The ER Department provides a comprehensive emergency service to all patients presented to the Department on a 24-hour basis. It accepts all patients for treatment.

Patients are triaged according to a 5-level Canadian triage system in order to ensure that they are assessed and sorted according to acuity. The ER staff members are specialized emergency healthcare providers who have advanced qualifications and experience.

The Department is able to provide rapid resuscitation, stabilization and transfer of critically ill patients. Although it is not a designated polytrauma centre, it provides advanced trauma care to the patients that are brought in. It also provides disaster care to the community during major incidents.
The ER Operates in two Sections:

**1st Section** - General Adult Emergency  
**2nd Section** - Paediatric Emergency

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**General Adult Emergency**

There are 34 beds – in the accident & emergency Department: There are 2 Adult triage and 1 Paediatric triage, 2 Procedure rooms, 1 bed for Obstetrics and Gynecological Patient Procedures, 1-bed for Orthopaedic Procedure cases, 26 cubicles, 3 fully equipped and modern trauma resuscitation rooms.

Continuous emergency medical & nursing care is maintained throughout a 24-hour period. In order to be able to respond effectively to unpredictable fluctuations in patient census, as well as disaster preparedness, an extra number of DRs and RNs are on call throughout the 24-hour period.

**Paediatric Emergency**

The Paediatric Emergency Section is manned by specialist paediatricians and nurses who have been trained to care for children and adolescents of up to 14 years of age. Here patients are also triaged according to a 5-level Canadian triage system; they are assessed and allocated according to urgency & acuity.

All paediatric patients receive emergency care and medical referrals as necessary.

The Paediatric Emergency Section is specifically designed for paediatric patients who stay under the supervision of paediatric consultants and specialist, and are supported by well-trained nurses. The Section is ready to manage patients 12 hours a day, 7 days a week. It is prepared to deal with emergency cases and do any required procedures. It is outfitted with a room that records vital signs, a triage room, 6 bed emergency cubicles, resuscitation room and two consultation rooms.

The facility is set to handle a wide range of medical problems including, but not limited to, infectious conditions such as colds, acute Gastroenteritis, Croup, acute Bronchiolitis, Pneumonia, Meningitis, Septicaemia, Encephalitis and chronic recurrent illnesses such as Asthma, Sickle Cell Disease, Haemophilia, Seizure Disorder, Diabetes Mellitus, and Nephrotic Syndrome.

The ER interacts with all departments in the Hospital. Ambulance services provide the transfer of patients, as well as transportation for critically ill patients. It responds to all outpatient and non-clinical situation codes as a member of the multi-disciplinary code team.
TRIAGE PROCEDURE at UHS

- All Patients arriving at the Emergency Department will have an initial triage assessment immediately on arrival following registration.
- This acuity assessment will be done by the Triage Nurse and will be as per the patient’s physiological needs.
- The Nurse performs the Triage in the Electronic medical record triage section for all patients upon arrival in the ER. The triage scale as per Canadian Association of Emergency Physician (CAEP) will be used. Triage nurse would inform the ER doctor the triage category immediately.

Triage Categories:

- **Priority 1 (T1): Resuscitation**: Those patients who are immediately in danger of death. Time of ER Physician and Nurse assessment will be immediate.

- **Priority 2 (T2): Emergent**: Those patients whose prognosis for recovery would deteriorate if care was delayed. Time of ER Physician and nurse assessment –within 15 minutes.

- **Priority 3 (T3): Urgent**: Those patients whose prognosis would not change with a delay. Treatment should initiate within 30 minutes to ease pain and discomfort. Time of ER Physician and Nurse assessment – 30 minutes.

- **Priority 4 (T4): Less urgent**: Those patients whose prognosis does not alter if initiation of treatment is delayed by an hour. Time of ER Physician and Nurse Assessment – 60 minutes.

