PARTICIPANT WORKBOOK

NSW HEALTH 2011

Transition to Practice
Emergency Nursing Program

NSW GOVERNMENT Health

NSW GOVERNMENT Health

Participant workbook

CONTENTS

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ISBN 978-1-74187-674-1

For further copies visit the Nursing and Midwifery Office website
www.health.nsw.gov.au/nursing/index.asp

May 2011

PARTICIPANT:

LOCATION:

COMMENCED:

FACILITATOR:

CLINICAL SUPPORT PERSON:

ABBREVIATIONS USED IN THIS MANUAL

A	Airway
ACS	Acute Coronary Syndrome
AIN	Assistant in Nursing
ATS	Australasian Triage Scale
B	Breathing
C	Circulation
CNC	Clinical Nurse Consultant
CNE	Clinical Nurse Educator
CNS	Clinical Nurse Specialist
CO_2	Carbon Dioxide
CPD	Continuing Professional Development
CT	Computerised Tomography
D	Disability – Neurological function
DoCs	Department of Community Services
DOH	Department of Health
E	Exposure
ED	Emergency Department
EEN	Endorsed Enrolled Nurse
EN	Enrolled Nurse
ETT	Endotracheal tube
GCS	Glasgow Coma Scale
GP	General Practitioner
HIV	Human immunodeficiency virus
HR	Heart rate
IVC	Intravenous cannula
IV	Intravenous
LLQ	Left lower quadrant
LUQ	Left upper quadrant
LOC	Loss of consciousness
O_2	Oxygen
OT	Operating Theatre
NE	Nurse Educator
NM	Nurse Manager
NP	Nurse Practitioner
NUM	Nursing Unit Manager
NSW	New South Wales
RLQ	Right lower quadrant
RUQ	Right upper quadrant
RN	Registered Nurse
STI	Sexually transmitted infection

1 Introduction

1.1 THE TRANSITION TO EMERGENCY NURSING PROGRAM

Working in the fast-moving environment of a hospital's emergency department, the emergency nurse is considered to be at the 'front line' of patient care. Emergency nurses face many challenges on a day-to-day basis – working as part of a team evaluating and treating patients who have suffered a minor or major trauma, prioritising the urgency of their care, and providing emotional support to the patient and their family.

Because they are treating and evaluating patients in the emergency or critical phase of their illness or injury, emergency nurses need to have a broad set of skills, be familiar with a range of illnesses, and be able to 'think on the run'. The types of injuries and illnesses that emergency nurses deal with are as diverse as the people they are treating. One minute it could be a person who has been involved in a major car accident, the next it could be an elderly person with a broken hip or a sick child with fever.

In a typical day, an emergency nurse could be responsible for resuscitating patients, triaging and treating less urgent patients, providing care and treatment of their injuries or illnesses and providing the evaluation and support needed for a patient to return home. Emergency nurses can be members of disaster teams carrying out rescues or assisting at the scene of a major car accident or disaster.

An emergency nurse needs to act with a high degree of autonomy and have the ability to initiate treatment with limited direction while at the same time educating and supporting the patient and their family.

This program will help educate nurses seeking to make the transition to becoming an emergency nurse. It will assist the nurse to begin developing a broad knowledge and clinical skill base, required to care for emergency patients.

The Transition to Emergency Nursing Program has not been designed to replace pre-existing programs where learning outcomes are similar to those identified within the Program Outline.

The framework for the Transition to Emergency Nursing Program is underpinned by the need to develop a culture where the patient is both the heart of the system, and the driver behind change (refer *Special Commission of Inquiry Acute Care Services in NSW Public Hospitals* – (Garling) 2008).

1.2 WHO IS THIS WORKBOOK FOR?

This workbook has been prepared for participants in the Transition to Emergency Nursing Program. A facilitator will co-ordinate your journey through the Program and you will also work with a clinical support person to ensure learning outcomes are achieved. A clinical support person may be a RN, CNS, NE, CNC or NP who is able to provide the clinical supervision and support to ensure learning objectives are met. This workbook is to be used in conjunction with the Resource Manual and provides a record of progression through the Program.

1.3 HOW WE PREPARED THIS PROGRAM

The Transition to Emergency Nursing Program has been developed using the ideas, conceptual models and existing framework of emergency staff within NSW Health.

The following documents have been instrumental in developing the program:

- Nursing and Midwifery Continuing Professional Development Registration Standard http://www.nursingandmidwifery.gov.au/Registration-Standards.aspx
- *Competency Standards* (College of Emergency Nursing Association).
- Transition to Practice Nurse Education Program Emergency Nursing (Queensland Department of Health, 2006).
- National Nursing and Nursing Education Task Force Final Report – The National Nursing and Nursing Education Taskforce (N_3ET) (Australian Health Ministers Advisory Council, 2006). Refer http://www.nnnet.gov.au/downloads/n3et_final_report.pdf

The Transition to Emergency Nursing Program has been developed in consultation with Nurse Managers, Clinical Nurse Consultants and Nurse Educators in emergency departments across NSW.

1.4 ACKNOWLEDGEMENTS

NSW Health would like to thank the following members of the Transition to Emergency Nursing Program Reference Group and Working Party, who have been integral to the development and review of this document.

