


# Workforce and Workload Planning Programme



## Emergency Department/Emergency Medicine Workload Tool©

The Workload Tool was developed to define the time and intensity of patient's demands on medical, nursing and support worker staff in this environment. There are different levels of classifications used to identify the differing levels of complexity in the demands made on staff. The classifications range from Level 1 - routine care where there is minimal dependence on staff to Level 4 where there is total dependence on staff requiring 1:1 or continuous care.

### Emergency Department & Emergency Medicine Workload Tool™

Levels of Care	Inclusions Criteria	Guidance on Care Required
<b>Level 1 (Require routine intervention and care)</b>		
<p><b>Level 1</b></p> <p>Individual requires assessment. May require investigation and treatment. Needs met with routine care. Discharged home.</p>	<p>Any individual presenting with a minor injury or illness whose condition is stable and requires only minimal intervention.</p> <p>Parent, relative, carer, police/security may be present</p>	<ul style="list-style-type: none"> <li>➤ Requires routine clinical assistance</li> <li>➤ Routine observation (may be frequent for a short period)</li> <li>➤ Requires simple treatment e.g. wound closure, fracture immobilisation, soft-tissue support</li> <li>➤ Requires advice and simple instruction on self or follow up care</li> <li>➤ Parent, relative, carer requires advice and simple instruction on behalf of patient or follow up care</li> <li>➤ May require social work/other agency intervention</li> </ul> <p> ( This would put this in level 2 if children's)</p>

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<b>Level 2 (Require moderate increase in interventions and care and/or may involve the Consultant or more than one person for a specific period of time)</b>		
<p><b>Level 2</b></p> <p>Non-life threatening acutely ill/injured individual requiring clinical intervention or those who are medically unstable with a greater potential to deteriorate.</p> <p style="text-align: center;">OR</p> <p>Individual who requires increased clinical intervention/assistance with specific aspects of care.</p>	<p>Patients requiring urgent but not emergency assessment and intervention.</p> <p>May require admission to inpatient care.</p> <ul style="list-style-type: none"> <li>➤ Is in stable condition but with increased acuity and/or potential to deteriorate</li> <li>➤ Requires more than routine care but can be managed in the ED</li> <li>➤ Increasing parental, relative, carer reassurance and emotional support required</li> <li>➤ difficulties, acute trauma, confused</li> <li>➤ Relative, carer and staff support required due to increased anxieties / behaviours of parents / carers / relatives</li> </ul> <p> Mild respiratory distress Poor fluid intake due to e.g D&amp;V</p> <p>Restricted mobility; spinal instability / mobility difficulties, pain, psychological support with anxiety/agitation, psychosis or considered safety risk, vulnerability / risk factors, e.g. drug/alcohol abuse, suspect domestic abuse requiring constant input and supervision.</p> <ul style="list-style-type: none"> <li>➤ Requires increased clinical input due to intensive therapy and invasive procedures .</li> <li>➤ Has complicated care needs requiring constant clinical attention during stay</li> <li>➤ Has complicated emotional and/or social family/carer support needs, e.g. ill child or young person, child protection issues, learning difficulties, acute trauma, confused</li> <li>➤ May be agitated/ aggressive due to underlying drugs/alcohol intoxication</li> </ul> <p> Challenging complex child protection concerns requiring facilitation within the ED</p>	<p>Instability requiring frequent but not continuous observation.</p> <p>i. e. # Neck of Femur</p> <ul style="list-style-type: none"> <li>➤ May require some or all of the following;                             <ul style="list-style-type: none"> <li>○ Frequent monitoring in view of potential emergent deteriorating condition or fluctuating Vital Signs</li> <li>○ Neurological monitoring in view of potential emergent deteriorating condition or fluctuating Level of Consciousness GCS</li> <li>○ ECG monitoring</li> <li>○ Fluid management</li> <li>○ Oxygen therapy 24 – 40%</li> <li>○ O<sub>2</sub> Saturation monitoring</li> <li>○ Invasive monitoring</li> <li>○ Pain Control</li> </ul> </li> <li>➤ Increasing demands on clinical time</li> <li>➤ Requires frequent monitoring</li> <li>➤ Constant observation due to risk of harm/flight or agitation /confusion from organic illness, dementia, mental illness or poisoning</li> <li>➤ Pain management requiring IV analgesia and/or psychological support</li> <li>➤ Challenging behaviour</li> <li>➤ Parents, relatives or carer's require increasing support</li> <li>➤ Parents, relatives or carer's increasing anxiety and/or behaviours causing concern within clinical area</li> <li>➤ May require social work/other agency intervention</li> </ul>

