

Gynaecological assessment and urgent referral pathway

Policy | GYN-POL-001

Document type	Policy
Title	Gynaecological assessment and urgent referral pathway
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 12 (Obstetrics and Gynaecology), criterion 12.11
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Each woman with a gynaecological problem is assessed on GYN-FRM-001.
2. Urgent problems (heavy bleeding, severe pain, suspected torsion) are seen within the set time.
3. A woman who needs a gynaecologist or surgery is referred the same day.
4. Each referral and its time are recorded.

Stop and get help straight away if: a woman with urgent gynaecological symptoms waits beyond the set time, or is not referred when specialist care is needed.

1. Purpose

To assess gynaecological problems on a defined pathway, with a fast route to specialist care (12.11).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To assess gynaecological problems on a defined pathway, with a fast route to specialist care (12.11).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Lead gynaecologist or obstetrician	Owens the pathway and the referral route	Clinician
Nurse in charge	Triages and records each presentation	Nurse

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Assess.	• Assess each presentation on GYN-FRM-001, and mark urgent problems at once.	Urgent first.
2	Review in time.	• Review each urgent problem within the set time.	Within the set time.
3	Refer.	• Refer the same day to a gynaecologist or surgical service where needed, and record it.	Same day.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Urgent gynaecology presentations reviewed within the set time	100%	Monthly	Lead gynaecologist or obstetrician	Escalate to medical director

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
GYN-FRM-001	Gynaecological assessment and referral record	Record

16. Evidence

ID	Source and status
E-009	Based on the WHO Managing complications in pregnancy and childbirth (2017) and ASF Expert Committee consensus.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval