Royal College *of*
Emergency Medicine

Best Practice Guideline

Providing Patient Information in the Emergency Department

May 2025

Summary of recommendations

1. ‘Welcome to the Emergency Department’ information should be available.

2. Patients who are waiting in a waiting room to be seen, should be able to access automated up to date information regarding estimated waiting time which is relevant to them (i.e.. ‘stream’ specific).

3. All patients should be given regular verbal advice during their time in the Emergency Department (e.g. of the interventions that are occurring, and the rationale for these).

4. Patient information should be available in a format that is appropriate for the patient, and quality of the writing and production should be high (i.e. printed and legible).

5. Written advice should be freely available, and it is helpful to have standard advice openly accessible to everyone on the organisation’s internet site, as well as openly available in printed format within the department. Departments should not assume all patients are able to access online material.

6. The treating clinician is responsible for providing the discharge advice (whether verbal, written, online) and ensuring it is in an accessible format for the patient.

7. When altering or adding medication; this should be written down for the patient as well as being communicated to the GP in the ED discharge letter.

8. The clinical record should include whether discharge advice was provided and in which format(s).

9. All EDs should be able to provide patients with written information on how to register with a General Practitioner (GP) and be able to provide a list of GP surgeries relevant to their catchment area.

Contents

Scope

This guideline is written to cover the basic requirements for provision of information to patients in Emergency Departments in the United Kingdom. It covers advice that should be available both when the patient attends, during their time in the department, and when they leave the ED. Other relevant RCEM guidance includes Discharge to General Practice, Emergency Department Care , ED Patients in Police Custody , Management of Domestic Abuse, Chaperones in the Emergency Department.

Reason for development

The guideline was developed to set standards for patient information, as the Best Practice sub-committee had concerns about variability in practice. It was thought that clarity of guidance would improve patient experience, through emphasis on the need for, content and quality of information provided to patients.

Introduction

The emergency department (ED) can be a disorientating place for patients, and it is important that they are not only able to navigate easily around the physical environment but also know where they are in terms of their 'journey' through the various processes that occur during their visit to an ED. Keeping the patient informed about why they are waiting and what they are waiting for; is both courteous and likely to lead to increased patient satisfaction as well as reduce levels of anxiety and possibly reduced violence and aggression [1]. When considering how and what information is provided to patients it is important to choose an appropriate medium (verbal, paper, signage, display screen, online etc.) based not only on the type of information but the needs and ability of the patient to be able to access, this may entail having material available in multiple languages.

A significant proportion of this guidance relates to paper-based information, particularly patient advice leaflets regarding specific conditions. Much of this will be relevant to online guidance as well; however, care must be taken to ensure that patients are able to access any online advice and are not inadvertently affected by digital health inequality. There are very sound pragmatic and environmental reasons to provide links (e.g. QR codes) to online advice but departments should have the ability to provide advice that is directly available to the patient at the point of discharge if required. The ability to document the provision of discharge advice is important from both a quality of care, as well as a medico-legal standpoint.

General Information

On arriving in an emergency department, the patient must be left in no doubt as to where they should go first to register their attendance. In some departments may be required to register first, in other departments they may be met by clinical navigator first. The information provided (e.g. signage) must be clear and unambiguous. Departments choosing to register patients before seeing a clinician must have processes in place to identify conditions which need immediate assessment e.g. potential acute myocardial infarctions.

EDs are encouraged to make available in paper or electronic formats 'Welcome to the Emergency Department' advice for patients when attending the ED, which not only includes the processes that the patient will likely experience (initial assessment, seeing a clinician, investigations, waiting for investigation results etc.) but also more general issues which might provoke concern (see box 1). This is also an opportunity to provide information on departmental policies of relevance e.g. requesting chaperones, medical students, sharing patient information with other organisations / professionals (e.g. police and road traffic accidents, informing health visitor of child attendances) as well as information such as how to contact the organisation's Patient Advice and Liaison Service (PALS).