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## Level 3 (Requires complicated invasive interventions and constant but not continuous care)

### Level 3

Individual who is seriously ill with uncorrected major physiological abnormalities and/or clinically deteriorating.

Severe infection, sepsis, complex wound management. Compromised immune system. Psychological support with severe anxiety/agitation, severe psychosis or considered flight or safety risk, requiring continual supervision. Spinal instability / mobility difficulties.

Will require admission to inpatient and ongoing care

- Needing advanced respiratory support
  - Individuals who require 1 to 1 supervision but not dedicated 1:1 care /or constant but not continuous care.
  - Is seriously ill and at risk of deteriorating, requiring constant monitoring and more detailed monitoring
  - Challenging complex concerns requiring facilitation within the ED
  - Requires direct senior medical input/decisions
- Challenging complex concerns requiring multi-
- disciplinary and specialist team facilitation within the ED



Challenging complex child protection concerns requiring facilitation within the ED


- Challenging co-existing neurological impairment

Increasing and demanding parental and staff support and reassurance required during this

- period to manage increased anxieties and concerns
- Requires complex emotional and/or social family/carer support, e.g. ill child or young person, child protection issues, learning difficulties, acute trauma, confused greater part of their stay

- Individual requiring non-invasive ventilation/respiratory support e.g. re-breathe mask/ head box /





- nasal CPAP (child)
  - Respiratory or CNS depression/compromise requires mechanical/invasive ventilation
  - Airway obstruction / intervention / nebulised adrenaline / prolonged apnoeas /severe asthma IV medications and hourly nebulisers
  - Requires a range of therapeutic interventions including:
    - Continuous oxygen therapy
- 
- or High flow O2
  - ECG / invasive pressure monitoring
  - ECG / non invasive monitoring
  - Vasoactive drug infusions (amiodarone, potassium, inotropes, nitrocin, magnesium)
  - Haemodynamically unstable or who have CNS
  - depression and loss of airway & protective reflexes and require neurological observation
- Treatment of hypovolaemia/haemorrhage/ sepsis or neurological protection
  - Frequent arterial blood gas analysis
  - Insertion and care of central lines / chest drains
  - Complex drug regimes
  - Complex fluid regimes
    - Ketoacidosis /electrolyte imbalance



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		<ul style="list-style-type: none"> <li>○ Fluid resuscitation 10-30mls/kg</li> <li>○ Acute renal failure</li> <li>➤ CNS Depression, GCS 8-12</li> <li>➤ Providing emotional support to highly anxious parents, relatives, carers</li> <li>➤ Vulnerable family requiring support</li> <li>➤ May require social work intervention</li> <li>➤ Increasing demands on nursing time</li> <li>➤ Requires frequent monitoring</li> <li>➤ Constant observation due to risk of harm/flight or agitation /confusion from organic illness, dementia, mental illness or poisoning</li> <li>➤ Pain management requiring IV analgesia and/or psychological support</li> <li>➤ Challenging behaviour</li> <li>➤ Parents, relatives or carer's require increasing support</li> <li>➤ Parents, relatives or carer's increasing anxiety and/or behaviours causing concern within clinical area</li> <li>➤ May require social work/other agency intervention.</li> </ul>
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**Level 4 (Requires intensive interventions/or continuous 1:1 care, may require more than 1:1 care for periods of time)**

