Let's Talk **Irish Examiner**

EMERGENCY CARE

Saturday, July 31, 2021

An inside view of the Emergency Department in Cork University Hospital

Timely plans to upgrade children's unit at CUH's Emergency Department

Helen Cahalane, Director of Nursing, Rory O'Brien, Paediatric Emergency Medicine Consultant, Conor Deasy, Prof of Emergency Medicine, Gerry O'Dwyer, CEO, South South West Hospital Group, Siobhan Scanlon, Assistant Director of Nursing, Kieran Twomey, Engineer, HSE Estates, Ger O'Callaghan, CEO, CUH, Mary Coen, Nurse Planner, HSE Estates and Sheila Leopold, Head of Bed Management, the Emergency Department at the CUH.

***Professor Conor Deasy** looks at plans for a new and improved Emergency Department at CUH, and advises patients on their first options before calling to the ED, which deals with nearly 70,000 patients per year*

FOR as long as there have been humans, there have been emergencies; ailments or accidents that have befallen our people. It is a mark of society as to how it supports its people when such calamities occur.

Sometimes situations conspire against the outcomes we seek for our patients. Every frontline staff member holds images of certain patients and their families emblazoned in their mind's eye; situations and stories that cannot be forgotten; these influence how they care for the patient in front of them every day.

Each year, a growing number of people attend Cork University Hospital's Emergency Department; close to 70,000 patients attended in 2020 of whom 70% were discharged home having completed their entire episode of care in the Emergency Department.

Emergency? Who to call first

Could some of these patients have avoided the queue and the long wait and been treated elsewhere? Undoubtedly yes, but that is easier to say after a thorough assessment by emergency doctors, nurses and therapists, blood tests, X-Rays and CT scans and so on.

At various stages during the Pandemic, we asked patients to consider attending their GP, their Local Injury Units and Private Facilities; we do this to create capacity in the Emergency Department to deliver emergency care; we are grateful to patients and their doctors who retain the Emergency Department for patients who need it in emergency.

Restructuring for Covid

In early 2020, when the initial

CUH Emergency Department Professor Conor Deasy, Clinical Lead at CUH Emergency Department.

descriptions and reports of Covid-19 from China and Italy were publicised, our greatest fear was that patients attending the Emergency Department would contract the virus from each other, while being treated for an unrelated condition.

The Emergency Department has undergone a physical transformation since the beginning of the Covid-19 pandemic in March 2020.

A collective effort from health service leadership locally and nationally, architects, engineers and builders, clinical and hospital administrative staff has seen the physical infrastructure in the Emergency Department transformed to protect people against the viral enemy.

This has been done while continuing to treat over 230 patients per day; in effect fixing the jet engines while the airplane was still flying at full throttle. We now have new physical structures in the Emergency Department at CUH that ensure patients who may have Covid-19 are streamed to a safe area.

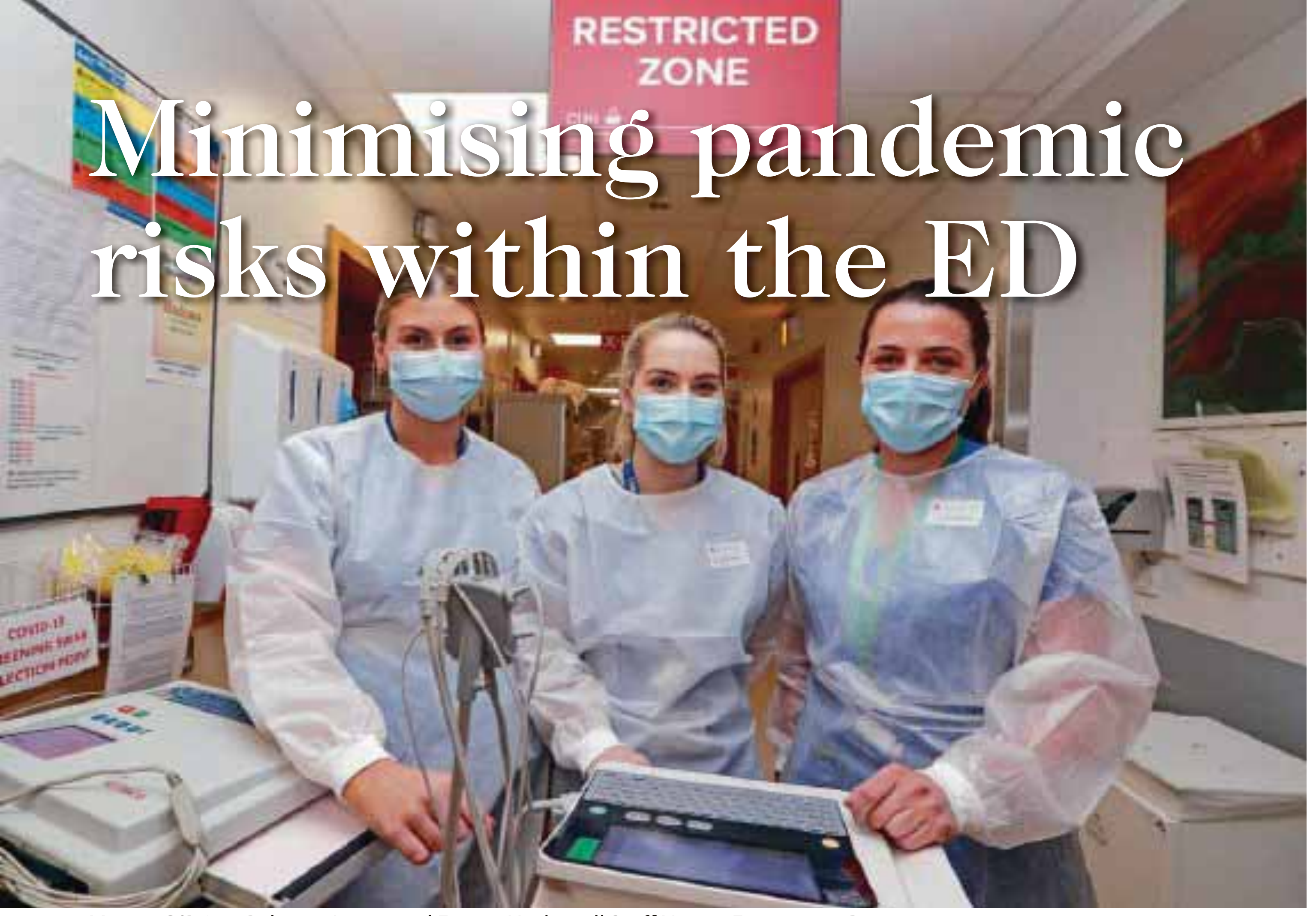
The Rapid Assessment Streaming Triage Treatment Area (RASTTA) is a purpose built space that allows us to efficiently manage large numbers of moderately unwell patients. We have built a Geriatric Emergency Multidisciplinary Service (GEMS) with physical infrastructure that is attuned for older adults to increase their dignity and safety while in our care.

