WHO Emergency Care Toolkit

Emergency Care Checklists – Frequently Asked Questions

1. **Which patients should have a checklist used?**
   The checklists should be used for ALL patients triaged as highest priority (red) with severe or moderate injury (Trauma Care Checklist) or acute illness (Medical Emergency Checklist). The checklists do not need to be used on the lowest priority patients (green). Some sites may choose to use checklists on urgent (yellow) patients as well. The checklist should be readily available in all resuscitation areas of emergency units.

2. **When should each section of the checklist be completed?**
   The first section of the checklist should be completed after the primary and secondary survey with ABCDE interventions are completed. The second section should be performed before the team leaves the patient to make sure key diagnostics, management and communication has occurred.

3. **Who should fill out the checklist?**
   Anyone who provides direct care to the patients including nurses, mid-level providers, junior doctors or senior doctors.

4. **Printing access is limited. Is there a way to recycle or reuse forms?**
   Yes! In many settings large posters are printed and hung in the resuscitation area where staff can easily reference them. The forms are meant to be read aloud at each step with the team agreeing on the response. If posters are not available, forms may be used as a reference for verbal confirmation from the team. Other local solutions have included laminating the checklist and using dry erase markers to enhance reusability or writing the checklist on a marker boards for reference.

5. **Do we have to put a checklist in the chart?**
   You do not have to put the checklist in the chart, although some locations feel that this is useful. Remember, the checklist is not intended to be used as the patient’s chart, record keeping or research tool. You SHOULD document that the checklist was used during clinical care. Please see the location to confirm checklist completion on the Emergency Unit Standardized Clinical Forms and the Acute Transfer Checklist.

6. **What is meant by "serial examinations"?**
   Serial examinations means returning to the patient and performing a targeted exam on patients at risk of worsening to determine if there is any change in clinical status. One example is using serial abdominal examinations for the trauma patient to see if there is worsening that would require an operative intervention. These examinations should be performed at a frequency that makes the most sense for the pathology of concern (e.g. trauma patients depressed GCS may require neurologic exams every hour).

7. **What if we do not have the resources to perform the item on the checklist?**
If you do not have the resources, you should indicate “no” on the checklist. If the team has considered a test prompted by the checklist but the test is not available (e.g., ECG), document this on the patient’s chart.

8. **When we complete the checklist, is there someone that reviews it later on?**
   For places tracking implementation outcomes, completion of the checklist is often monitored. Some facilities have determined that checklist performance is a necessary patient safety mechanism. In such settings, review of documentation does occur.

9. **When should vital signs be rechecked? Right after initial resuscitation?**
   Vital signs should be rechecked after initial resuscitation. If the patient is critically ill, vital signs should be checked frequently (at least every hour if not more often). More stable patients should have vital signs checked according to local protocol; Most emergency units have vital signs checked in stable patients every 2-4 hours.

10. **Sometimes tests and imaging take days to come back? Should we say we reviewed all available tests?**
    State you have reviewed all available tests have been reviewed. Please note in the chart which tests and imaging are still pending review.

11. **The Medical Emergency Checklist asks if something is needed, NOT if it is done? For example, “Is treatment for hypoglycaemia needed?” How should I answer these questions?**
    Checking “yes” confirms that the patient has the condition and that the intervention has been completed (e.g., adrenaline given). If an item is need but not available, respond yes and note the missing item on the chart and on a stockout log sheet (with date and time) as well.

12. **Can the checklists be modified for my setting?**
    Yes! The checklists can be modified appropriate to the setting. Note that the checklists have been extensively field tested and shown to be effective and feasible. Any changes or modifications that are made to the checklists should be monitored & evaluated in that setting.

13. **The checklist asks about use of pulse oximetry. If we do not have continuous pulse oximetry for all patients, can we check intermittently over time (spot check)? What about the use of a cardiac monitor?**
    Yes! You may spot check patients who have a stable $O_2$ requirement and no evidence of respiratory distress. A cardiac monitor with a functional pulse oximetry also fulfils the pulse oximetry question on the checklist.