- **Priority 5 (T5): Non Urgent**: Those patients who can be safely assessed and treatment can be initiated in the outpatient setting. Time of ER Physician and Nurse Assessment 120 minutes.
**Reassessment/Re-triaging**

There should be a nursing re-triaging on all patients at the time intervals recommended for physician assessment. That is:

- Level I patients should have continuous nursing care
- Level II every 15 minutes
- Level III every 30 minutes
- Level IV every 60 minutes
- Level V every 120 minutes.

This is to ensure that patients are reassessed to confirm that their status has not worsened.
The Intensive and Critical Care Unit (ICU) / Cardiac Care Unit (CCU) is for patients who require more focused nursing & medical care while recovering from a major surgery, injury, or critical illness. UHS Critical Care provides dedicated and continuous monitoring and care for all seriously ill patients. Constant availability and comprehensive care by qualified and trained Intensivists with a multi-disciplinary team approach at UHS hospital ensures best possible care and outcome of all complex medical and surgical cases.

UHS Critical Care is dedicated to the emergency and urgent healthcare needs of critically ill patients. It is supported by advanced in-house radiology and pathology services, state-of-the-art rehabilitation including physiotherapist & clinical nutritionist.
WHAT IS AN INTENSIVIST?

The critical care specialist, sometimes called an INTENSIVIST, will work in conjunction with a team of other ICU (Intensive Care Unit) professionals to provide around-the-clock intensive care. The Intensivist acts as a team leader, working closely with primary care physicians, specialists, therapists, and staff to make sure each patient on the unit receives optimal care for their specific needs. Intensivists are board certified physicians, trained to treat a broad range of complex medical conditions for those patients who are critically ill. They have advanced skills for performing specialized lifesaving bedside procedures. An Intensivist will be onsite 24/7 to work with associates, physicians, patients and their family members. Once contacted, they will be available to provide face-to-face communication with the patient’s family. This ability to immediately react to changing circumstances has been shown to bring about dramatic improvement in patient outcomes and satisfaction.

Benefits to physicians:

- The assurance that an Intensivist level of care for critically ill patients is available around-the-clock
- The ability to entrust medical care to intensive care specialists for surgical patients
- Prompt communication to the physician regarding the patient status and the course of treatment at the time of the patient’s change in status
- Opportunity to visit patient and family to provide updates as well as social support
What are the benefits to the patients?

The difference is 24 / 7. When a medical emergency occurs a doctor who is board certified in critical care is available to provide immediate assistance in person. The benefits associated with the presence of an Intensivist:

✅ Decreased mortality
✅ Improved outcomes
✅ Reduced ICU length of stay
✅ Fewer clinical and procedural complications
✅ Reduced cost per case
✅ Fewer adverse events
✅ Improved patient, family, private physician and staff satisfaction
✅ Focus on patient safety
✅ Improved morbidity
✅ Decrease in ventilator days and associated complications
✅ Decrease in hospital acquired infection
✅ Appropriate placement of patients in the correct level of care
Speciality critical care services at UHS includes:

- Complete and comprehensive care of any cardiac emergencies-cardiogenic shock, cardiac arrhythmia, with rapid-door to balloon time (Coronary Angioplasty)
- Management of all type of Psychological Shock
- Management of cardiorespiratory arrest by dedicated CPR team
- Thrombolytic therapy for acute pulmonary thromboembolism
- All kinds of sepsis including oncology & immune compromised patients
- Neurological emergencies
- Care for pre-operative high-risk patient, intra and post-operative complicated patient (including care of complicated GI, orthopaedic, neuro, onco, bariatric surgeries, acute pancreatitis)
- TPN (Total Parenteral Nutrition)
- Care of poisoning patient
- Palliative care (Pain relief) for terminally ill
- Intermediate care at HDU (High dependency unit)