Imminent plans for Children's ED Unit

We have imminent plans to construct a Children's Emergency Department to cater for the many families who seek our help in their child's emergency. The designation of Cork University Hospital as a Major Trauma Centre for the Southern Trauma Network means we will be serving not just Cork but Munster patients who sustain life threatening or life-changing injury.

Capacity to answer these patient's resuscitation, diagnostic, intensive care, theatre, ward and rehabilitation needs will see crucial investment of taxpayers' money. This investment will result in greater numbers of survivors and greater quality of life for these survivors. This is what our society needs and we, as frontline providers, are honoured to deliver.

Minimising pandemic risks within the ED



Megan O'Brien, Rebecca Lyons and Emma Hurley, all Staff Nurses Emergency Department.

COVID wreaks havoc where there are congregations of people in crowded settings.

Frail, vulnerable, immuno-suppressed patients need a place to come in their emergency that is safe; exposing them to further risk due to an overcrowded Emergency Department is unconscionable.

It is in all our interests to retain the Emergency Department for emergencies and to do this we should always consider alternatives for provision of care; our General Practitioner, pharmacists, Local Injury Units (St Mary's Health campus, Gurranabraher, Bantry and Mallow Hospitals), Private Healthcare Facilities (Bons Secours, Mater Private, Swiftcare, Afidea).

The Emergency Department at Cork University Hospital has undergone a transformation, by necessity, due to COVID. On arrival to the front door of the Emergency Department patients are asked questions screening them for symptoms of COVID and their vaccination status.

It is vital that people answer these questions honestly. Patients with symptoms are placed in isolation areas while those without symptoms stream through registration and are triaged.

Of course, we have to be very careful with all patients, not just those who display COVID symptoms, as 'wild cat' presentations of COVID have been common.

These are patients who come in with a broken hip or wrist, have no COVID symptoms whatsoever, and then prove to be COVID positive when they have a screening swab in advance of being admitted to the ward or theatre.

We learned early that we had to protect all patients and all staff and assume that all patients had COVID, not just those with a fever and respiratory symptoms.

Visitor restrictions have had to be strict to protect vulnerable patients at CUH Emergency Department. Families, understandably, have found this very difficult; handing over their sick, vulnerable loved one, to strangers, wondering whether that loved one will provide all the information required and speak up for themselves adequately.

We encourage patients to keep their mobile phones close at hand and charged when in the Emergency Department, so that those who are well enough can keep their families updated themselves.

For those who are very sick and unable to maintain phone contact with their families, we contact the nominated liaison member of their family at regular intervals and ask them to update their family members as appropriate.

That family liaison person is also vital in terms of knowing the patient's medical history and their medications. This is extremely important information to enable safe and effective treatment.

Emergency department, caring for people with sudden changes in health

***Dr Gerry McCarthy**, Consultant in Emergency Medicine at CUH and Clinical Lead National Emergency Medicine Programme, explains the ED's "safety net" role*

The core function of an Emergency Department (ED) is to provide unhindered access for people who develop a sudden apparently serious change in their health, whatever the cause, to appropriately trained staff, space and equipment.

Such undifferentiated, but potentially life, organ or limb-threatening situations require simultaneous assessment and resuscitation of the patient, ensuring that appropriate time-critical treatment is administered while judiciously holding off on unnecessary treatments if they are not immediately required.

Typical presentations include possible heart attack, stroke, severe breathlessness, collapse and major trauma.

Emergency Medicine and EDs have often been described, appropriately, as the "safety net" of the healthcare system.

This means we "catch you when you fall" from your usual healthcare options, because of a possible emergency, with the aim of diagnosing and treating the emergency, to allow you to return to your usual healthcare providers.

The ED should not be used for a "second opinion" and does not have any function in the management of waiting lists for outpatient clinics or other scheduled treatments.

It is not surprising that people often attend with a presumed emergency that turns out to be less serious than it first appeared to be.

We apply the process of triage, where specifically trained and experienced staff use a well validated system to define the level of urgency of the need for clinical intervention in relation to your emergency.

That is why it sometimes appears that people who arrived after you are called before you. However, if you have a concern, there is always a staff member available to assist you.

Meet the team caring for patients in the ED at CUH

Siobhan Scanlon, Assistant Director of Nursing at CUH.

***Siobhan Scanlon**, Assistant Director of Nursing, explains the priorities for staff engaging with patients arriving into the ED at CUH*

THE Emergency Department exists to support the vital, lifesaving work that happens at Cork University Hospital every minute of every day. It is there for all people and all conditions.

Often patients sent into hospital for emergency admission usually have little time for choice, nor the control and self-determination that go with it.

What is done in those first few minutes and hours determines not only whether the patient will survive but how quickly and completely health and independence might be restored.

Patients and the public expect to receive high quality, safe care where and when they need it. Our goal of patient-centred care is about treating patients with dignity, respect and compassion. Being kind is fundamental to providing care, we stress the importance of being kind to our patients and kind to each other every day.

All staff, working with courage and grace move heaven and earth to manage our patients particularly through Covid-19.

Team spirit is defined by feelings of camaraderie among members of the group, enabling them to cooperate and work well together; this is crucial to our work environment.

We feel blessed by the generations of staff who work so hard for our patients and for each member on the team. Some are starting out on their career; others have learnt through life and professional experience and give back to others.

Staff who manage the Department 24/7, promote the virtues of kindness, empathy and compassion when carrying out their duties within

Mark Guinnane, House Keeping Emergency Department and Saoirse O'Shaughnessy, Healthcare Assistant Emergency Department.

the Emergency Care Setting.

Each element in the sequence of patient care delivery by staff in the Emergency Department is vital to safe care.

Teamwork at the heart of patient care

There is an overwhelming sense of teamwork across all disciplines and an appreciation that by all working together we achieve our mutual goal of best care and outcome for our patients.

This starts with the accurate inputting of information and reassuring smile of reception staff, and the sense of feeling safe thanks

Isabel Dermody, House Keeping Emergency Department.

to the reassuring presence of our security staff. It also includes the cleanliness of the department or that cup of tea in the middle of the night provided by housekeeping, and the prompt transport of patients to theatre or the cath lab by our portering team,

This is our primary moral value held by the Emergency Department. We sense check and support each other, informally and through multidisciplinary meetings. Our staff are supported by various professional bodies and we invest in education, audit and research work.

While we work to do the most for the most in an increasingly technologically advanced and complex care environment, we strive to deliver individualised care, with the patient at the heart of all we do.

Staff Nurse Aisling Ryan working at the Emergency Department at the CUH.

Emergency Department — one link in the chain of care

***Professor Conor Deasy** explains how the Emergency Department connects with rest of the hospital, managing alliances across fields including Radiology, Laboratory Science, Liaison Psychiatry, Acute Medicine, Acute Surgery, Cardiology,*

Professional life in the Emergency Department is all about being part of the hospital-wide team. All elements of that hospital team need to be operating at their best for the sickest and most vulnerable patients to have the best outcomes.