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Other Acknowledgements

Queensland Health Department

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2 Program outline

2.1 PROGRAM OUTLINE

Program aims

The Transition to Emergency Nursing Program aims to meet the needs of all stakeholders within the dynamic context of health, and provides clinicians within the emergency setting a standardised yet flexible program in which to:

- Further develop the confidence and competence of the emergency nurse within a supportive clinical setting.
- Enhance professional adjustment of the nurse new to emergency practice, and their assimilation into the workplace.
- Improve retention in the nursing workforce.
- Work in collaboration with all members of the healthcare team to develop an educationally supportive clinical culture.
- Use current processes[1] and professional development opportunities[2] already available within area health services to provide the novice emergency nurse a comprehensive but flexible program that supports their transition from novice to advanced[3] beginner.
- Provide varied learning opportunities during which the participant can access, share and validate knowledge.
- Develop communities of practice that are reflective, think critically and respond appropriately.
- Provide quality care and outcomes for their patients.
- Ensure development of core foundational skills and knowledge to enable safe delivery of care.

2.2 WHAT THE PROGRAM WILL DELIVER

Participants who complete the Program will be able to:

- Discuss the context of emergency department care across healthcare disciplines.

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[1] Performance appraisals, skills trees, support mechanisms

[2] In-services, e-learning, continuing professional development programs, learning contracts, portfolios & forums

[3] **Novice:** A clinician who has no practical experience and must base what they do on principles and rules (Benner:1984)
Advanced Beginner: A clinician who has dealt with enough real patient care experiences to recognize recurring components of the situation. They are also learning to discriminate between normal and abnormal situations and establish priorities as to what's important (Benner: 1984).

- Assess and identify abnormalities of a patient's airway including c-spine precautions and provide safe and effective care to the patient.
- Assess and identify abnormalities of a patient's respiratory status and provide safe and effective care to the patient, including respiratory and oxygenation support.
- Assess and identify abnormalities of a patient's cardiovascular, fluid and electrolyte status and provide safe and effective care to a patient requiring non-invasive haemodynamic monitoring and cardiovascular support.
- Assess and identify abnormalities of a patient's gross neurological function and provide safe and effective care of the patients with neurological dysfunction and/or disability.
- Assess the patient's level of pain and plan safe and effective management.
- Develop skills essential to Emergency Nursing, including:
  - primary survey
  - secondary survey
  - focused history-taking
  - effective and appropriate documentation and communication.
  - legal requirements
  - safe disposition and transfer of a patient
  - appropriate use of clinical guidelines
  - communication with aggressive patients/relatives
- Develop skills and acquire the knowledge required to assess and care for the individual needs of patients in a range of population groups including:
  - mental health
  - obstetrics and gynaecology
  - drug and alcohol
  - elderly
  - paediatrics

2.3 TARGET GROUP

The Transition to Emergency Nursing Program is aimed at nurses currently working in Emergency Departments particularly:

- Nurses with limited Emergency Nursing experience (this may include first year registered nurses).
- Nurses wishing to make a transition to Emergency Nursing from other clinical areas.
- Nurses returning to Emergency Nursing.

2.4 THEORETICAL FRAMEWORKS

The Transition to Emergency Nursing Program is underpinned by the principles of adult learning.

2.5 PROGRAM FEATURES

The features of the Transition to Emergency Nursing Program include:

- Continuing competence framework.
- Team approach to clinical support.
- Orientation – Emergency Department essentials.
- Clinical experience.
- Professional development.

These features are discussed below.

Continuing competence framework

The Program incorporates a continuing competence framework to help participants to identify their development and learning needs[4]:

- Maintenance of a professional portfolio.
- Assessment of clinical practice.

Diagram 1: Maintaining Competence to Practice[5]

Maintaining competence is a continuous process that can be viewed as a cycle of assessment, professional feedback and review, goal-setting, participating in continuing professional development and reflection[6].

[4] Nursing and Midwifery Continuing Professional Development Registration Standard http://www.nursingandmidwifery.gov.au/Registration-Standards.aspx

[5] Diagram based on ANMC Continuing Competence Framework, (2009,5)

[6] ANMC, Continuing Competence Framework, (2009:5)

Orientation

All participants are expected to attend and complete the mandatory requirements of corporate, nursing and emergency department orientation.

Clinical experience: Recognition of prior learning

As the nurses participating in this program come from a range of backgrounds there may be an opportunity to seek some recognition for prior learning depending on the skills and knowledge you bring with you into your new role in the emergency department. Discuss this with your facilitator. The following information assists in identifying recognition of prior learning.

What is Recognition?

Recognition is a term that covers Recognition of Prior Learning, Recognition of Current Competency and Skills Recognition. All terms refer to the recognition of competencies currently held, regardless of how, when or where the learning occurred.

This includes:

- Any combination of formal or informal training and education (tertiary studies or workplace training).
- Work experience, life experience or community work.

Why apply for Recognition?

Recognition allows the nurse to gain credit for units of competency by recognising the knowledge and skills already gained without repeating or undertaking unnecessary training.