Procedures routinely performed in our ICU

- Non-invasive and invasive hemodynamic monitoring
- Intra-aortic balloon pump placement
- Temporary pacemaker placement
- Non-Invasive and invasive mechanical ventilation
- Difficult airway management
- Percutaneous tracheostomy
- Fiber optic bronchoscopy
- Inter-Costal drainage
- Percutaneous gastrostomy and G.I. endoscopy
- Haemodialysis/SLLED i Intra-abdominal pressure monitoring
- Bed side 2D echo doppler & ultra sonography including F.A.S.T for trauma in Pain management

Intensive Care Unit provides care for adult patients with cardiovascular, neurological, medical and surgical conditions. Family and loved ones are important for a patient's recovery and we strive to involve them in the healing process while providing our patients necessary time to rest and heal.

To provide a balance between family contact and rest time, we have developed the following guidelines we ask you to follow:

- Only two (2) visitors are allowed in the patient care unit at one time.
- No children under the age of 14 in the ICU.
- No food or drink is allowed in the patient care area.
- Do not use cell phones in the rooms as they can affect the equipment.
- Please keep a quiet environment. Do not wake patients; rest is an important part of healing.
Dr. Mohamed Dawdi graduated Bachelor of Medicine and Surgery from Tripoli University. Prior to migrating to UK after graduation, he underwent intensive trainings in all aspects of emergency including trauma, pediatric, neonatal, cardiac and medical intensive care units, exposure to emergency medical services (EMS) and Hospital Emergency Departments of various hospitals in Tripoli, Lebanon. Dr. Dawdi is a Fellow of the Royal College of Surgeons (Edinburgh, UK) and Fellow of the Royal College of Physicians and Surgeons (Glasgow, UK).

**EXPERIENCE**

Dr. Dawdi has 10 years of broad base of medical knowledge and a variety of well-honed clinical and technical skills as a trauma and emergency consultant, including 4 years of good orthopedic service involvement.

Before joining UHS as Head of the Emergency Department where he leads a team of outstanding physicians, he worked as a consultant – Accidents and Emergencies at Ormskirk General Hospital in UK and was involved in management and stabilization of critically ill patients. Apart from his clinical experience, Dr. Dawdi was the head of training department in his previous hospital and also an instructor of local Basic Life Support, Advanced Cardiac Life Support and Advanced Trauma Life Support provider courses. In addition, he is a member and examiner of the scientific committee of Libyan Board of Emergency Medicine.

He later went on to obtain his membership to the prestigious Royal College of Physicians (MRCP) in 2013 and is a candidate to a Master’s degree program in Hospital Administration from Swiss Business School.

He is accredited and certified in Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) instructor Program

**QUALIFICATIONS**

Dr. Ayman graduated from Ain Shams University in Egypt and received his Master's Degree in Clinical Toxicology and then European Diploma Intensive Care Medicine (EDIC) from Brussels in 2007.

Dr. Ayman Abdelaziz Abdelwahab
MBBCH, MD (Clinical Toxicology), European Diploma of ICU (Brussels), MRCP
Senior Specialist Critical Care Medicine

**QUALIFICATIONS**

Dr. Ayman is responsible for all critically ill medical or surgical patients in the 16-bed unit.

He has extensive expertise in all aspects of critical care including the management of medical, surgical, neurosurgical, trauma patients and is proficient in all critical care invasive procedures, management of patients on mechanical ventilators, management of patients with a variety of serious medical and surgical problems, enteral and parenteral nutrition.

He frequently speaks at conferences and is widely published on the subject.

**SPECIAL INTEREST**

- Medical Emergency
- Surgical Emergency
- Orthopedic Emergency
- Pediatric Emergency

**LANGUAGE KNOWN**

Arabic and English


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Contribute to UHS Medical Times

Thanks for your interest in UHS Medical Times. We welcome submissions by UHS freelance writers and photographers. If you have a news, story you would like to share with the rest of the UHS family, an interesting hobby, great photo or even just a comment/suggestion please email to Praveen Pillai, at praveen.pillai@uhs.ae.