The role of the staff in the emergency department is to treat that patient's pain and distress, identify and diagnose life threatening illness through examination and diagnostic work up, commence time critical treatments and, as happens in 30% of cases, refer for ongoing and specialist care to the in-house specialty teams.

Emergency Clinicians study a broad medical curriculum to help them differentiate clues, signs and symptoms to deliver effective emergency care.

They also get to know the intricacies of the hospital and community health services so they can get the patient on the right pathway.

We are very fortunate at CUH to have access to the majority of medical and surgical specialty

Dr. Karol O'Donovan with ten year old Liam Sheehan at the Emergency Department at the CUH.

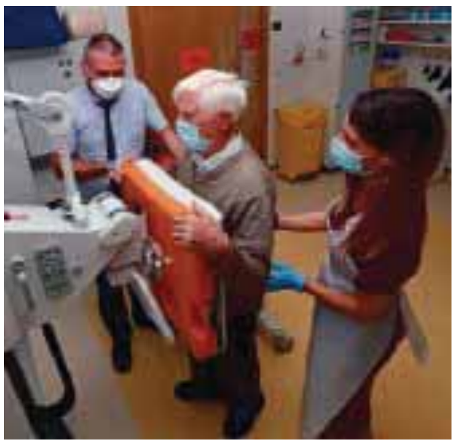
services on-site.

The Emergency Department is the Always Open/24 hour service part of the 'Acute Floor' providing unscheduled care.

Unscheduled care is health care which isn't foreseen or planned. Key services within the 'Acute Floor' model at CUH working hand in glove with Emergency Medicine include Radiology, Laboratory Science, Acute Medicine, Acute Surgery, Orthopaedics and Plastic Surgery, Paediatrics, Cardiology, and Liaison Psychiatry each working to deliver the optimum package of care to our patients. Safe scheduled or planned care requires a safety net for patients in case things go awry after they've been discharged.

This safety net is the Emergency Department. Whether you are a cancer patient on chemotherapy who becomes suddenly unwell at 4am, or a patient of the cardiology service who develops worrying chest pain having had stents or a bypass, or a patient of our surgical services who develops a post-operative complication post discharge, you will be advised to contact your specialist team who will often ask to see you in the Emergency Department.

The Emergency Department is the canary in the mine for the broader health system. If a nursing home closes down and cannot take discharges from the hospital, the impact on bed capacity in the hospital manifests as crowding in the Emergency Department as patients deemed for admission have no available bed to be admitted to.



Patient, Michael Kavanagh with Michael McCarthy, X Ray Porter Emergency Department and Radiographer, Julianne O'Neill.

If a GP practice closes or for whatever reason cannot see patients, emergency attendances rise from that area contributing to long wait times and crowding. Good management requires us to identify and highlight these effects and act quickly to mitigate their impact.

Driving through Cork we see an area that is prospering with new companies and buildings, and people making this place their home. We want to continue to attract investment to our city and our region.

A window into any place is what happens when I get sick or if I crash my car or my bike. The Emergency Department is a big window into our city and our region; it behoves us to ensure we can all be proud of it and make sure it does what it is set up to do; treat us in our emergency.

Self-Harm / Liaison Psychiatry service at CUH ED

Prof Eugene Cassidy, *Consultant Psychiatrist, Liaison Psychiatry service, outlines approaches to managing Self-Harm and Liaison Psychiatry services at CUH's ED*

Most people with acute mental health problems are assessed in Primary Care and/or by dedicated mental health services in the community.

Attendance at the Emergency Department is generally reserved for those whose mental health problems are complicated by possible acute medical or surgical concerns. The most common such presentation is self-harm/suicidal behaviour.

There are almost one thousand presentations per year to CUH Emergency Department with self-harm/suicidal behaviour, typical presentations being overdose (medical) and self-cutting (surgical).

Almost 1,000 cases of self-harm/ suicidal behaviour per year are presented at CUH Emergency Department, typical presentations being overdose (medical) and self-cutting (surgical)

It is well known that self-harm/ suicidal behaviour is a major risk factor for suicide but what is less well known is that persons presenting with self-harm are also at risk of various medical conditions and of premature death in general.

In addition to acute medical and surgical care, every patient presenting with self-harm/suicidal behaviour requires prompt and detailed mental health assessment and careful management.

The ED multidisciplinary team works here in collaboration with skilled mental health professionals including Crisis Self-Harm and Addiction Liaison Clinical Nurse Specialists as well as Liaison and On-Call Psychiatrists. The involvement of families/carers is often crucial to ensuring an effective treatment/care plan and follow-up.

The self-harm service at CUH ED was a template for the HSE's National Self-Harm programme which sets out the standards for assessment and management of self-harm presentations in all Emergency

Paula Bradshaw, Liaison Mental Health Nurse, Sarah Stuart, Staff Nurse, Dr. Eyad Ibrahim, Intern and Professor Conor Deasy in the Clinical Decision Unit which is a short stay ward in the Emergency Department at CUH.

The involvement of families, carers is often crucial for an effective treatment/ care plan and follow-up.

Departments in Ireland.

The self-harm service at CUH has also been a long-time research collaborator with the National Suicide Research Foundation to better understand and to improve care for persons presenting with self-harm/suicidal behaviour.

HSE Mental Health Information and Support: Freephone 1800 111 888 or www.yourmentalhealth.ie

HSE Drugs and Alcohol Information and Support: Freephone 1800 459 459 or www.drugs.ie

Prof Eugene Cassidy on behalf of the CUH Self-Harm Liaison Psychiatry team

Freephone 24/7 on **116 123**
Email: jo@samaritans.ie

Call **1800 247 247**
Email: info@pieta.ie

Freephone 24/7 **1800 666 666**
Text "Talk" to **50101**
www.childline.ie

Tel: **1800 111 888**
www.yourmentalhealth.ie

Cork

text about it
50808
hello@text50808.ie
www.text50808.ie

Kerry

If you are in crisis please contact your local GP. Out of hours, contact SouthDoc on 1850 335 999 or your nearest Emergency Department.

For further information and a list of other supports please access:
www.bereaved.ie

Acute surgery — teamwork across all departments

Managing patients with surgical problems involves working closely with the Emergency Department, Radiology, Theatre, Nursing, Bed Management and other Healthcare Professionals.

Mr Mohd Yasser Kayyal *shares insights on the functioning of the Acute Surgery Service at CUH*

Quality and patient safety are at the core of our vision. That is why, at Cork University Hospital we always aim to to provide high quality, efficient health care in a timely manner to patients in need.

In line with national clinical programs, our Acute Care Surgery Program was implemented at CUH in May 2017 aiming to improve access for acute surgical patients to senior assessment and management working closely with the Emergency Department, Radiology, Theatre, Nursing, Bed Management and other Healthcare Professionals in order to provide a safe, high quality emergency surgery service to the patients attending CUH.