Application for Recognition

- The nurse compiles evidence according to the guidelines provided. Your facilitator/support person may need to offer guidance and support to put the application together.
- Recognition Application submitted to educator.
- Educator reviews the application and notifies the nurse of the outcome of Recognition Application approximately 2 weeks after submission.
- You may be requested to provide further evidence and/or attend an interview for clarification and/or validation of the evidence provided.
- If the application successfully meets all the requirements of the Transition to Emergency Nursing Program you may be awarded recognition of prior learning for relevant program components.

What is Evidence?

There are many ways of showing evidence of knowledge, skills and attributes to meet the requirements of the competency or competencies of the Transition to ED Nursing Program. Evidence may include:

- Certificates, including transcripts
- Current job description
- Workplace records
- Workplace projects
- Workplace assessments
- Attendance at workplace or community courses
- Life experience narratives
- References and testimonials
- Interviews
- Video or audio recordings of activities

Professional development

Like other NSW Health employees, nurses are expected to participate in the professional development process. In addition, as a component of registration continuing professional development is required to be demonstrated by all registered and enrolled nurses. Continuing professional development is a shared responsibility of both the registered health professional and the organisation.

Professional development offers participants the opportunity to enhance their skills and knowledge both within the context of the clinical setting and the classroom. Professional development is based on the identification and prioritisation of learning needs by the individual nurse and the organisation.

This program incorporates the following modalities to support professional development:

- Clinical skills self-assessment.
- Structured learning opportunities.
- E-learning.
- Development of core skills.
- Portfolios.
- Supported clinical development

2.6 COMMITMENT TO THE PROGRAM

At the commencement of the program the participant nurse, facilitator and support person should discuss the required level of commitment to the program from all parties. The learning activities in this manual are not exhaustive and nurses participating in the program are expected to attend relevant sessions and complete activities within the required time frames and to actively seek to enhance their skills and knowledge in emergency nursing. As with many professional development opportunities this may require some commitment of time outside rostered shifts. The organisation has a responsibility to provide the relevant support and opportunities to learn and develop in line with the contents of the Resource Manual for the Transition to Emergency Nursing Program. The facilitator is expected to guide the participant through the program, assist in creating learning opportunities and assess participants learning as required. Support personnel also commit to facilitate learning and assess competency within the clinical environment.

2.7 PROFESSIONAL PORTFOLIO

Documentation of participation in learning activities can be recorded within your professional portfolio as well as within this Workbook.

Continuing professional development (CPD) activities can be undertaken in a variety of ways, and may include:

- Attending study days.
- Completing online training.
- Attending online or face-to-face tutorials.
- Undertaking supervised practice for skills development.
- Working with a support person to improve practice.
- Reflecting on clinical practice with a support person.
- Participating in discussion forums.
- Participating in clinical supervision / action learning sets.
- Undertaking ward simulation exercises (e.g. mock arrests, management of deteriorating patient).
- Attending in-service education.
- Attending Continuing Professional Development workshops.
- Attending conferences.
- Attending professional interest groups (eg wound interest group).

2.8 STRUCTURED LEARNING ACTIVITIES

You are required to complete the program within 3-6 months of starting employment in the Emergency Department. Each section has been designed to build upon the learning outcomes of the previous one.

In addition to the structured learning activities in this document, you will also be required to complete other training programs mandated by either NSW Health or your Health Service (e.g. DETECT).

Structured learning activities may be undertaken using a variety of modes, including face-to-face, e-learning, self-directed learning, and simulation

2.9 REFERENCES

Nursing and Midwifery Continuing Professional Development Registration Standard http://www.nursingandmidwifery.gov.au/Registration-Standards.aspx

Benner, P.E. (1984). *From novice to expert: Excellence and power in clinical nursing practice.* Menlo Park, CA: Addison-Wesley.

Jones, T. (2004). 'A Review of Graduate Nurse Transition Programs in Australia', in Australian Journal of Advanced Nursing, Vol 23 (2).

College of Emergency Nursing Australasia (2007). *Practice Standards for the Emergency Nursing Specialist*.

Queensland Health (2006). *Transition to Practice Nurse Education Program Emergency Nursing.*

National Nursing and Nursing Education Taskforce (2006). National Nursing and Nursing Education Task Force Final Report

3 Activity answer sheets

Use this section to complete Activities noted in the Resource Manual.

3.1 INTRODUCTION TO EMERGENCY NURSING

ACTIVITY 1

Discuss the models of care used within your hospital and emergency department.

ACTIVITY 2

Locate the local emergency department guidelines/policy on documentation. Discuss them with your clinical support person.

3.2 PATIENT ASSESSMENT

ACTIVITY 3

Locate the 'Deteriorating Patient' policy at your hospital. Identify each of the parameters that make up this criterion, and discuss one of the clinical indicators of urgency.

3.3 AIRWAY

ACTIVITY 4

Read the respiratory chapter of any Anatomy and Physiology textbook to review the normal respiratory anatomy and physiology. (This material will not be covered in this section – it is assumed knowledge as it is taught at undergraduate level, so please refamiliarise yourself with the content.)

ACTIVITY 5

Name five mechanisms of injury that may require application of a stiff neck collar. Identify the types of collars you have available in your facility and how they are applied.

