

The Role of Emergency Department in Poland

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Introduction

Emergency department (ED) is an organizational unit of the hospital, which is also a unit of the National Emergency Medical Service. Its task is to promptly provide health care services as part of initial diagnosis and the necessary treatment to stabilize the vital functions of persons in a state of sudden danger to life or health [1]. In addition to patients being transported by ambulances and aviation rescue units to the ED, anyone can be contacted even if they do not have a referral to the hospital. Help is provided to everyone regardless of their place of residence.

For a hospital to be able to set up an SOR, it must be able to protect patients within general trauma surgery, internal medicine, anaesthesia and intensive care units, imaging diagnostic laboratories, paediatric surgery and paediatrics- if the hospital provides medical services to children. Other requirements include: the ability to carry out a sanitary transport to a given medical unit, the ability to perform diagnostic laboratory and imaging tests (e.g. CT and endoscopy), as close as possible to a 24/7 ambulance landing area; Performing the necessary tests at the patient's bed (e.g. ultrasound, X-ray) [2]. ED must also employ a sufficient number of physicians and nurses or paramedics to adequately cover the needs of the ward. Such facilities provide the possibility of rapid and efficient diagnosis of the patient in the state of sudden health threat and allow for the implementation of the most priority medical interventions.

Sick people are in a state of emergency every day. Rescue units from a given area are prepared twenty-four hours a day seven days a week to help those who need it most. Ultimately, the patient after the initial on-site emergency treatment should go to the hospital emergency department to implement medical life-saving procedures. There are also key decisions about accepting a patient to a specific department or operating unit. In reality, however, emergency medical services are over-used and rescue services take a large number of patients who should not be hit. This translates into hours of the queue limit the performance department. Taking into account the specificity of the cell and the tasks it is prepared for, SOR patients should be referred to patients whose life or health is directly threatened. These include: patients with sudden cardiac arrest or cardiopulmonary resuscitation, patients with acute coronary syndrome, victims of traffic accidents, or people with central nervous system disorders (ischemic stroke or intracerebral haemorrhage). In fact, ED also receives patients who should go to a specialist clinic or get the needed medical services for a home visit.

If we analyse the profile of patients entering the emergency department, we will see that the proportion of patients in life-

threatening conditions is small. Other people reporting to the ED often need ambulatory counselling, which consists of upper respiratory tract infections, minor injuries, or the need to remove persistent symptoms such as headaches, abdominal or other symptoms. In addition, most patients suffer from various causes for several days, weeks, months, and sometimes even years. Rarely happens that a sick person will report for something that happened suddenly. Most often, it is forced to exacerbate the untreated long-term illness or fatigue with constant ailments. There are many reasons for this. First of all long queues for primary health care which creates difficulties in registering for a doctor or lack of opportunity to obtain a home visit. Another problem is the distant dates of visits by specialists.

A significant group of patients who benefit from health services in ED are people with advanced alcoholism. Since sobriety chambers have been abolished and the availability of help centers for addicts is still too low, EDs have been forced to take care of drunken patients who are not simple and require much attention from medical staff. Unfortunately, in most cases, the only problem here is the toxic effect of ethyl alcohol or a syndrome of ailments emerging when it is applied. Ultimately, the lack of motivation from the patient to treat the addiction makes it possible for him to be admitted to the ED several times within a month for the same reason. This is usually due to the prior adoption of psychoactive drugs, but there are people who just are not positively oriented to the staff from the beginning.

All the factors that make ED work performed by a doctor and nurse of the system or paramedic is difficult. There is a growing frustration and professional burnout among staff. In the present situation, physicians do their best to keep the unit functioning and to keep patients constantly, and when finally the victim is threatened; all attention is focused on it. It is necessary to interrupt the current diagnostic tests with less priority so that the rescuer does not have to wait for his. When all necessary interventions are completed and the patient is transferred to the appropriate hospital department, the procedures are resumed.

Summing up work in the ED is the opportunity to get in touch with everything that is present in health care. Most EDs have long since ceased to fulfil the tasks they were created for.

References

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