One Day in the ED

E.D. nurse:

It’s been a bad weekend - the Director of ED was called and told the situation was critical. Patients are spilling out into corridors, we are over the ambulance threshold and the ambulance officers are queuing around the entry to the ED.

A bed manager comes down to allocate beds but gets nowhere and there are still 9 people in the queue. There’s no one that can be moved - a young girl has been here since last night but the ward can’t take her until she’s seen by the orthopaedic registrar and he’s been called away. Another ambulance turns up making it 10 patients in the ambulance bay.

Patients are now occupying the resus beds so we don’t have resus capacity. But there are no beds for patients to go to and any beds that are freed up immediately fill up again. A 98 year old woman who’s been in ED overnight can’t be moved, there’s just no bed for her.

Several patients have been sitting in the ambulance bay for hours and no one has been treated. One patient is critically unwell with pericardial effusion, another has a severe allergic reaction and is at risk of losing an airway and a young man has had a severe epileptic seizure.

We get a psyc patient who’s been occupying a bed to move to a seat and make some space that way and when 2 beds become free in EMU our resus capacity is regained. But just as we begin to get control the computer board refreshes itself and sends out a message that the ED can take two more patients.

A new patient arrives with suspected Legionella and needs to be isolated. A mental health patient turns up without a special nurse and we spend some time trying to contact the Mental Health Unit to check on beds there. The orthopaedic registrar makes a decision about the girls’ neck and she is moved but then a man with myocardial infarction has had his ECG delayed and needs to go on a bed immediately.

The radio announces that a cardiac arrest is on the way – there is no bed empty in the resus area so the staff clear a space by putting all the occupied beds into one room. One of the patients has been there all day. The cardiac arrest flatlines and we get her back but the prognosis is not good.

Meanwhile, the patient who had the epileptic seizure is still waiting in the ambulance bay and could have another seizure soon. At least two patients who have been in the ED all day will be held overnight because there’s nowhere else to put them... and more patients are on the way with nowhere to offload them and the ambulance bay still spilling over.