Our team comprises of dedicated surgical consultants and their surgical team who perform only emergency surgery with no elective commitments, thus ensuring a timely, expert, assessment and management of patients who have acute surgical problems.

Many patients are managed on the Acute Surgical Assessment Unit designed to ensure efficient access to surgical expertise, diagnostics and theatre. This model, relatively new to Ireland and the UK, is designed to get the patient back on their feet as early as possible.

Our work did not slow down during the pandemic – people still needed emergency operations – deferring these operations was simply not an option or the death toll from the pandemic would have been even greater. We overcame many obstacles and challenges so patients were treated and operated upon safely.

No one relishes the thought of 'going under the knife' although most of our operating nowadays is by keyhole using laparoscopy to operate on your bowel or your gallbladder or appendix or internal organs.

So whether it be to stop catastrophic internal bleeding due to major trauma or prevent you from overwhelming sepsis due to bowel perforation, we operate to the highest standards and are proud and committed to being there for you.

Orthopaedic surgery and rehab for traumatic injury

Sean O'Sullivan, Paramedic National Ambulance Service and Jessica Graham, CNM2 Emergency Department.

***Colm Taylor**, Consultant Paediatric Orthopaedic Surgeon, outlines how CUH helps patients recover from injury and trauma.*

The Department of Trauma and Orthopaedic Surgery provides a 24-hour service based in CUH.

We receive acute referrals from the ED and other hospitals in the Cork/Kerry region and beyond. Our team comprises ten consultant surgeons with specialty interests including spinal surgery, arthroplasty (joint replacement), sports injuries and paediatrics.

We are actively involved in planning for the Major Trauma Centre and anticipate expansion over the next few years.

Patients requiring admission for surgery or acute care are usually admitted to our Trauma ward which we share with Plastic Surgery.

Our in-patient service is managed by our trauma co-ordinator Toni O'Keeffe, who liaises between the ED, our wards and our two operating theatres. Many injuries can be treated as a day case, when we book surgery a few days ahead to prevent prolonged hospital stays.

We admit over 500 hip fractures in older patients annually, where our priorities are safe early surgery and mobilisation. We are assisted in often complex medical management of these patients by our Orthogeriatric colleague Dr Emer Ahern, who has a particular interest in postoperative rehabilitation.

Trauma generates over 20,000 out-patient appointments annually. We had begun an initiative to identify injuries which could be managed without a hospital attendance to limit delays.

This was greatly expanded during the Covid pandemic and evolved into our Virtual Trauma Assessment Clinic.

About one third of injuries are appropriate for this pathway, where notes and imaging are assessed early by a consultant-led VTAC team.

A nurse or physiotherapist on the team then contacts the patient and guides their treatment and rehabilitation. Patient feedback has been excellent.

Falls in older adults – prevention is better than cure!

FALLS can happen to anyone but are more common as we age. 1 in 3 people over the age of 65 fall every year; falls are the most common cause of injury for people over 65 years.

Falls can occur for any number of reasons for example decreased balance, decreased vision and co-morbidities. Falls can result in broken bones and injuries as well as decreased confidence and fear of falling.

6 out of every 10 falls occur in the home or garden and many can be prevented. Here are some simple steps you can take to reduce your risk of falls at home;

- ✔ Eliminate trip hazards and clutter in house (rugs, wires) and remove excess furniture
- ✔ Ensure good lighting especially at night time, having a bedside lamp can help or keeping a torch at bedside
- ✔ Proper footwear and avoid walking in socks or poor fitting slippers
- ✔ Regular medication review with GP
- ✔ Non slip mats and rails in bathroom
- ✔ Hearing and eyesight checked regularly especially if notice changes
- ✔ Regular exercise including balance and strength work can reduce your risks of falls

Louise Martin,
Physiotherapist Geriatric Emergency Multidisciplinary Service

Patient Barbara Cronin, with Anne Harrington, Health Care Assistant, Meg Fitzgerald, Staff Nurse, Geriatric Emergency Multidisciplinary Service at CUH Emergency Department.

Calm is key when caring for a person with Delirium

Community services like the Rapid Access Service in St Finbarr's Hospital or the CUH Ambulatory Outreach Team can conduct nursing, physiotherapy and occupational therapy assessments in a patient's own home.

***Marian Lyons,** Occupational Therapist Geriatric Emergency Multidisciplinary Service (GEMS), suggests actions which can help those living with Delirium*

Delirium is a sudden change in a person's mental state that usually happens quickly (over hours or days); it is very common, up to a fifth of older people who present to the Emergency Department will become delirious.

Symptoms include increased confusion, changes in thinking, reduced attention, agitation, drowsiness, personality change, difficulties with understanding and memory. Some people can become paranoid and they may have hallucinations (seeing or hearing things that are not there).

The symptoms can change during the course of the day. Delirium can be caused by pain, infection, decreased nutrition/ hydration, constipation and certain medications.

People with dementia are more likely to develop delirium. Depending on how severe the delirium is, some people can be treated at home while others will have to go to hospital.

Delirium can be frightening for those who experience it.

Relatives and friends have an important role to play in helping their loved one to recover. If you cannot visit your loved one, ask to speak to them on the phone/video call. By regularly reminding them where they are and reassuring them that they are safe, you can help to calm their anxieties and fears. Stay calm. Speak slowly and softly about familiar topics to re-direct their thoughts towards things that help them become more relaxed. This can include using music or bringing items from home such as photographs. You can also help by ensuring that they are eating, drinking and walking regularly.

The symptoms are normally short lived, but can last several weeks or sometimes months, depending on the cause.

Emergency Department staff work to minimise hazards associated with hospitalisation for older adults, including worsening of mobility, muscle wastage, confusion and agitation.

CUH Charity

Creating a space where children will feel at ease

CUH is determined to create a welcoming space within its Emergency Department, where 20% of all patients are children

THE creation of a Children's ED in Cork University Hospital is long overdue and in light of Covid 19, more essential than ever.

CUH is committed to making this happen as soon as possible, co-funded by the State and through charitable donations by the public.

The new Children's ED will have capacity to answer the needs of these young patients whatever their emergency.

The new Children's Emergency Department will include:

✔ Audio-visual separation from adults
✔ Child friendly (toys, decorations etc)
✔ Infection control compliant treatment spaces (to avoid COVID and other infections spreading)
✔ Bottle warmers / fresh water
✔ Baby change area
✔ Family Room
✔ Separate waiting area

Rory O'Brien, Consultant in Paediatric Emergency Medicine at CUH, said: "When a parent brings a child to the Emergency Department we want to remove as much stress as possible – for the parent and the child. This safer, calmer, child-friendly environment will benefit any family that walks through our doors. And also give our staff tools to help distract or entertain children during medical procedures or assessments."

The ED is a bustling, busy environment. It can be stressful for an adult when they come through

our doors for care – so for children, this can be amplified.

Some 20% of all Emergency Department patients are children.

In the Emergency Department, the clinical team sees children for any number of reasons:

- ✔ major trauma
- ✔ broken bones
- ✔ high temperatures
- ✔ mental health issues
- ✔ acute illness etc.