Box 1. Examples of topics for inclusion in a 'Welcome to the Emergency Department' advice leaflet / resource

- A description of the patient journey through the ED
- Advice about refreshments, eating and drinking
- Advice about smoking and mobile phone use in the ED
- Advice about property and valuables
- Advice about transport home/admission to hospital
- Advice about how to raise concerns

Patients who are waiting in a waiting room to be seen, should be able to access automated up to date information regarding estimated waiting time which is relevant to them (i.e.. 'stream' specific). The Design Council has produced examples of standardised signage for use in EDs which explains the processes involved in patient care [1]. Display screens in waiting rooms may also be an option for the provision of patient information.

Patients who are waiting in the ED should be clear why they are waiting and kept informed and up to date with regards the progress of their care. Patients should be clear who they need to approach if they have questions regarding why they are waiting or if they feel their condition is getting worse. For patients on trolleys or unable to mobilise from chairs they should be provided with call bells. Patients should be given regular updates and forecasts.

When delivering verbal information, the type of information will dictate the location e.g. the need to ensure a quiet, undisturbed room when delivering bad news versus a likely waiting time enquiry. Unfortunately, EDs are often forced into using non-clinical spaces (e.g. corridors) to care for patients and particular care must be taken to avoid disclosure of confidential or private information.

Initiatives which aim to provide help and resources to patients who may not be willing or able to disclose the real reason for their attendance e.g. intimate partner violence, should be considered by EDs.

Discharge Information

It has been long appreciated that recall of medical information is not complete, and that advice and instructions are more likely to be forgotten than other information [2]. Many elements have an effect on recall, including the communication skills of clinicians [3]. It is also appreciated that provision of written information is effective in increasing patient recall, improving clinical management and patient satisfaction [4]. Consequently, provision of written information is often a key feature of efforts to inform patients and enhance patient involvement [5]. Given the anxiety for patients presenting to an ED, and the environment of a typical ED, it is perhaps not surprising that these findings have been replicated specifically in the Emergency Department setting [6], especially with regard to post-discharge care and lack of recall [7]. These findings support the use of providing written information in addition to the verbal advice given by clinicians.

The simplest method of providing advice is probably with the provision of patient information leaflets. Many departments have condition specific leaflets for the more common conditions, and these should be offered to all patients with these conditions. The use of alternative formats such as audio and video recordings, while being effective [4], do require a certain amount of resourcing, both for production and distribution. Patient information leaflets should be produced that are clearly written and 'professionally' presented, and in accordance with the organisation's standards for publication. There is some evidence that leaflets produced may be written in language that lacks clarity and is inappropriate to the target audience, and that this affects information recall [6]. It is good practice to include patient representatives in the writing of these leaflets.

The treating clinician is responsible for providing the discharge advice (whether verbal, written, online). The discharge advice should include:

- Condition specific advice
- Self-care advice and issues to specifically look out for, where appropriate
- Advice what to do if things do not improve e.g. contact their GP or NHS111
- Advice what to do in the event of developing an associated emergency complication e.g. contact 999 or go to the ED
- Driving advice where appropriate
- Fitness to work, where appropriate
- Follow-up arrangements

It is accepted that some patients who are discharged from the ED might have a risk of deterioration after discharge and clinicians are expected to balance patient dependent factors (e.g. ability to return or access care in an emergency) as well as condition specific factors (e.g. being cautious about discharging patients with asthma exacerbations at night) when assessing the safety and appropriateness of the discharge decision. ED clinicians are cautioned against using the term '**safety netted**' in the clinical record without additional explanation of the relevant patient specific components which make up the 'safety net'. Alternatively, reference to a specific Patient Advice (or information) Leaflet (PAL/PIL) in the clinical notes which has the relevant 'safety net' information would suffice.

When altering or adding medication; this should be written down for the patient as well as being communicated to the GP in the ED discharge letter.

The clinical record should include whether and what discharge advice was provided and in which format(s). Those returning to a 'cared for environment' such as nursing homes, carers and family, custody should have a hard copy provided.

When something goes wrong with patient care, a statutory and ethical duty of candour exists; clinicians must explain what has occurred, apologise, the likely effects, the actions that will be taken (both clinically now, and investigations later). Good availability of Patient Advice and Liaison Service (PALS) leaflets is advised.

All EDs should be able to provide patients with written information on how to register with a General Practitioner (GP) and be able to provide a list of GP surgeries relevant to their catchment area.

