

Ambulatory Care

The Ambulatory Care unit (AMC) at York Hospital has been set up to treat adult patients who require emergency care, but can be managed safely and appropriately on the same day either without admission to a hospital bed at all, or through admission for only a few hours.

This is achieved by reorganising the working patterns of emergency or unplanned care to provide early decision making and rapid access to diagnostics.

All patients should be in agreement with the referral and understand the intention of this unit to turn them around quickly if clinically possible. They may be required to attend as a day patient if further treatment is required.

Accessing the unit

Day	Opening Hours	Location
Monday – Friday	09:00 – 21:00	Junction 5, second floor, just before Ward 22 (AMU)
Saturday – Sunday	09:00 – 15:00	

How to refer

Referral should be made through bed managers or direct to the rota'd AMC Consultant.
York Hospital 01904 721247

General criteria for admission to the unit

- Adult patient age >18 clinically stable with a [National Early Warning Score \(NEWS\)](#) ≤3
- Patient is alert and orientated
- Patient is ambulant, no social issues, can be managed while sitting in chair, able to re-attend ambulatory care if needed
- Any conditions, other than those listed below, should be discussed with the AMC consultants via the phone number above.

Conditions accepted onto the unit

- [Anaemia](#)
- [Cellulitis](#)
- [Chest pain: Acute Coronary Syndrome \(ACS\) to be ruled out](#)
- [Deep Vein Thrombosis \(DVT\)](#)
- [Electrolyte disturbance](#)
- [First seizure/syncope](#)
- [Headache suspected Giant Cell Arteritis \(GCA\)/Temporal Arteritis](#)
- [Palpitation \(Arrhythmia\)/Atrial Fibrillation \(AF\)](#)
- [Pulmonary Embolism \(PE\)](#)
- [Pneumonia/lower respiratory tract infection/asthma exacerbation](#)

Anaemia

Inclusion Criteria

- Symptomatic anaemia with Hb 6 - 9 g/L with no active bleeding suspected, may need blood/iron transfusion
- No significant co-morbidities

Cellulitis

Inclusion Criteria

- Limb cellulitis (cellulitis in other areas should be discussed with team)

Exclusion Criteria

- Evidence of lymphangitis, skin blistering, large affected area/rapidly spreading, immuno-suppression, pregnant, IV drug user
- Diabetic foot cellulitis

Chest pain: Acute Coronary Syndrome (ACS) to be ruled out

Inclusion Criteria

- Clinical history of possible cardiac chest pain or ACS
- ECG is normal or demonstrates non-specific or non-acute changes
- Troponin levels if available should be discussed with the AMC consultants via the phone number above.

Exclusion Criteria

- ECG demonstrates evidence of acute STEMI or clear signs of NSTEMI, suspected unstable angina (for admission)

Deep Vein Thrombosis (DVT)

Inclusion Criteria

- Suspected lower limb DVT

Exclusion Criteria

- Suspected Pulmonary Embolism (PE) – unless meets the PE ambulatory care criteria (below)
- High bleeding risk (active bleeding/bleeding disorder/history of intracranial bleed/GI bleed within 1 month, chronic liver disease with raised PT/varices) should be discussed with the bed manager.
- Known IV Drug User – to be assessed by ED team

Electrolyte disturbance

Any electrolyte disturbance which is not manageable within the Community

First seizure/syncope

- All

Headache suspected Giant Cell Arteritis (GCA)/Temporal Arteritis

- Suspected GCA which is not manageable within the Community

Palpitation (Arrhythmia)/Atrial Fibrillation (AF)

Inclusion Criteria

- Palpitation with new or uncontrolled AF/A flutter
- ECG AF/Flutter/sinus rhythm with no evidence of ischemia rate ≤ 150

Exclusion Criteria

- Uncomplicated Paroxysmal AF/AF which is manageable in the Community

Pulmonary Embolism (PE)

Inclusion Criteria

- Suspected new PE

Exclusion Criteria

- Known active cancer - unless agreed with consultant
- Known heart failure or severe chronic lung disease
- Pulse ≥ 110 beats/min, Systolic blood pressure < 100 mm Hg, SpO₂ $< 92\%$ on air
- Suspected large or massive PE/ECG changes/history of syncope
- High bleeding risk (active bleeding/bleeding disorder/history of intracranial bleed/GI bleed within 1 month, chronic liver disease with raised PT/varices)
- Suspected co-existing iliofemoral DVT if known
- History of HIT/Heparin allergy
- Renal failure, eGFR <30 Creatinine >180
- Severe symptoms / shortness of breath

Pneumonia/lower respiratory tract infection/asthma exacerbation

Inclusion Criteria

- Suspected chest infection or pneumonia with risk factors should be discussed with the AMC consultants via the phone number above
- No significant co-morbidities
- Sats $\geq 94\%$ on air, RR <24 , SBP >100 , HR <100 ; overall [National Early Warning Score \(NEWS\)](#) ≤ 3 unless patient is manageable in the Community

Exclusion Criteria

- Suspected moderate/severe pneumonia/empyema; severe sepsis; confused/non ambulant
- Patient from Nursing Home/Residential Home or coming via ambulance
- CRB65 ≥ 2
- Unable to take oral medication / failed to respond to oral antibiotics
- Severe pain not controlled with oral analgesia
- Sats $< 94\%$, RR >24 , SBP <100 , HR >100 ; overall National Early Warning Score (NEWS) >3

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