ACTIVITY 6

Name three indications for bag-valve-mask (BVM) ventilation.

ACTIVITY 7

Name two contraindications for BVM ventilation.

ACTIVITY 8

Name five different conditions that patients may present to the emergency department requiring intubation and discuss.

ACTIVITY 9

Go into the resuscitation area (or where the intubation equipment is kept) and familiarise yourself with the equipment. Discuss any questions with your facilitator or support person.

ACTIVITY 10

Complete the table below: Intubation drugs and general anaesthetic agents

Drug	Dose	Duration	Adverse effects
Thiopentone			
Ketamine			
Propofol			
Vecuronium			
Suxamethonium			
Other drugs used			
Other drugs used			

ACTIVITY 11 (Optional dependent on site requirements)

Practice the process of checking the intubation equipment, its setup and assisting intubation with facilitator/support person.

Simulate the tying of an ET tube in place. Observe a patient being intubated if possible.

Ask your facilitator, support person or medical officer to show you a CXR with correct ET tube placement and discuss.

3.4 BREATHING

ACTIVITY 12

Define the following terms:

Vital capacity:

Residual volume:

Tidal volume:

Functional residual capacity:

ACTIVITY 13

Define the following terms and discuss conditions that may cause them with your support person:

Kussmaul respirations:

Cheyne-Stokes respirations:

Hypopnoea:

Dyspnoea:

Apnoea:

Bradypnoea:

Tachypnoea:

ACTIVITY 14

Review respiratory assessment in a relevant text and breath sounds on the following websites:

http://www.cvmbs.colostate.edu/clinsci/callan/breath_sounds.htm

http://www.med.ucla.edu/wilkes/lungintro.htm

Circle the correct answer and discuss with your facilitator or support person.

Q1. Which of the following terms is used to describe abnormal breath sounds:

a) Bronchial.

b) Vesicular.

c) Adventitious.

d) Tracheal.

Q2. Coarse crackles are heard in which of the following:

a) Tension pneumothorax.

b) Haemo pneumothorax.

c) Pneumonia.

d) Asthma.

Q3. Rhonchi are:

a) Low-pitched and musical.

b) High-pitched with a short inspiration.

c) Low -pitched with equal inspiration and expiration.

d) Low -pitched and sonorous.

Q4. Normal sounds heard over the suprasternal notch are called:

a) Stridor.

b) Vesicular.

c) Continuous.

d) Bronchial.

ACTIVITY 15

Identify the type of peak flow meter used in your facility and, with your support person, demonstrate how you would instruct a patient to use the peak flow meter.

ACTIVITY 16

Identify the spirometer used at your facility and, with your facilitator or support person, demonstrate how you would instruct a patient to perform a spirometry test.

ACTIVITY 17

Answer the following questions.

Q1. What is the fractional concentration of oxygen in inspired air (F_iO_2)?

Q2. What are the two ways oxygen is transported to the tissues?

Q3. What are the two ways to measure the saturation of haemoglobin with oxygen?

Q4. Hypoxemia is defined as:

Q5. Complete the following table.

Device	Oxygen Flow (litres/min)	(F_iO_2)	Appropriate situations the devices are used
Nasal cannula			
Simple face mask (Hudson)			
Partial rebreather mask			
Non-rebreather mask			
Venturi mask			

ACTIVITY 18

Observe a clinician setting up a CPAP/BiPAP circuit and applying it to treat a patient. Once you are confident, ask a designated assessor to observe you setting up and applying it to treat a patient who requires CPAP/BiPAP.

ACTIVITY 19

Circle the correct response or answer the question.

Q1. NPPV for acute respiratory distress can only be applied to what type of patient? Discuss why with your support person.

a) An unconscious patient.

b) A confused and agitated patient.

c) A spontaneously breathing patient.

d) An obtunded patient.

Q2. Describe the physiological effects of continuous positive airway pressure.

Q3. What are the indications for NIPPV.

Q4. List six absolute contraindications for NIPPV:

ACTIVITY 20

Q1. A wheeze is the most reliable indicator of the severity of an asthma attack – true or false?

Q2. Describe the initial management of an asthmatic patient who is acutely distressed.

ACTIVITY 21

Q1. What are the signs of acute exacerbation of severe COPD?

Q2.You should remove the patient's oxygen prior to taking a blood gas? True or false? Discuss your answer with your support person.

In the following questions circle the correct response.

Q3. The aim of oxygen therapy is to improve oxygen saturation to:

a) 100%.
b) Over 90%.
c) 10% better than the patient's normal saturation.
d) 94%.

Q4. Inhaled bronchodilators are:

a) Ineffective in the treatment of COPD.
b) Contraindicated in patients with CO_2 retention.
c) Only recommended when assisted ventilation is required.
d) Effective treatments for acute exacerbations.

Q5. What are the signs of worsening hypercapnia?

Q6. Name three (3) side effects of excessive use of beta-agonists.

ACTIVITY 22

Q1. Describe the risk factors for pulmonary embolism that you need to be alert to when taking a history from someone that presents with a respiratory disorder.

Q2. What is the mainstay of treatment for a patient with pulmonary emboli that is haemodynamically stable?

ACTIVITY 23

Q1. Identify the common signs and symptoms of community-acquired pneumonia. Discuss with your facilitator/support person.