If one child needs urgent care, they are accompanied by an adult and often siblings may need to come to ED too, if there is no one else available to care for them. And waiting around can lead to restlessness, understandably.

It is the ED team's responsibility to care for the child and provide a safe environment for those with them – parents, guardian, siblings, etc.

Cork University Hospital is the busiest paediatric major trauma receiving hospital in Ireland. These are kids who sustain life threatening or life changing injury due to major trauma. The new Children's Emergency Department will help ensure we give the best chance possible for these kids to survive and survive well.

Please give what you can today!
Donate Online: www.cuhcharity.ie
Donate by phone: 021 423 4529
Cheques Payable to:
Cork University Hospital
(CUH) Charity
Room 8 Main Concourse, Cork
University Hospital, Wilton, Cork

Children are main focus of CUH's plans for new ED unit

The Children's Treatment area at the Emergency Department at CUH.

***Dr Rory O'Brien**, Children's Emergency Department, outlines plans to create a more child-friendly unit within the ED at CUH*

AT CUH Children's Emergency Department, we believe each and every child is unique and deserves to be loved and cared for in an age-appropriate way.

We know they have a spectrum of needs and they respond differently to their surroundings when compared to adults.

So of course we need a very different approach when delivering emergency care to any child. The nurses and doctors we have working in this area of the emergency department have a special skill set.

We need to be able to respond immediately to give life-saving treatment to a critically ill or injured child and then in the next minute

be able to put a child who needs some stitches at ease or correctly diagnose that bothersome rash that just won't go away, never forgetting to bring their family with us on this often worry-filled journey.

Our hope is that through our compassion, dedication and skill, all children and their families leave the emergency department reassured, having had a positive experience.

We are on the path towards achieving this through rigorous training programmes and a demonstrated commitment to improving all aspects of how we care for children. Our next mission is to provide world-class child-centred and family-focused emergency care in an appropriately, thoughtfully designed separate space, just for children.

A major keystone to our vision is the development of a standalone children's Emergency Department that we hope to be built in the near future, frankly because it's the least our children deserve.

Burns in children: What to do

Once small children begin to gain mobility, they become more likely to experience a burn from a range of sources.

BURNS are a common reason for children to present to the Emergency Department.

Burns are most commonly caused by scalding injuries, usually from a hot food or drink eg cup of tea, noodles, soup that have been pulled down from a countertop. Toddlers are particularly at risk because they are increasingly mobile and curious about their surrounding environment.

Another common cause of burns is from touching hot surfaces such as log burning stoves in the winter.

Top tips for caring for your child if they suffer a burn can be remembered by the **STOP** mnemonic;

S – Strip remove clothes and jewellery. These can often retain heat and make the burn worse

T – Turn on cold tap. Put the burned area under cold running water for 20 minutes. This will help to reduce potential scarring and may reduce the need for surgery in the case of a more severe burn. Be sure to keep your child warm. Never use ice to cool a burn as this can worsen it.

O – Organise Medical help. As a general rule, you should seek medical help (GP, Emergency department or ambulance) if the burn is on the neck, face, hands/feet or genitals, if it is greater than the size of a 2 euro coin, if it is blistering or if you are unsure about it in any way.

P – Protect the burn with cling film or a clean cloth. Simple household cling film is best. Please avoid homemade remedies as they can increase the risk of scarring and infection.

Please see **burnsfirstaid.com** for more information

If the burn is on the neck, face, hands/feet or genitals, bigger than €2 coin; if you are unsure about it in any way, seek medical help.

CUH Charity

Trauma on the farm – injury prevention advice for farming families

***Dr Jason van der Velde**, Pre-hospital Emergency Medicine Specialist and clinical lead HSE National Telemedicine Support Unit (Medico Cork) run out of CUH Emergency Department*

The agri/aqua-food sector is Ireland's most important industry. There is however an unpalatable truth, muttered about with due reverence at marts, co-ops and gatherings throughout rural Ireland; fatality rates associated with injury in the sector remain too high; up to eight times higher than any other Irish Industry.

Our parents helping on the family farm aged over 65 years make up 50% of all annual fatalities; our sons and daughters living on the farm 23%. In those that sustain life threatening or life changing injury on farms, about 200 victims per year, 27% are over 65 years and 6% are children.

Whilst we try our best to put the pieces back together in the Emergency Department, we must adopt a family first preventative approach to keeping safe on the farm.

Stay Connected

A farmer or their family member badly injured in a remote part of their farm, who is not found until they've failed to return for dinner, is an all too common scenario.

More distressing, is finding an isolated farmer (of all ages) lying injured or ill where they've fallen or collapsed a number of days previously.

A strategy to staying connected has to be more robust than simply owning a mobile telephone. Lack of mobile coverage aside, you have to be conscious and able to use technology. Look after your community and family by checking in at regular intervals during the day and ensure that someone knows where you will be working.

Communicate your Location

Considerable effort has been put into improving emergency service response in rural Ireland, from first responder schemes to Aeromedical services.

We literally can land next to you in minutes, but only if we know your exact location. Valuable time is lost because people don't either know their Eircode or the Eircode closest to the field they are working in. If you're a contractor, take a moment to note the Eircode of the location you are working in.

Have a Rescue Plan

Farmers know their working environment and machinery best. What would you do if a family member got struck by a cow in the milking shed? How would

Con O'Shea, Deckhand, Valentia RNLI boat taking part in a test run emergency plan to Scellig Mhicil with members of The Civil Defence, Garda Siochana, Valentia and Waterville Coast Guard, HSE Ambulance Crew, Waterford and Shanon Coast Guard Helicopters, Medico, Cork University Hospital's national telemedicine service,co-ordinated by Irish Rope Access.

you manage a bull that has just attacked? Think about it and plan for it.

How would you dismantle a piece of machinery should someone get stuck or pinned?

The simple mnemonic **D.A.R.T.** is helpful to remember when someone is trapped in a machine.

D stands for Disengage. STOP the machine and Disengage whatever is pulling the limb into it.

A is for Analgesia. Emergency services will administer Analgesia. This is usually a chain or drive belt - cut it.

R stands for Reverse - manually reverse the mechanism to release the limb.

T stands for Tourniquet - be prepared to manage bleeding, as the limb comes out of the machine.

Be slurry aware. Be vigilant to anyone collapsing near any source of slurry. DO NOT rush into rescue them without a plan and proper ventilation of the area. If in doubt, await the Fire Services.

Know how to Save a Life or a Limb

The Prehospital Emergency Care Council (PHECC) tightly regulates the first aid industry; do one of their approved first aid courses. As unpalatable as it is, the statistics make it clear that farm families need to be able to perform First Aid.

Triage — the patient's first point of clinical and emotional support

***Maighread O'Driscoll**, Clinical Facilitator, outlines the priorities for the triage team at CUH*

In the Emergency Department (ED), triage is the process by which patients are assessed and then prioritised based on their need for emergency medical attention.