All EDs should be able to provide patient advice leaflets for the following:

- Homelessness or risk of being made homeless
- Drug and Alcohol Services

- Sexual Health Clinics
- Domestic Violence / Intimate Partner Violence Support

For patients being discharged into police custody EDs should have procedures in place to ensure the patient has appropriate discharge information and that information which is central to ensuring the patient’s safety whilst in custody is shared with the Police service after the patient has given the necessary consents.

Authors

Adapted from the original, *Giving Information to Patients in the Emergency Department* Simon Smith, Ed Norris-Cervetto, first published in February 2017

Updated October 2023 James France, Simon Smith

Update May 2025 James France, Simon Smith, Sally-Anne Wilson; inclusion of reference to the term ‘safety net’ and adding the requirement to document information given.

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Review

Usually within three years or sooner if important information becomes available.

Declaration of Interests

None declared.

Disclaimers

The College recognises that patients, their situations, Emergency Departments and staff all vary. This guideline cannot cover all possible scenarios. The ultimate responsibility for the interpretation and application of this guideline, the use of current information and a patient’s overall care and wellbeing resides with the treating clinician.

Research Recommendations

Research into of the utility of Patient Information leaflets from a patient perspective, and the safety benefits. Further study into the environmental costs of, and minimisation of these.

Audit standards

Audit of percentage of patients receiving advice leaflets.

Key words for search

Patient advice, patient information, Emergency Department, patient advice leaflet, Safety Net

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Appendix 1

Methodology

Where possible, appropriate evidence has been sought and appraised using standard appraisal methods. High quality evidence is not always available to inform recommendations. Best Practice Guidelines rely heavily on the consensus of senior emergency physicians and invited experts.

Evidence Levels

1. Evidence from at least one systematic review of multiple well designed randomised control trials
2. Evidence from at least one published properly designed randomised control trials of appropriate size and setting
3. Evidence from well-designed trials without randomisation, single group pre/post, cohort, time series or matched case control studies
4. Evidence from well-designed nonexperimental studies from more than one centre or research group
5. Opinions, respected authority, clinical evidence, descriptive studies or consensus reports.

Appendix 2

The NHS website is an excellent source of patient advice, [The NHS website - NHS (www.nhs.uk)](https://www.nhs.uk).

The types of patient information leaflets that an ED has for its patients to access will depend on the type, location, size of the ED and population demographics. Below is an example from a small / medium sized semi-urban ED of different types of patient information leaflet.

General
Alcohol
Eye drops / ointment
Biers Block
Registering with a GP
Local GP surgeries
Directions tertiary referral centres
SDEC patient information
Plaster of Paris
Procedural sedation
Smoking
Triage
Use of crutches
VTE PoP

Drugs
Analgesics
Enoxaparin
Entonox
Ketamine sedation
Parvolex
Rivaroxaban
Penthrox

Paediatrics
Asthma
Ankle injury
Bronchiolitis
Concussion
Croup
Diarrhoea & Vomiting
UL fracture manipulation
Seizures
Head Injury
High Temperature
Injured fingers and toes
Ketamine sedation
Pain relief
PoP
Scarlet Fever
Super strong magnets
Swallowing tablets
Viral wheeze
Ward choices

Illness
Asthma
Alcohol dependence
Anaphylaxis
Atrial fibrillation
Backache
Chest pain
COVID discharge / proning
Delirium
Diabetic intercurrent illness
Diarrhoea and vomiting
DVT
Epistaxis
First seizure
Headaches
Metastatic spinal cord compression
Palpitations
Pericarditis
Pneumothorax
Postural hypotension
Pulmonary embolus
Pyelonephritis
Renal colic
Retinal Detachment
SAH investigation
Sepsis
Stroke thrombolysis
SVT
Temporal arteritis
TIA
Upper GI Bleed
Urinary retention

Mental Health
Alcohol
Alcohol dependence
Drug misuse
Mental Health liaison
Section 136
Self-Harm

Injury
Ankle sprain
Broken nose
Buckle fracture
Burns
Chest wall injury
Concussion
Elderly falls
Foreign body eye
Head injury
Hand injury
Inoculation injury
Knee injury
Mallet finger
Neck injury
Police Taser
Pretibial laceration
Pubic rami fracture
Scaphoid fracture
Sexual Assault
Shoulder dislocation
Shoulder exercises
Wound care
Wrist fracture

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