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INDUSTRY STANDARD OF THE PEOPLE'S REPUBLIC OF CHINA

WS/T 390-2012

The design of normative flow of emergency department

医院急救科规范化流程

(English Translation)

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Foreword

This standard was drafted in accordance with the rules given in GB/T 1.1-2009.

This standard is proposed by the Ministry of Health Medical Services Standards Committee.

This standard is mainly drafted by. Chinese Academy of Medical Sciences Beijing Union Medical College Hospital.

Participated in the drafting of this standard. West China Hospital of Sichuan University, Xijing Hospital of the Fourth Military Medical University.

1 Scope

This standard specifies the emergency department of diagnosis and treatment of standardized processes. emergency management, emergency diagnosis and treatment process, emergency patient placement, emergency medical quality control and feedback.

This standard applies to the three level general hospitals and their medical staff according to the emergency department standardized process of medical conduct.

2 Terms and definitions

The following terms and definitions apply to this document.

Resuscitation Apply various interventions to restore the consciousness and vital function of patients who have no signs of life or those who are dying.

Intensive care intensive care to maximize the patient's survival and subsequent quality of life to take timely, high-quality, extensive clinical monitoring of a medicine Treatment mode,

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usually patients need income intensive care unit or emergency intensive care unit.

3 Abbreviations

The following abbreviations apply to this document.

EICU. Emergency Intensive Care Unit

4.1 Organizational structure

Emergency department as an independent department, the implementation of departmental responsibility system. Set a chief executive, with the qualifications of emergency medical specialist, and has A well-managed physician with both ability and political integrity holds the position. If necessary, an additional deputy director of a ~ 3, in charge of emergency department medical, teaching, research.

Emergency room, emergency room, viewing room, general ward, emergency intensive care unit and other regions to implement the responsibility system of the attending physician. Attending physician post by the emergency medical specialist to undertake, to choose a strong sense of responsibility, skilled, healthy physician or attending physician above as a hurry Chief physicians and technical backbone of the region's various regions, is mainly responsible for the clinical and management of the region, organizing emergency critical illness treatment, Participate in emergency department research and teaching.

4.2 Work system

Hospital emergency department should be 7d week, 24 hours a day, 24 hours a day, the implementation of emergency physician responsible for the system. Emergency department director or the chief medical officer is responsible for implementing or revising the first consultation system, job responsibility system, education and training management system, rescue management system, Medical records writing and management system, consultation system, emergency response procedures and other emergency department management core system.

4.3 Regional Settings

4.3.1

The hospital emergency department should have a registered office, triage station, waiting area, clinic, emergency room (conditional hospital should be set up at the same time recovery room), view

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