Triage nurses are typically the first point of clinical and emotional support for patients visiting the ED.

This dynamic triage process is carried out by the ED's most senior nurses who are specially trained and experienced in all aspects of emergency care.

Triage is carried out on all patients who attend the Emergency Department, whether they present by ambulance, by GP referral, or self-referral so that the department's resources can be utilised to treat the sickest patients first; arriving by ambulance does not mean you will be seen faster.

Triage nurses stream patients to the most appropriate area of the ED as well as collaborating daily with speciality teams to ensure that patients are seen and treated in a prompt and efficient manner.

The Manchester Triage System and Irish Children's Triage System are proven safe tools that allow trained Emergency Nurses prioritise care delivery and identify the sickest for life saving interventions.

It is a fast moving, intense, pressurised job on the extreme frontline, but very rewarding too; be it a 45-year-old with chest pain that may be a heart attack, a child with a foreign body lodged in their nose or a frail elderly person with a fever, fundamentally triage is the ability of the Emergency Nurse to be calm and wise, and exercise excellent clinical judgement, compassion, empathy, and understanding while identifying patients who need to be prioritised.

The triage nurse is here to support patients and their families when these life changing and challenging events occur from the very beginning of their ED journey. This support continues throughout their journey in the ED by all staff with whom they encounter.

PJ Whooley, Consultant in Emergency Medicine, Ruth Butler, Staff Nurse, Coleen Sweeney, Clinical Nurse Manager and Henrietta Sabbagha, Emergency Medicine Registrar, at the Rapid Assessment Streaming Triage Treatment Area (RASTTA) in the Emergency Department.

Avril Corcoran, Clerical Officer Emergency Department, Jessica Graham, CNM2 Emergency Department and Mags Twomey, Assistant Director of Nursing Out of Hours.

Saving lives in the Resus Room

Dr. David O'Donnell, Intern, Dr. Kanti Dusari, Consultant in Emergency Medicine and Faruk Alagic, Medical Student UCC, at the resus trolly.

*Inside the "The Resuscitation Room" with **Dr Simon Walsh**, Consultant in Emergency and Retrieval Medicine, Dr Saema Saeed, Registrar in Emergency Medicine*

It's 2pm on a Saturday. A call comes through that there's been a 2 car collision in North Cork. A helicopter is en route and due in 15 minutes. The patient is unconscious with vital signs that are markedly abnormal, with a maximum blood pressure of 70mmHg (Normal roughly >100mmHg).

The Nurse in Charge informs the Consultant who gathers a team in the Emergency Department. Roles are allocated by the Consultant Team Leader – Airway, Circulation, Procedures doctors and nurses, a radiographer, a porter all make their way to the resuscitation room in anticipation of the patient's arrival.

A trauma call is put out to Anaesthetic and Surgical teams because of the degree of abnormal vital signs.

Predicted and potential injuries are discussed, and individuals mentally rehearse the procedures required and algorithms to follow: the placement of the patient on a life support machine; the placements of chest drains; fluid resuscitation; massive blood transfusion; focused abdominal, cardiac and lung ultrasound.

The patient arrives, the Resus Room quietens as a structured handover is taken from the Helicopter Advanced Paramedics. The Team Leader thanks them and then refocuses the team on individual tasks that are then rapidly, skillfully performed, and once done, this information is clearly fed back to the Team Leader who absorbs, acknowledges and utilises this information to deliver optimum, expert care to the patient.

The patient is successfully resuscitated and is stable to go for CT scans; care is taken over by the Surgical teams and the patient is transferred directly to Intensive Care.

The Team breathes, briefly discusses the intricacies of the case, makes detailed notes, and then prepares for the second patient who will be arriving by road ambulance in the next 10 minutes.

The Resuscitation Room is where the sickest patients in the Emergency Department go. It is designed to provide space and equipment for performing life-saving interventions, and for carrying out investigations.

The senior staff in the Emergency Department move patients in and out of the Resuscitation Room depending on clinical need; having Resuscitation Room capacity is vital as when a patient is unstable they require life-saving interventions immediately.

Physiological parameters (heart rate, blood pressure, respiratory rate, conscious state) are used to determine if someone is too sick for the waiting room or a cubicle, and those patients who are most unwell, or who have the potential to deteriorate rapidly, will go to the Resuscitation Room.

Resuscitation nurses and doctors in the Emergency Department at CUH are highly trained, and will provide initial Intensive Care for those patients that need that level of support until a bed becomes available in Intensive Care or elsewhere in the hospital. They are trained to deal with the worst case scenarios, and will prepare for that when they get information from the pre-hospital environment.

Emergency Staff are also trained and equipped to recognise those patients who need to get to other areas of the hospital for their life-saving interventions e.g. the Operating Room, the 'Cath-lab', Radiology. Colleagues across specialties in the hospital understand the significance of "Resus", and respond promptly when asked for help in treating the sickest patients.

CUH Charity

How to make your house safe for young children

The most effective means of preventing injury to your child in the home is through effective supervision, however it is not possible to watch your child/children for every second of every day.

Most injuries to children occur in the home so a few basic tips can make your home a safer place for your child.

- If you have more than one child, rather than bathing a child and leaving him/her alone for brief periods of time due to competing demands with other children, just wipe them down with a wet cloth, saving bath time for when you have some help supervising your children.
- Install barriers to prevent entry to hazardous areas of your house and at the top and bottom of your stairs.
- Rearrange furniture to improve traffic flow. Put corner protectors on the edges of tables and cabinets
- Ensure you have a functioning smoke alarm and carbon monoxide alarm. Mains powered alarms are preferable
- Install Oven and stove guards. Ideally don't have your young children in the kitchen when you are cooking, but having a playpen in the corner of the room is a safe alternative.
- Put a safety latch on the knife drawer.
- Keep hot drinks and foods away from the edge of the countertop or table.
- Never leave young children unattended in the bath. Use anti-slip mats in the bath/shower.
- Doors: install finger jam protectors to all doors. Always be careful when closing car doors, ideally this should be supervised by an adult.
- Lock all medications, cleaning equipment, poisons and matches away in a high cupboard.
- Ensure the hot water tap delivers a maximum temperature of 50C. Bath water should be around 37-39C for a baby.
- Keep the bathroom and laundry doors shut, preferably with a safety lock
- Beware any toys that have button batteries. Button batteries can cause severe burns and have led to death so should be disposed of immediately and carefully.
- Windows are an important means of escape during a fire but can be dangerous if climbed through. Ensure that safety windows are installed upstairs and keep furniture away from the window so as to prevent your child from climbing up to the window.
- Keep your exercise equipment in a separate room away from your young children. Ensure that exercise bikes and treadmills have finger protectors.
- Never reverse in the driveway until you know all your children are safe.
- Close your driveway gate so as to minimise the risk of your child running onto the road.

What to do if your child is running a fever

Don't panic if your child has a fever, there is no need to treat a fever. But if they have a fever for over 48 hours with no clear explanation, then call your doctor.