<p><b>Level 4</b></p> <p>Individual with life threatening trauma /illness who needs advanced respiratory support and/or invasively ventilated and intensive therapeutic intervention</p>	<p>Intensive monitoring and supportive therapy for compromise or multi system organ failure, severe Cardiovascular instability (rhythm abnormalities e.g. frequent defibrillation required), at risk of Organ failure developing, neurologically unstable requiring (invasive) monitoring and therapeutic intervention,</p> <p> Severe asthmatic child Circulatory and respiratory compromised child Neurologically impaired child</p>	<p>The emphasis at this level is on the multifaceted nature and complexity of care required. The majority of adults, children and young people at this level will require high intensity nursing and medical care during the period of care in the ED.</p> <ul style="list-style-type: none"> <li>➤ Individual requiring non-invasive ventilation/respiratory support e.g. re-breathe mask/ head box /</li> <li> nasal CPAP (child)</li> <li>➤ Respiratory or CNS depression/compromise requires</li> </ul>
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<p>Bereavement care to the individual and family</p>	<p>Will require;</p> <ul style="list-style-type: none"> <li>➤ Extensive intervention for the resuscitation and/or stabilisation of the critically ill</li> <li>➤ Admission to inpatient area/transfer and ongoing care</li> <li>➤ Direct senior medical input/decisions</li> <li>➤ Advanced respiratory support</li> <li>➤ Intensive and invasive cardiac monitoring</li> <li>➤ Extensive assessment and monitoring of the individuals physiological responses</li> <li>➤ Dedicated 1:1 care/or continuous care, may require more than 1:1 care for periods of time</li> <li>➤ Extensive support and care of family</li> <li>➤ Complex emotional and/or social parental, family/carer, staff support, e.g. ill child or young person</li> <li>➤ Bereavement care and support of parent, relative, carer, discuss organ donation</li> </ul> <p>Management of;</p>  <p>Challenging and highly complex child protection issues</p> <ul style="list-style-type: none"> <li>➤ Challenging complex concerns requiring multi-disciplinary and specialist team facilitation within the ED</li> <li>➤ Challenging co-existing neurological impairment</li> <li>➤ Frequent measurement of challenging physiological abnormalities</li> <li>➤ Complex neurological needs</li> </ul>	<p>mechanical/ventilation</p> <p>invasive</p> <ul style="list-style-type: none"> <li>➤ Airway obstruction / intervention / nebulised adrenaline / prolonged apnoeas /severe asthma IV medications and hourly nebulisers</li> <li>➤ Extubation</li> <li>➤ Requires a range of therapeutic interventions including:             <ul style="list-style-type: none"> <li>➤ Continuous oxygen therapy ECG / invasive pressure monitoring</li> <li>➤ ECG / non invasive monitoring</li> <li>➤ Vasoactive drug infusions (amiodarone, potassium, inotropes, nitrocline, magnesium)</li> <li>➤ Haemodynamically unstable or who have CNS depression and loss of airway &amp; protective reflexes and require neurological observation</li> </ul> </li> <li>➤ Treatment of hypovolaemia/haemorrhage/ sepsis or neurological protection             <ul style="list-style-type: none"> <li>○ Airway compromise</li> <li>○ Major scald/burn</li> <li>○ Major sepsis</li> <li>○ Acute obstruction</li> <li>○ CFAM Monitoring</li> <li>○ Patients who are non-invasively ventilated but showing signs of deterioration</li> </ul> </li> <li>➤ Frequent blood gas analysis</li> <li>➤ Insertion and care of central lines / chest drains</li> <li> Intra - Osseus needles</li> <li>➤ Complex drug regimes</li> <li>➤ Complex fluid regimes             <ul style="list-style-type: none"> <li>○ Ketoacidosis /electrolyte imbalance</li> <li>○ Fluid resuscitation 10-30mls/kg</li> <li>○ Acute renal failure</li> </ul> </li> <li>➤ CNS Depression</li> </ul>
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- Providing emotional support to highly anxious parents, relatives, carers
- Challenging behaviour / potential for self-harm
- Bereavement care and support of parent, relative, carer, discuss organ donation
- Any disruption to ABC requiring ongoing support and treatment