

# CES: The Decision

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by @thomas\_jesson  
for @pmfirststeps

To avoid panicking...



'Emergency' doesn't mean rushing - if anything, the opposite!

You always have time... unless it's an arterial bleed, you always have time!

To find time to think...



'Do you mind if I take a minute to think about this?'

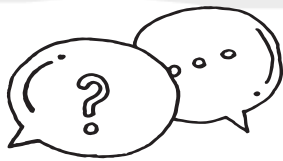
Hang up and call back!



I don't have to finish everything today...

Pause before calling patient in...

To arrange your thoughts...



...Talk to someone!

- A buddy
- Your patient
- Yourself

It's not about getting advice or answers... it's about organising your thoughts

To escape analysis paralysis...

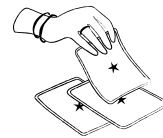


resisting what is



accepting what is

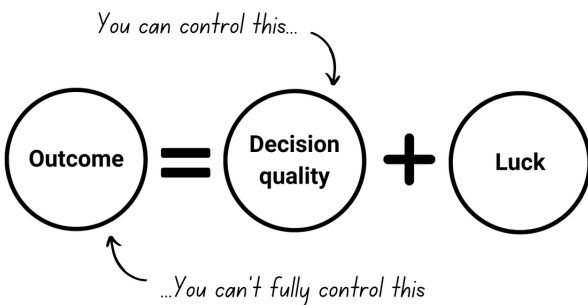
Accept the uncertainty of the situation... your decision is never going to be 100%...



...This is poker, not chess!

Afraid of getting it wrong?

Focus on the decision, not the outcome (and remember, less than 1/5 A&E referrals are actually CES!)



Safety netting:

- If appropriate, take it as an opportunity to reassure
- 'Emergency' is a better word than 'urgent'.
- Give out the MACP CES card!
- Document, document, document - including negative findings!

'Those are things to look out for to know if this is serious. As long as you don't have these, there's no need to worry'

Steps for referring to A&E:

1. Prepare your patient
2. Call ahead - be collaborative. And if you're nervous, remember you probably know more than they do!
3. Write a handover letter. Don't make it a puzzle - be helpful and direct.
4. Call your patient later to see how it went



'this condition is not life-threatening, but it is quality-of-life threatening'

'They might do the tests that I've just done and they may also want to check things between your legs...'

'He did mention long-standing bladder trouble which is in keeping with a long-standing, known condition.'

'If my GP hadn't taken the time to ring me, to see how I was after being rebuffed at A&E, I have no doubt in my mind I would be in a wheelchair right now.'

If you want to read more...

