ACUTE CARE OF THE ELDERLY (ACE) MODEL OF CARE

FLOW OF ACE PATIENTS THROUGH EMERGENCY DEPARTMENT

1. Patient arrives, usually by ambulance but sometimes by car
3. Decision allocated to:
   - Subacute -category 4 such as fall with no suspicion of cardiac involvement.
   - Acute – such as syncope? cause, hypertension, hypo/hyperglycaemia, low Hb.
   - Resuscitation.
4. Nurse in appropriate area carries out assessment.
5. S/B Resident or staff specialist.
6. Risk Assessment and Discharge Planning Tool is begun.
7. Work up attended which may include speech, physiotherapy, issue of safety if returning home.
8. Decision - admit or not
9. If not admitting – does the patient need community support e.g. APAC, Home Nursing Service assistance. Organise follow up tests if appropriate, summary for general practitioner is given to patient and medical staff will often ring general practitioner.
10. If admitting decision is made patient is allocated and relevant team contacted e.g. if cardiac problem contact cardiac team
11. Decision to include as an ACE patient or not.
12. If ACE, transfer patient to the ACE Ward.
13. If not able to transfer patient to the ACE ward. Patient is then transferred to the available bed and patient continues with usual care.