



ED Discharge

Patients who do not require immediate admission to hospital may be discharged home by a number of routes.

No significant injuries identified

Such patients may be discharged directly from the ED if any pain is well controlled, physiology is normal and they are mobilizing independently (with appropriate aids if necessary). They should be provided with written advice as needed and a discharge letter outlining treatment given and the results of any investigations. The discharge letter should advise them who to contact if they have any on-going concerns. Patients from outside the Leeds area should be given a leaflet outlining how the Major Trauma Network functions and how they can provide feedback (appendices).

If the clinician caring for the patient feels a period of observation is required they should discuss admission to the CDU with a senior ED doctor.

Injuries requiring only out-patient follow up

Discharge of such patients should follow the guidance above - including admission to CDU for period of observation if necessary. Follow up should be arranged at the patient's nearest appropriate hospital.

Injuries requiring later admission

See specialty specific guidance for advice on which injuries fall into this category and who to contact in the relevant trauma unit to organize ongoing care. Discharge of such patients should follow the advice above, again including a brief CDU admission if deemed necessary.

Injuries requiring immediate admission

Regardless of the need for specific MTC care all patients requiring immediate admission should be admitted to the LTHT bed base following the guidance which determines whether they should be admitted to the major trauma ward or a specialty ward.

ED Discharge checklist

The checklists found in the appendices should be applied to all trauma patients discharged from the ED.