***Rory O'Brien**, Clinical Lead in Paediatric Emergency Medicine, details a calm and careful response for parents of children with a fever*

What is a fever?

A fever is when your thermometer reads 38C and above.
A fever is your body's natural response to an infection. Fevers are not harmful.

What do I do if my child has a fever?

If your child is < 6 months give them their usual amount of formula or if breastfed offer them more breastfeeds.

If > 6 months you can give them their usual milk or breastmilk or you can try a rehydration solution.

Your child might need to drink smaller amounts more frequently.

A fever is when your thermometer reads 38C and above.

There is no need to treat a fever, however if your child is miserable you can give them paracetamol or ibuprofen. Do not give ibuprofen if your child is < 3 months or if they are dehydrated. Never give your child aspirin. Be sure to follow the recommended dosing regime supplied on the bottle.

Dress your child so that they are not too hot or too cold. Cold showers and baths are not recommended.

When to come to see your doctor:

If your child is < 3 months old, even if they look well
If your child has any underlying serious health condition

Come to the ED If they have any of the following:

- a stiff neck or the light is hurting their eyes
- a rash that is purplish/red and not blanching
- Difficulty breathing
- No wet nappy or urination for >12 hours
- Lethargic or inconsolable

Please see a doctor if:

- fever for >48 hours with no clear explanation
- They have a rash
- Increasing or a new pain
- Symptoms not improving after a further 72 hours
- Seem to be getting more unwell

If your child is running a fever and has no wet nappy or urination for over 12 hours, then call your doctor.

The right care, right place, right time

Laura O'Callaghan, Critical Care Paramedic and Dr Jason Van Der Velde, Pre Hospital Emergeny Medicine.

Professor Conor Deasy *outlines CUH's community outreach and integration services – including Pre-hospital Emergency Medicine support to the National Ambulance Service, Alternative Prehospital Pathway Service, Virtual Navigation Hub and MEDICO Cork telemedicine service*

Cork University Hospital Emergency Department is not just a place or a building; it is a service that has evolved with time to serve the community we all live in.

We are continuously developing novel ways of delivering care across the spectrum of emergency presentations from resuscitation to more minor emergency presentations within the walls of the hospital and far beyond.

For many years, we have provided Pre-hospital Emergency Medicine (PHEM) doctors to provide life-saving resuscitation procedures.

Dr Jason Van Der Velde.

They work with colleagues in the National Ambulance Service on a voluntary basis; when called by the National Emergency Operation Centre who take that initial 999/112 call, these doctors get to the patient; whether it be placing that patient in a drug induced coma or commencing a blood transfusion while the patient is still trapped in a crashed car, these doctors have saved lives and ensured much better outcomes for those treated.

West Cork Rapid Response

Dr Jason van der Velde is one such doctor; he started life as a paramedic in South Africa later moving to Scotland to study medicine. He initially trained to become an Anaesthetist, however changed career track as he preferred the unpredictability and wide range of emergency medicine practice. With the support of his community in West Cork, CUH ED and NAS he set up West Cork Rapid Response in 2009.

Known to the people of West Cork as Dr Jason he is very much a local and whether it be a child hit by a car in Skibbereen, or a farmer gored by a bull in Bandon, the people of West Cork have become familiar with his high-viz jeep, which they fundraise to pay for, racing to rescue one of their own. He leads the National Telemedicine service (MEDICO Cork) based out of CUH ED.

Alternative Pre-hospital Pathway (APP) Service

The Alternative Pre-hospital Pathway (APP) service went live in Jan 2020; it comprises an Emergency Medicine

Members of the Alternative Pre-Hospital Pathway team at CUH.

doctor with an Emergency Medicine Technician from the Ambulance Service responding in an ambulance car.

It is tasked to low acuity calls that come through the 999/112 system across the seven days of the week typically attending 8-10 patients per day.

They respond to everything; from patients who are frail and elderly who may have had a fall at home ensuring the myriad of reasons that cause such falls are assessed for, to patients who have blocked catheters or wounds or have had a low velocity road traffic collision.

The service manages to assess and complete treatment at the scene in 70% of patients. This saves that patient the journey to the Emergency Department, and frees up an ambulance to respond to more serious emergencies.

The team works closely with the services in CUH and the Mercy Emergency Departments as well as the community services.

Delivering care in the right place at the right time

Slaintecare wants patients to get the right care, in the right place at the right time. Understanding the right place to go is often difficult for patients and their GPs; health services and care pathways are changing and evolving all the time.

This is even more pronounced since Covid visited our shores. The Virtual Navigation Hub has been set up to provide support to patients in getting to the right place where their medical care needs can be met optimally with greatest efficiency.

The Healthlink electronic referral to the Emergency Department by the patient's GP has replaced the hard copy letter which patients once brought and allows the €100 statutory registration charge be waved.

During the interval minutes or hours between the Healthlink referral being sent by the GP and the arrival of the patient in the Emergency Department, our team quickly set to work exploring opportunities to help the patient onto the most effective and efficient care pathway for them.

Sometimes this involves contacting the patient and taking further details of their condition, by phone or by video conferencing.

Often we are able to schedule their care either in the emergency department itself at a quieter time or with our colleagues in the Geriatric Emergency Multidisciplinary Service or the Acute Surgical Assessment Unit.

Other times, we redirect them to the South Infirmary if it is an Ear Nose and Throat problem or to Cork University Maternity Hospital Emergency Room if it is something gynaecological. Sometimes, we contact the patient's GP and highlight an alternative better pathway for the patient – saving the patient a prolonged wait in the emergency department and reducing crowding.

Medico Cork - telemedicine support service

All boats at sea in Irish waters and Irish registered vessels across the world have access to senior clinical decision makers working at CUH ED through Medico Cork. Established in 2001, Medico Cork is the Health Service Executives (HSE) National 24 hour Emergency Telemedical Support Unit.

The service also supports clinical decision making by Advanced Paramedics working with the National Ambulance Service across the country. In recent years, Medico Cork has been extended to provide support to our Irish Defence Forces on deployment in the Mediterranean and Mali.

www.emed.ie

Evidence Based Guidelines ensure the latest scientific advice is translated into practice to optimise patient care. Clinicians worldwide access CUH ED's clinical guidelines found at www.emed.ie curated by Dr. Iomhar O' Sullivan, Consultant in Emergency Medicine at CUH; the website receives thousands of hits per week from all corners of the world.

Dr Jason van der Velde and Dr Eoin Fogarty, Clinical Lead for Prehospital Blood Transfusion Project in CUH.

Calmness is key to first aid in the home

***Dr Adrian Murphy**, Consultant in Emergency Medicine & Prehospital Emergency Care, CUH, suggests actions people can take when emergencies occur at home*

Chest Pain

First aid for chest pain depends on the cause. Chest pain can be caused by less serious problems such as muscular strains, infection, stress, or heartburn, to potentially life-threatening conditions such as heart attack or blood clots in the lungs (pulmonary embolus).