Q2. Circle the correct answer: Antibiotic treatment administered within the first eight hours of presentation...:

a) Leads to lower mortality rates and shorter hospital stay.

b) Reduces hypoxia.

c) Reduces the yield of blood cultures.

d) Contributes to resistant organisms.

ACTIVITY 24

Q1. Briefly describe the pathophysiology of cardiogenic pulmonary oedema.

ACTIVITY 25

With your facilitator or support person, auscultate the chest of a patient with pulmonary oedema. Discuss and complete any relevant clinical skills.

ACTIVITY 26

Q1. Describe the signs and symptoms of a large pneumothorax.

Q2. List the potential interventions to evacuate the air in a person with a large pneumothorax.

Q3. Identify the key nursing interventions required to maintain a chest tube system.

ACTIVITY 27

With your facilitator or support person, identify the chest tube system used at your facility. Discuss and demonstrate how to set it up and the observations that need to be attended for a patient with a chest tube.

3.5 CIRCULATION

ACTIVITY 28

Review the anatomy and physiology of the cardiovascular system in appropriate text. To consolidate your learning, you are encouraged to answer the following questions:

- What is the structure and function of the heart's conduction system?
- How is cardiac output calculated?

Discuss with your facilitator any questions you may have.

ACTIVITY 29

Conduct a complete circulatory assessment and document your findings. Discuss your findings. Include health history, visual assessment, colour, skin turgor/warmth, blood pressure, arterial pulses, perfusion, capillary refill, apex beat and heart sounds.

ACTIVITY 30

The only way to become confident in ECG interpretation is to practice. To develop this skill further, participants are advised to attend an ECG/rhythm continuing education program or utilise the interactive ECG tutorials available at http://www.ciap.health.nsw.gov.au. (Once on CIAP site click on 'clinical tools'). Discuss any questions with your facilitator.

ACTIVITY 31

Name the types of emergency department presentations that require an ECG and monitoring.

Explain the rationale for conducting this procedure.

Watch the presentation at
http://www.heartfoundation.org.au/SiteCollectionDocuments/ACS%20PPT%20Web.pdf (You can also access it on the Heart Foundation website www.heartfoundation.org.au.) Discuss any questions with your facilitator.

ACTIVITY 32

Complete the following table, providing a brief outline of the classifications of shock (eg septic) and the underlying pathophysiology, and give examples for each category.

Classifications of shock	Underlying pathophysiology
Septic	
Spinal	
Hypovolaemic	
Obstructive	
Cardiogenic	
Anaphylactic	

Table adapted from ACCCN's *Critical Care Nursing* (Elliott, Aitken, Chaboyer (eds) 2007, Mosby, Australia) – Chapter 15, page 445 Table 15.5 'Physiological changes in shock'.

ACTIVITY 33

What are the differences in patient symptoms in systemic inflammatory response syndrome (SIRS), sepsis, severe sepsis and septic shock?

Type	Symptoms
Systemic inflammatory response syndrome (SIRS)	
Sepsis	
Severe sepsis	
Septic shock	

Table adapted from ACCCN's *Critical Care Nursing* (Elliott, Aitken, Chaboyer (eds) 2007, Mosby, Australia) – Chapter 15, page 445 Table 15.5 'Physiological changes in shock'.

ACTIVITY 34

Read the following management guidelines on acute coronary syndrome: http://www.heartfoundation.org.au/SiteCollectionDocuments/acs%20guidelines%20mja%20summary.pdf

'Guidelines for the management of acute coronary syndromes 2006' 17/04/06 MJA supplement vol 184 no 8 http://www.mja.com.au/public/issues/184_08_170406/suppl_170406_fm.html accessed through www.mja.com.au

Discuss any questions with your facilitator.

3.6 DISABILITY

ACTIVITY 35

Using an appropriate text or website, review the anatomy and physiology of the neurological system and discuss with your facilitator.

Q1. What are the **early** signs and symptoms of raised ICP?

Q2. What are the **late** signs and symptoms of raised ICP?

Q3. What are the nursing interventions for a patient with raised ICP?

Q4. What is Cushing's triad?

Q5. Discuss with your facilitator or support person the principles of neurological assessment and the need for close observation to detect deterioration.

ACTIVITY 36

For patients presenting to the emergency department with symptoms of headache, complete the following table.

- Provide a brief description of the condition.
- Identify the common signs and symptoms associated with that condition.
- Outline common treatments.

Condition	Signs and Symptoms	Goals of treatment (this may differ at each facility)
Intracranial haematoma		
Sub-arachnoid haemorrhage		

Table continued next page

Activity 36 table (Cont'd)

Meningitis		
Sinusitis		
Headache		
Migraine		

3.7 EXPOSURE AND ENVIRONMENT

ACTIVITY 37

Discuss the physiological effects of hypothermia in the trauma patient.

ACTIVITY 38

What is active warming?

What is passive warming?

3.8 PAIN

ACTIVITY 39

To help you complete this module and gain a greater understanding of pain pathophysiology, review the pain chapter of any anatomy and physiology textbook. Discuss any questions with your facilitator.

