ACCIDENT + EMERGENC

Name : Abdullah Shamshir Abd Mokti
Elective placement : Emergency department, Hospital Ampang, Selangor, MALAYSIA.

ED (emergency department) in Hospital Ampang and A&E (Accidents and emergencies) in Queen's Hospital : a comparison.

I was fortunate to have been given the chance to expose myself to the practice of both hospitals which I intend to share with my elective supervisors, medical school personnel and my elective sponsors hoping that the differences in terms of healthcare provisions, demographics of illness and clinical experience exposure would be beneficial for all parties, including future medical students intending to have their electives and/or clinical attachments in both hospitals. This is meant to be a reflective writing based on my limited experience in both hospitals and not in anyway do I claim that whatever I said is an exhaustive account of the situation in both hospitals. The way in which I intend to describe my experience is first, through the patient's pathway from the moment he/she walks into the ED or A&E, until either he/she is discharged, referred or admitted into the wards. Then, I would also look from the point of view of a student attached to the places.

A patient walks into A&E would be triaged at the counter and he/she would either be considered 'for resuscitation', 'majors', or 'minors'. There is not much difference compared to the ED, where patients are assigned red, yellow or green with almost the same criteria as for A&E respectively. The difference lies within the cases that presented to both hospitals. As for QH (Queen's Hospital), a centre for trauma and neurology, cases such as myasthenic crisis and blast injuries from gas explosion, industrial mining accidents and domestic bombs are quite common, while in HA (Hospital Ampang), late presentation of diseases such as diabetic ketoacidosis and hypergylcaemia hyperosmolar syndrome and tropical diseases such as milliary tuberculosis and dengue fever are the chief presenting illness that brought patients to the ED. In terms of affluent diseases due to high-fat, low-fibre diet and sedentary lifestyle such as hypertension, diabetes and heart disease, they are almost similar in both hospitals considering the westernization of society nowadays.

When I first had my induction day with Dr Azlina in HA, I could not help myself but to notice an area just next to the yellow zone which is not present in QH. It looks like a living room with settees, except that this area has oxygen tanks and patients with nebulisers and medical assistants trying to establish IV access via a branula (canula or venflon as it called in the UK). Later, she explained that this is a part of the green zone, called the G1 area where patients with mild to moderate asthma are treated. This is a very good idea and one of a few that the A&E could learn from ED because I remembered when I was in QH in winter months, many patients with acute exacerbation of asthma occupied the beds in A&E which could have been used for other cases. The G1 zone is brilliant, patients is sat up straight to make the airway patent and aid breathing, and being in between yellow and red zone is helpful should the patient need further care, he/she would be able to be moved very quickly and appropriately. Establishing venous access and using nebulisers is not a problem as well in the zone.

Another part which is interesting in HA which I did not find in QH is the observation zone, also called the orange zone. This is a zone where patients needing an eye to be kept on are placed for several hours before being discharged. These include patient presenting with hyperamesis gravidarum, patients with non specific gastritis, and those patients with non-specific but severe headache only requiring paracetamol. In QH, patients requiring observation for several hours are usually placed in an area called MAU (medical assessment unit) headed by a consultant in Acute Medicine. Usually, these patients stayed overnight anyway and will be discharged next morning after being seen by during consultant or registrar ward round, or will be referred to the appropriate specialities if required. But in clear-cut cases requiring specialist referral and admission to a ward, both hospitals seemed to do it from the ED and HA as soon as possible.

In the point of view of a medical student attached to the hospitals, one of the things that QH has as an advantage is a clinical protocol for all the medical problems that could have presented as an emergency available both in written and electronic form in the hospital. This guideline is based on the NICE (national institute of clinical excellence) and

the trust policies. HA has some guidelines available, and most of the management is carried out by doctor's experience which is thought by senior specialist to the medical officers (or senior house officer in the UK) and housemen doctors (foundation year doctors). The book usually referred to in HA is the Sarawak Handbook of Emergency Medicine while in the QH, it is the Oxford Handbook of Acute Medicine. I am sure both-resources and ways of delivering medical care towards the patient are evidence-based and are aimed towards the betterment of patients, with hindsight according to the resources available in both hospitals. For example, in the QH, every patient who has a myocardial infarction is sent straight away to the Royal London Hospital for either and angioplasty or CABG while in HA streptokinase is still being used, which has fallen from the NICE guidelines a few years ago.

Other than that, I think there are not many differences for both hospitals, apart from the acronyms that one should learn on the first day of attachment. Although seemed tedious and unimportant, getting hold of the meaning of the acronyms would make learning from reading patient's notes and discharge summaries and during ward round easier and I do advise students going to Malaysia for electives to learn the important ones before starting electives here.

In a nutshell, I appreciated my experience in both hospitals and it is an eye-opener on the differences that a department being set-up for the same reasons in two different countries with different resources, demographics and healthcare system could make. The ED in HA and A&E in QH are both new, and a lot could be learnt from each other towards the betterment of patients, as both slogans of hospitals ' kami sedia membantu' and 'your health, your choices' aspire to do so.

(1065 words)