It can sometimes be difficult to tell if your chest pain is caused by a heart attack or a less serious condition. Do not try to diagnose this yourself. If your chest pain lasts more than a few minutes, is new or unexplained, seek emergency medical help.

Dr Adrian Murphy.

Heart Attack

A heart attack is a life-threatening event that occurs when the blood supply to the heart muscle is compromised due to a blockage in one of the coronary arteries. Typical symptoms include central chest pain that may travel to the neck, jaw, back, or arms. Patients may also experience shortness of breath, light headedness, weakness, nausea, or experience a loss of consciousness.

For patients having a heart attack, every minute counts. Stay calm and call 999/112 for an ambulance. Encourage the patient to rest, sit or lie down, and loosen tight clothing. Give an adult dose of aspirin if no previous allergies to taking aspirin have been experienced. If the patient has been prescribed a nitroglycerin spray, encourage them to take it.

In the event that the patient stops breathing, begin cardiopulmonary resuscitation (CPR). If an automated external defibrillator (AED) is available and the patient is unconscious, follow the device instructions for using it.

Stroke

A stroke occurs when the brain is deprived of oxygen and is caused when a blood vessel carrying oxygen-rich blood bursts or is

blocked by a blood clot. Up to one in five people will have a stroke at some stage in their life. The majority of patients who suffer a stroke are over 65 years, however, younger patients can also suffer a stroke. The onset of stroke symptoms are very rapid.

Symptoms include weakness or numbness on one side of the body, slurred speech, confusion, visual disturbance, unsteadiness on the feet, and sometimes headache. Remember the acronym FAST – Facial drooping, Arm weakness, Speech difficulties, and Time to call for an ambulance). Stroke is a treatable condition and is a medical emergency.

Recognition of a possible stroke is crucial and early emergency medical management greatly improves the chances of a successful outcome. Do not give the patient anything by mouth (e.g. food, drinks, medication), keep the patient comfortable, and call 999/112.

Cuts, Wounds, and Bleeding

The primary goals in wound management are to stop bleeding, prevent wound infection, and promote healing. For minor cuts, wash your hands (or wear clean sterile gloves), clean the wound

with lukewarm water to gently remove any debris or dirt, stop the bleeding by applying direct pressure with a piece of gauze or clean cloth for a few minutes. If possible apply some petroleum jelly (from a tube, not a jar) to keep the wound moist and act as a barrier to bacteria. Cover the cut with a sterile bandage. Consider taking some over-the-counter pain medication such as paracetamol or ibuprofen.

Burns and Scalds

Cool the burn or scald immediately in cool running water for approximately 20 minutes. Burn gels may be used only if running water is not nearby. If you cannot apply cool water immediately, do it as soon as possible after the injury. Remove any clothing or jewellery in the vicinity of the burn. Do not apply ointments or sprays to the burnt area. Apply a non-fluffy cloth or cling film to the area.

Tips in a medical emergency

- Take a breath and stay calm
- Check for danger to yourself, others, and the casualty – do not put yourself in harm's way and risk becoming a casualty yourself

- Call 999/112 for help early. Know your Eircode or closest landmarks to your location (e.g. Schools, churches, sports pitch etc). At night, turn house lights on and open your front gate and door. Consider putting hazards lights on in your car. This to help the Ambulance Service locate you quicker

- In places where you spend a lot of time, familiarise yourself with the location of the nearest Automated External Defibrillator (AED)

Delivering emergency care during the pandemic

Dr Simon Walsh, Emergency Medicine Consultant, with staff nurses Mairead Murphy and Jokcey Josey in the Resuscitation Room at CUH.

Norma O'Sullivan, *Assistant Director of Nursing and Professor Conor Deasy describe their challenges during the COVID pandemic*

Covid came in the door of Cork University Hospital in disguise.

We expected a returning traveller from China or Italy with a cough, shortness of breath and fever. Our first patient presented with headaches. He was days into his hospital journey before his respiratory symptoms became apparent.

At that time, March 2020, our hospital had been forced to use corridors in the Emergency Department to house patients on trolleys while they waited for admission to an inpatient bed in the wards.

Our index case was one such unfortunate patient. A positive legacy of this virus must be that the indignity and risk to patients associated with being cared for on trolleys on ED corridors is over, banished forever.

We witnessed the coffin trucks in Lombardy and the death toll it was having; we feared for what was ahead for our own community. We immediately created new assessment and ward spaces that would keep patients and staff safe.

We devoured the medical reports coming from China and Italy and elsewhere translating the science quickly into practice.

We needed to keep our frontline colleagues safe so they would be able to continue to see the sick as they came through our doors; we shared knowledge and education like never before; we overcame significant supply issues with ventilators and Personal Protective Equipment (PPE) for our frontline staff with thanks at times to local industry.

Cork was not as badly hit in the first wave as other parts of Ireland; the same cannot be said for the third wave; Christmas festivities dealt a deathly blow on our community.

Cork University Hospital had the highest numbers of Covid cases in the state for much of that wave.

We saw patients, young and old, arrive to the emergency department moribund, blue, struggling for breath.

While we successfully treated and saved lives, we struggled with the isolation dying patients and their families were enduring, the deep grief associated with not being able to hold their loved ones hand.

We found ourselves, at times, bending the rules or ourselves taking the hand of that patient so they were not alone as they breathed their last.

The Covid screening area with Katie O'Donovan, Health Care Assistant and Ian Morey, Security Department.

Patients — things to bring when attending the ED

- **GP letter** or preferably, your GP has sent through a Healthlink referral electronically
- **List of medications**; your blister pack will be returned to your family to be taken home once we have recorded your medications.
- **Any letters/correspondence** that relates to your medical conditions.
- **Your health insurance or medical card details**. CUH relies on the income generated from these sources to maintain services.
- **Contact phone number** for the person identified to be the family liaison between hospital staff and the rest of the family; this person provides information when telephoned to the clinical teams and shares information with the remaining family members to keep them updated and save them ringing the hospital.

Always bring your GP letter. Better still, ask your GP to send through a Healthlink referral electronically.

- **Mobile phone and charger**
- **Reading materials/iPads with headphones** to enable distraction while waiting for assessment and results

Be sure to bring your phone and a phone charger. The Emergency Department staff will also ask you for a phone number for the person you nominate as your key contact to liaise with the hospital.

Children's Emergency Department Appeal

The Emergency Department can be scary for adults - so imagine how children feel....

Please donate what you can today to create a designated Children's Emergency Department in Cork University Hospital, with separated waiting room, family room, breastfeeding & bottle warming facilities and more...

Your donations will ensure we can provide exceptional care in a child-friendly environment when you need it most.

Please give what you can today!

Donate Online: www.cuhcharity.ie
Donate by phone: 021 423 4529

Cheques Payable to: Cork University Hospital (CUH) Charity
Room 8 Main Concourse, Cork University Hospital, Wilton, Cork

@CorkUniversityHospitalCharity @cuh.charity @CUHCharity