

Appendix E – Patient Placement Plan 2024

Patient Placement for Emergency Admissions with Respiratory Symptoms

Patients with respiratory symptoms should be isolated until a negative PCR result is obtained, labs only need to run this “out of hours” where this result needs to be known for safe patient placement e.g. bed shortages

Predicted date of Discharge (PDD) to be recorded in Track on admission to ward.

Admit surgical patients to Wd 1. Patients requiring isolation should be admitted to side rooms. If a side room is not available, patient can be placed in an empty bay. Only confirmed positive cases can be cohorted together.

Admit medical patients to Wd 3. Patients requiring isolation should be admitted to side rooms - preferred Side Rooms 6/3/4. If a side room is not available, patient can be placed in an empty bay. Only confirmed positive cases can be cohorted together.

If Wd 1 is full, then start to admit into Wd 3 beds. Inform Silver Command and follow the bed escalation plan.
Organise Senior MDT review of elective surgery for next 24 hrs.

If Wd 3 is full, then start to admit into Wd 1 beds. Inform Silver Command and follow the bed escalation plan.

If both wards are full –the bed escalation plan will be triggered. Silver Command will agree if the winter plan surge capacity should be used and additional beds will be opened (see below). Triggering this plan means we will need to identify supplementary staffing to open additional beds – this is an internal major alert response and planned elective activities will need to be stepped down. Silver Command (H&SCP) will be alerted as fast track discharges may be needed.

If Wd 1 and Wd 3 are both full then 1-2 extra beds can be placed in HDU. Additional staff may be required dependent on existing patient acuity.
Inform 1st on call for Theatres that HDU cases will need to be managed in Recovery. An urgent review of elective surgical and ambulatory care activity will be undertaken. Silver Command will decide what planned care work can continue based on context.

Patient Placement Advice for the Respiratory Pathway

Side rooms should always be used for placement of patients with respiratory symptoms or where NIV is required, when possible.

Positive and suspected cases **cannot be cohorted together.**

Suspected cases **cannot be cohorted together**