time of assessment by nurse

- Time of assessment by doctor
- Date & time of decision to admit/ discharge
- Reason for delay of cancellation of review
- Seniority of assessing doctor

APPENDICES

Welcome to the Early Pregnancy Unit (EPU)

The Early Pregnancy Unit is an emergency referral service providing care for women experiencing pregnancy complications, primarily pain or vaginal bleeding, up to 12+6 weeks.

This may be a stressful time for both couples and their families and the unit aims to support you through the early stages of your pregnancy.

As this is an emergency service for women, it works as an extension to the Emergency Department.

What happens when you visit the Early Pregnancy Unit?

When you arrive at the unit you will be booked in by a receptionist who will confirm your details. If appropriate you will then be taken to have an ultrasound by one of our experienced sonographers or senior doctors.

The scan is usually an internal scan as this makes it easier to get detailed images of what is happening with your pregnancy. This may be uncomfortable but will not harm your pregnancy. You may decline an internal scan, in which case an abdominal scan can be performed instead.

If required you will then have a further review which may include blood tests and a follow up plan - use this opportunity to ask any questions you may have.

These processes can often take some time but the team will always endeavour to complete your clinical assessments promptly.

What are the likely outcomes of my scan?

The possible outcomes of your scan are:

- Normal pregnancy
- Miscarriage
- Ectopic pregnancy
- Pregnancy of unknown location (a positive pregnancy test but no pregnancy found on scan)
- Pregnancy of uncertain viability
- Molar pregnancy

Please note that pain and bleeding are common symptoms in early pregnancy.

Management options

After review of the scan, you may be offered the following treatments:

For miscarriage:

- Conservative or expectant management (natural)
- Medical management (tablets)
- Surgical management (under general anaesthetic)

For ectopic pregnancy:

Management is discussed on an individual basis but can include conservative, medical or surgical procedures.

Referrals

We accept referrals of early pregnancy patients with pain and bleeding from GP, midwife, emergency department and NHS 111 services. We sometimes accept self-referrals from patients if they have previously seen us before, and were told to contact us directly.

You can self-refer if you have a history of:

- previous confirmed ectopic pregnancies
- molar pregnancy
- recurrent miscarriage (3 consecutive early pregnancy losses)

If you are eligible for self-referral you should call when you have a confirmed positive pregnancy test so that the team can organise an appropriately timed appointment.

Welcome to the Emergency Gynaecology Unit (EGU)

The EGU is a department that provides 24-hour emergency care and attempts to work under a 4-hour target where we will aim to see; treat and either admit or discharge patients within 4 hours.

When you arrive in the unit you will be triaged by a member of the nursing or medical team. Please be aware that patients are prioritised according to clinical need rather than their arrival time. Some women will be seen by the Gynaecological Midwifery Practitioner, others will be seen by a doctor.

If you arrive by ambulance this does not necessarily mean you will be seen and treated immediately, and you may be asked to sit in the waiting area of the ED pending assessment of your vital signs. If you feel unwell at any stage while waiting please make this known to a member of staff.

There may be a long delay at times to see the clinical staff; the nursing staff can keep you informed of any delays.

The staff in the EGU will consist of Support Workers, Staff Nurses, and a number of doctors at different grades. There is a Consultant on call, and if you see one of the junior members of the team they may wish to discuss your case with the Consultant on call for the day.

Certain tests and examinations are often undertaken by the medical and nursing staff during your attendance to help diagnose and treat your problem.

Patient Information

You may have some or all of the following interventions, tests and examinations during your visit, depending on your individual case and symptoms.

Examinations may include (but not limited to):

- Abdominal examination
- Vaginal examination by hand
- Vaginal using a speculum

Tests may include:

- Vaginal swabs including a test for Chlamydia • Urine sample, including a pregnancy test
- Blood test
- Ultrasound scan (vaginal and/or abdominal)

If you do not want any of the examinations or tests please discuss this with the doctor or nurse, however a full diagnosis may not then be possible.

It may take a few days for the results of the swabs, urine or blood tests to be available. If any of these test results require treatment then you will be contacted either by a letter or a telephone call.

Please make sure that you provide the staff with a reliable contact telephone number before you leave.

If you require an ultrasound scan we will try to do this during your visit. However, this may not always be possible especially if your visit is out of clinic hours because of the special skills required. It may be necessary to ask you to return for your scan on another day.

You will be kept in hospital only if it is necessary for the diagnosis and treatment of your condition.

