(A) Policy Statement

Procedures which may not be performed in the Emergency Department shall be defined.

(B) Purpose of Policy

To provide guidelines concerning procedures which may not be performed in the Emergency Department.

(C) Procedure

The Emergency Department of the University of Toledo Medical Center (“UTMC”) serves several purposes, the most important being to provide emergency care of the ill and injured. In providing emergency care, as well as assessment and care of an elective nature, the Emergency Department physicians and their consultants should use their best judgment in determining those procedures that should be performed in the Emergency Department versus those that should be deferred or provided elsewhere in the Hospital.

UTMC, being a regional referral center for trauma and emergency care, may receive patients with various and unpredictable emergency problems which may occasionally require extensive or extraordinary measures. For this reason, specific limitations should not be binding, but the senior, available, and responsible physician must rely on his/her reasoned judgment, under the individual circumstances.

Nevertheless, for management of most patients, the following guidelines should be followed:

1. Compound (open) fractures of major long bones or skull should be operated upon in the sterile atmosphere of the Operating Suite, rather than in the Emergency Department.

2. Flexor tendon lacerations should be operated on in the Operating Suite, rather than in the Emergency Department.

3. Except under unusual or life-threatening circumstances, major craniotomies, open thoracotomies, major exploratory laparotomies or incisional opening of major joints, should not be electively carried out in the Emergency Department.

4. Operative exploration of the eye or middle ear, should not be performed in the Emergency Department, except under unusual circumstances.

5. In general, elective procedures requiring general or spinal anesthesia should not be carried out in the Emergency Department. Although nerve blocks are a useful adjunct for the treatment of pain, their use should not be employed in the Emergency Department with the exception of digital nerve blocks which can be performed in the Emergency Department.

6. Definitive repair of major nerve and arterial lacerations should be done in the Operating Suite, rather than in the Emergency Department.
7. Cleansing enemas.
8. Dilatation and curettage.
10. Surgical biopsies.
11. Other non-emergent surgical or diagnostic procedures that would prolong Emergency Department stay.

These guidelines should not restrict the senior, available, responsible physician, if, in his/her opinion, the welfare of the patient requires alternative action.

If an activity outlined in Items 1 through 11 does take place in the Emergency Department, a review of that activity will be conducted by the Medical Director and Nursing Director of Emergency Services with the appropriate consulting service notified, if necessary. Notification of this retrospective review will also be provided the Chief of Staff, the Vice President, Medical Affairs and the Chief Executive Officer, UTMC.

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Policy 3364-100-55-02
Procedures Which May Not Be Performed in the Emergency Department
Page 2

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Approved by:

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Date: 3/1/2020

Thomas Schwann, M.D.
Chief of Staff

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Policies Superseded by This Policy: 7-55-02 – Procedures Which May Not Be Performed in the Emergency Department