ADEDIGBA OLUWAPELUMI

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EMERGENCY NURSING

**Emergency nursing** is a specialty within the field of professional nursing focusing on the care of patients who require prompt medical attention to avoid long-term disability or death. In addition to addressing "true emergencies," emergency nurses increasingly care for people who are unwilling or unable to get primary medical care elsewhere and come to emergency departments for help. In fact, only a small percentage of emergency department (ED) patients have emergency conditions such as a stroke, heart attack or major trauma. Emergency nurses also tend to patients with acute alcohol and/or drug intoxication, psychiatric and behavioral problems and those who have been raped.

Emergency nurses are most frequently employed in hospital emergency departments, although they may also work in urgent care centers, sports arenas, and on medical transport aircraft and ground ambulances.

ROLES OF EMERGENCY NURSING

The role of the emergency nurse is to evaluate and monitor patients and to manage their care in the emergency department. They also may supervise unlicensed assistive personnel ("nurse aides" or "care partners"). It can be a challenge to get everything done quickly and correctly in an ever-changing environment. Some ED nurse functions are common to other nursing specialties, while others are specific to emergency nursing. These can be divided into 1.) assessment, 2.) planning and managing care, 3.) tasks, 4.) communication, and 5.) teaching.

1. **Assessment.** Emergency nurses interview a patient to get a health history, a list of current medications being taken and allergies. He or she performs a physical examination. This is often a limited exam based on the patient's chief complaint and only infrequently a complete head-to-toe examination. The ED nurse periodically reassesses the patient to detect any changes, either improvement, decompensation or no change. This may be done after a treatment is given to evaluate its effectiveness or at certain time intervals as appropriate for the patient's condition.
2. **Planning and managing care.** The ED nurse must have a plan of what to do for the patient, when and in what order. Managing an ED patient's care includes decisions such as whether the patient can go to X ray before getting blood drawn, what tasks to delegate to unlicensed assistive personnel (UAPs), and how many visitors are allowed in the patient's room, among others.
3. **Tasks.** There are procedures only the physician can perform, but many others are done by the emergency nurse. These include inserting intravenous ("IV") lines, urinary catheters and nasogastric ("NG") tubes; drawing blood samples from veins and arteries; dressing wounds; applying splints, administering medications; and in certain jurisdictions RNs can be trained to suture wounds. In some cases, emergency nurses may order certain tests and medications following "collaborative practice guidelines" or "standing orders" set out by the hospital's emergency physician staff.
4. **Communication.** All the emergency nurse's observations are recorded in the patient's medical record. These are used by other members of the healthcare team caring for the patient. ED nurses must keep the emergency physician apprised of a patient's condition; if it suddenly worsens, the doctor must be notified immediately. If the patient is admitted to a room in the hospital or transferred to another facility, he or she must "give report" to the nurse at the patient's destination.
5. **Teaching.** In addition to simply keeping the patient and his or her family up-to-date throughout the visit, the emergency nurse conducts teaching sessions with them. Topics often include how to take prescribed medication, how to prevent complications, when to return to the ED, and a patient's diagnosis. These are often short interactions and the nurse must evaluate what information the patient needs, how in detail to explain a topic, and the patient's readiness to learn. To do this, the nurse must consider the patient's level of education, level of pain, education level, cultural influences, age, deficiencies in vision or hearing and other factors.