ACTIVITY 40

Name two examples of acute pain and chronic pain that you have witnessed. What was the cause of the patient's pain? How was the pain managed in each instance? To complete this activity, refer to: http://www.frca.co.uk/article.aspx?articleid=100118. CIAP: http://www.use.hcn.com.au/frame.%60$I1%60/home.html?I1=etgc%2Fagg%2F786.htm

ACTIVITY 41

Complete any education and training required for nurse initiated analgesia in your department (according to facility).

ACTIVITY 42

In the table below, identify the analgesics commonly used in your emergency department. Fill in the blank spaces regarding the correct dose, how the drug works, contraindications and nursing responsibilities.

NON OPIOID

Name of Drug	Dose range and route	Action	Contra-indications	Special nursing considerations	Other analgesics identified
Paracetamol					
NSAIDs eg ibuprofen					
Aspirin					

OPIOID

Name of drug	Dose range and route	Action	Contra-indications	Special Nursing Considerations	Other analgesics identified
Morphine					
Codeine					
Tramadol					
Oxycodone					
Fentanyl					

3.9 TRAUMA

ACTIVITY 43

Complete the table below by discussing how blood loss in each body area may be identified and what interventions/definitive care would be required to STOP the bleeding.

Region of blood loss	How to identify bleeding	Intervention/management
Thorax		
Abdomen		

Table continued next page

Activity 43 table (Cont'd)

Region of blood loss	How to identify bleeding	Intervention/management
Retro-peritoneum		
Long bones		
External bleeding		

Ask your support person to observe you performing a primary and secondary survey on an appropriate trauma patient.

3.10 BURNS

ACTIVITY 44

Q1. Read the following Clinical Practice guidelines: Burn Wound Management 2008 available at http://www.health.nsw.gov.au/resources/gmct/burninjury/pdf/clinical_practice_guidelines.pdf Discuss airway assessment of a patient who has presented with burns?

Q2. Describe the goals of early management and the referral process for transferring patients with burn injuries in your emergency department.

ACTIVITY 45

Read the following Clinical Practice Guidelines: Minor Burn Management 2008 http://www.health.nsw.gov.au/resources/gmct/burninjury/pdf/minor_burn_management.pdf Discuss with your support person or facilitator.

ACTIVITY 46

Read the NSW Health policy on which patients require transfer to a specialised burns unit. http://www.health.nsw.gov.au/policies/gl/2008/GL2008_012.html Discuss with your support person or facilitator.

3.11 ASSAULT

ACTIVITY 47

Read your local policy on forensic evidence collection so that you are aware of the procedures in your department. Discuss with your support person or facilitator.

ACTIVITY 48

Review your facility's policy/procedure for the management of sexual assault presentations and briefly discuss with your support person or facilitator.

ACTIVITY 49

Discuss with your facilitator or support person, consent and issues related to forensics for a sexual assault victim?

ACTIVITY 50

Q1. Who can perform a forensic medical examination on a sexual assault patient? Discuss with your support person or facilitator.

Q2. Who can witness a forensic medical examination? Discuss with your support person or facilitator.

ACTIVITY 51

As an emergency nurse, what do you do if a patient discloses domestic violence? Investigate the referral and support process available in your emergency department. Discuss with your support person or facilitator.

ACTIVITY 52

Discuss the effects of domestic violence relating to children, what are the requirements for mandatory reporting? Familiarise yourself with the legislation in relation to child protection. Discuss with your support person or facilitator.

3.12 ELDERLY

ACTIVITY 53

Describe the clinical considerations relevant to elderly patients with regard to each system.

ACTIVITY 54

Find out about what community services are available in your area that may address some of the needs of elderly people. Discuss with your support person or facilitator.

ACTIVITY 55

What factors need to be considered prior to the discharge of an elderly patient?

3.13 OBSTETRICS AND GYNAECOLOGY

ACTIVITY 56

Locate the Maternity Emergency Guidelines for Registered Nurses in your department (written by The Australian College of Midwives NSW Branch Inc. – formally known as NSW Midwives Association) and familiarise yourself with the contents. Discuss with your support person or facilitator.

ACTIVITY 57

Locate and familiarise yourself with your local policy on management of patients presenting with pain and bleeding in early pregnancy. Discuss with your support person or facilitator.

3.14 SEXUAL HEALTH

ACTIVITY 58

Go to the link below to familiarise yourself with the symptoms and treatment of common STI's http://www.health.nsw.gov.au/publichealth/sexualhealth/sex_factsheets.asp. Discuss with your support person or facilitator.

3.15 MENTAL HEALTH

ACTIVITY 59

What plans do you have in place in your emergency department to manage mental health patients? Include in your response the physical environment, resources such as clinical roles, safe rooms and local guidelines for these patients.

3.16 DRUGS AND ALCOHOL

ACTIVITY 60: Benzodiazepines

Q1: What does the onset and duration of benzodiazepine withdrawal depend upon?

Q2. List five side effects of the benzodiazepines.

ACTIVITY 61: Stimulants

Q1. What are the effects of stimulants?

Q2. Describe the principles of managing amphetamine withdrawal.

Q3. What nursing actions would you take if one of your patients started displaying psychotic symptoms?

3.17 PAEDIATRICS

ACTIVITY 62

The Clinical Excellence Commission has undertaken intensive work on the care of children and young people in emergency departments. This has led to the development of an extensive Paediatric Emergency Guideline Training Package which you are expected to access and complete via http://doh.edmore.com.au. It is free to register. Show and discuss your quiz results with your support person or facilitator.

4 Clinical skills assessments

The following are some clinical skills assessments. These will need to be undertaken with a facilitator or clinical support person who will be able to sign when you achieve mastery. This is not an exhaustive list of clinical skills that you may learn or undertake in the Emergency setting and you and/or your facilitator may add more to this section.

4.1 PRIMARY SURVEY – AIRWAY

A Airway Assessment	Assessment Tips	Yes	No
Look	**Look for:**		
Listen	**Listen for:**		
Feel	**Feel for:**		
Mastery		**Yes**	**No**
Assessor's Name and Designation:			
Assessor's Signature:			
Date:			
Comments:			

INTERVENTIONS – AIRWAY

Clinical Skill	Date Mastery Achieved	Name, designation and signature of Assessor
Jaw thrust		
Head tilt/chin lift		
Oropharyngeal airway insertion – guedels		
Nasopharyngeal airway insertion		
Assisting in intubation (*optional* – dependent of facility requirements)		
Suctioning techniques		

4.2 PRIMARY SURVEY – BREATHING

B Breathing Assessment	Assessment Tips	Yes	No
Look	The chest must be fully visualised for examination. **Look for:**		
Listen	**Listen for:**		
Feel	**Feel for:**		
Mastery		**Yes**	**No**
Assessor's Name and Designation:			
Assessor's Signature:			
Comments:			
Date:			

INTERVENTIONS – BREATHING

Clinical Skill	Date Mastery Achieved	Name, designation and signature of Assessor
Appropriate selection of oxygen device and administration		
Bag valve mask		
Accurate SpO_2 measure, wave form and clinical application		
Peak flow		
Spirometry		
Non Invasive Ventilation		

4.3 PRIMARY SURVEY – CIRCULATION

C Circulation Assessment	Assessment Tips	Yes	No
Look	**Look for:**		
Listen			
Feel			
Mastery		**Yes**	**No**
Assessor's Name and Designation:			
Assessor's Signature:			
Comments:			
Date:			

INTERVENTIONS – CIRCULATION

Clinical Skill	Date Mastery Achieved	Name, designation and signature of Assessor
Attach to a cardiac monitor		
Identify life threatening arrhythmias		
Insertion of an intravenous cannula (may vary between facilities)		

4.4 PRIMARY SURVEY – DISABILITY

D Disability (Neurological Assessment)	Assessment Tips	Yes	No
Look	**Look for:**		
Listen			
Feel			
Interventions			

Mastery	Yes	No
Assessor's Name and Designation:		
Assessor's Signature:		
Comments:		
Date		

INTERVENTIONS – DISABILITY

Clinical Skill	Date Mastery Achieved	Name, designation and signature of Assessor
Perform Glasgow Coma Scale		
Adult		
Paed		
Obtain a BGL		

4.5 PRIMARY SURVEY – PAIN

Pain	Assessment Tips	Yes	No
Provocation and Precipitating factors			
Quality			
Radiation/Region			
Severity of pain/Signs and Symptoms			
Time/Treatment			

Mastery	Yes	No
Assessor's Name and Designation:		
Assessor's Signature:		
Comments:		
Date		

INTERVENTIONS – PAIN

Clinical Skill	Date Mastery Achieved	Name, designation and signature of Assessor
• Select and use an appropriate pain assessment tool		
• Identify and discuss appropriate pharmacological interventions with your facilitator		
• Initiate non pharmacological interventions		
• Initiate appropriate nurse initiated medication (optional – dependent on facility requirements)		

4.6 SECONDARY SURVEY

	Assessment Tips	Yes	No
History	• Accurate assessment of history/mechanism of injury incorporating: - **A** – - **M** – - **P** – - **L** – - **E** –		
Head/Neck	Performs a comprehensive head to toe examination. • **Looks for:** • **Feels for:** • **Interventions**		
Chest	• **Looks for:** • **Listens for:** • **Feels for:** • **Interventions**		

Table continued next page

4.6 Secondary Survey (Cont'd)

	Assessment Tips	Yes	No
Abdomen	• **Looks for:** • **Listen for:** • **Feel for:** • **Interventions:**		
Limbs	• **Looks for:** • **Feel for:** • **Interventions:**		

Table continued next page

4.6 Secondary Survey (Cont'd)

Mastery	Yes	No
Assessor's Name and Designation:		
Assessor's Signature:		
Date:		
Comments:		

4.7 TRAUMA

Trauma	Assessment Tips	Yes	No
Airway	• Assess Airway patency • Identify causes of obstruction within a trauma setting • Secure c-spine		
Breathing	• Assess Breathing and apply oxygen • Identify life threatening thoracic injuries and discuss interventions		
Circulation	• Assess circulation • Identify areas of haemorrhage and discuss potential intervention to stop the bleeding • Identify types of shock and discuss fluid replacement		
Disability	• Assess Neurological status • Pain score		
Secondary Survey (as above)	• Expose the patient and maintain thermal control • Full set of vitals • Gadgets • Head to Toe • Inspect the back • Jot it down – systematic documentation		
Mastery		**Yes**	**No**
Assessor's Name and Designation:			
Assessor's Signature:			
Comments:			
Date:			

INTERVENTIONS – TRAUMA

Clinical Skill	Date Mastery Achieved	Name, designation and signature of Assessor
Measuring and applying of c-spine collar)		
C-spine immobilisation		
Log roll		
Splinting (eg. Pelvis splint, fractured mid shaft femur, limb #)		
Reassess ABCD post intervention		
Prepare for transport (internal/external)		
Assisting with chest tube insertion/decompression *(optional – dependent on facility requirements)*		

4.8 PAEDIATRICS

Paeds	Assessment Tips	Yes	No
Airway	• Assess Airway • Identify anatomical differences • Identify **RED FLAGS** for a compromised airway • Measuring and insertion of oropharygneal airway • Suctioning • Assisting in intubation and securing ETT (optional – based on facility requirements)		
Breathing	• Assess Breathing • Identify the anatomical and physiological differences between children and adults • Identify **RED FLAGS** for deterioration of respiratory function • Indication for oxygen administration • Demonstrate the use of a spacer • Explain and complete a Peak flow • Demonstrate use of a Bag valve mask (optional – dependent on facility requirements)		
Paeds	**Assessment Tips**	**Yes**	**No**
Circulation	• Assess circulation, discuss when cardiac monitoring is indicated • Identify the anatomical and physiological differences between children and adults • Identify signs of dehydration and initiate nursing intervention • Identify **RED FLAGS** for deterioration of circulatory status • Indication for nasogastric tube insertion • Indication for Intranvenous cannula insertion • Securing paediatric IVC (according to local policy) • Indication for the use of Easi IO/intraoesseous (optional – dependent on facility requirements)		

Table continued next page

4.8 Paediatrics table (Cont'd)

Disability	• Assess Neurological status • Identify **RED FLAGS** for deterioration of neurological function • Pain score – utilise an appropriate pain assessment tool based on the child's age and situational factors • Discuss analgesia options based on clinical presentation • BGL completed when clinically indicated – discuss the rational for completing BGL on children		
Mastery		**Yes**	**No**
Assessor's Name and Designation:			
Assessor's Signature:			
Comments:			
Date:			

INTERVENTIONS – PAEDIATRICS

Clinical Skill	Date Mastery Achieved	Name, designation and signature of Assessor
Demonstrate age appropriate distraction therapy		
Demonstrate appropriate continued monitoring of the paediatric patient including regular RR, WOB, SpO_2, HR, Temp, alertness, GCS +/- BP		
Assist in application of a POP		
Nasopharyngeal aspirates		
Assist in a lumbar puncture		
Assist in the insertion of an IVC		
Assist in wound closure		
Safely discharge a paediatric patient		
Paediatric Nitrous oxide (*optional* – dependent on facility requirements		
Discuss indication for referral for Community Services		

4.9 MENTAL HEALTH

Mental Health	Assessment Tips	Yes	No
	• Performs a physical assessment on a psychiatric patient		
	• Performs a mental health examination on a psychiatric patient		
	• Manages the aggressive patient using de-escalation techniques		
	• Performs a brief risk assessment		
	• Performs a brief suicidal assessment		
	• Outlines the nurses responsibility in the mental health act		
	• Identifies the legal implications of a Section 24, Schedule 22 and Form 1		
	• Formulates a correct history of drug and alcohol usage		
Mastery		**Yes**	**No**
Assessor's Name and Designation:			
Assessor's Signature:			
Date:			
Comments:			

4.10 PROFESSIONALISM

	Assessment Tips	Yes	No
Continuum of care	• Provides high quality patient care • Recognises own abilities and level of professional competence • Provides safe care and support to patients and their significant others • Acts to enhance the dignity and integrity of individuals and groups		
Leadership and Management	• Demonstrates a professional attitude (punctuality, sick leave) • Provides educational support for colleagues • Complies with Unit, Hospital and Area code of Conduct • Applies the principles of best practice techniques to patient care		
Human resource Management	• Maintenance of professional standards • Promotes a team environment within the Unit • Demonstrates awareness of staff support services and articulates how they may be utilised by self and others		
Information management	• Demonstrates effective communication skills at all levels within the organisation • Demonstrates de escalation techniques • Demonstrates reflective practices regarding our communication styles and behaviours within stressful situations • Respect and maintain confidentiality of patient information		
Safe Practice and the environment	• Recognises and responds appropriately to critical incidents, accidents and errors • Demonstrates a satisfactory knowledge base for safe practice • Demonstrates critical thinking and problem solving techniques • Maintains a physical and psychological environment which promotes safety, security and optimal health • Demonstrates accountability for own nursing practice		

Table continued next page

4.10 Professionalism table (Cont'd)

Mastery	Yes	No
Assessor's Name and Designation:		
Assessor's Signature:		
Date:		
Comments:		

4.11 ADDITIONAL CLINICAL SKILLS

Clinical Skill	Date Mastery Achieved	Assessor's Name, Designation and Signature