1 The context of emergency nursing

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Figure 1.1 Emergency department nursing roles

Nurse consultant
- Autonomous, expert practitioner
- Educated at master's level
- Strategic leadership
- Learning, development and improvement across the system
- Research and innovation
- Independent prescriber

Advanced Clinical Practitioner
- Educated at master's level
- Autonomous clinical expert
- Leadership and role modeling
- Education
- Research
- Independent prescriber

Matron
- Leadership
- Quality assurance
- Staff support

Educator
- Facilitate clinical knowledge and skills
- Design, deliver and evaluate educational programs

Emergency nurse practitioner (ENP)
- Autonomous, advanced role
- See, treat and discharge patients
- Prescribe medication or use patient group directions (PGDs)

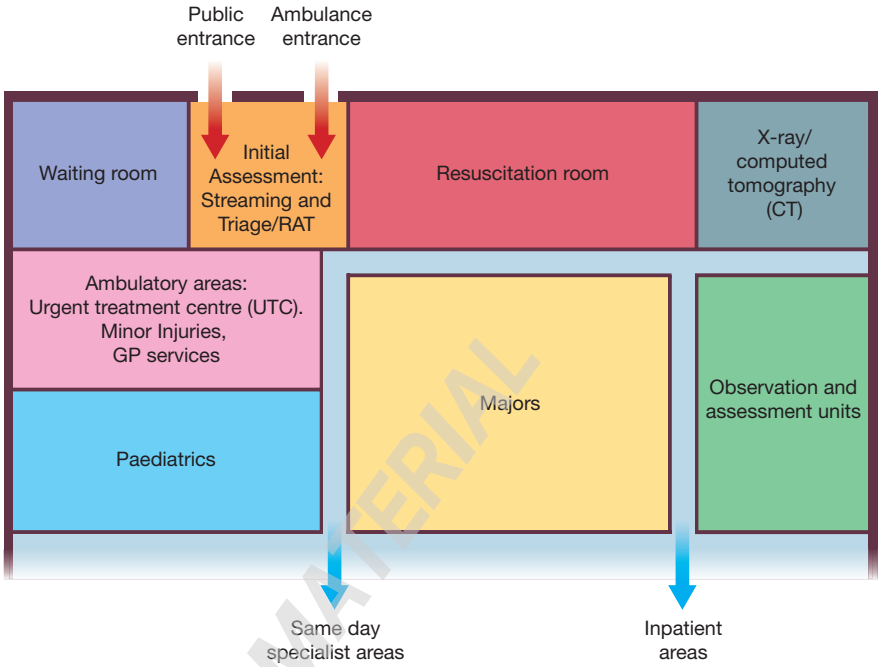
Registered nurse (RN)

Band 5 – Assess, plan, deliver and evaluate individual patient care

Band 6 – Assess, plan, deliver and evaluate individual patient care, manage areas of department and possibly shift lead

Band 7 – Assess, plan, deliver and evaluate individual patient care, manage areas of department, shift lead, manage a team of nurses, audit, clinical leadership

Figure 1.2 Areas within the emergency department



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The emergency department (ED) is a busy, fast-paced, unpredictable and often highly emotive place to work. ED nurses need to be proficient in assessing, recognising and caring for patients across the lifespan with undiagnosed illness or injury. They are required to process large amounts of information to facilitate decision-making, often in time-pressured situations. Violence and aggression towards ED staff have increased in recent years, so nurses need to be adept at conflict resolution and proficient in communicating with all members of the public. Knowledge of legal and professional issues relating to consent, mental capacity, restraint, information sharing, forensics and end-of-life care is key to delivering safe and competent care. Several core and advanced ED nursing roles exist in the UK (Figure 1.1).

Patients arrive in the ED in a number of ways (Chapter 2). In the UK, public education redirects people away from the ED when possible, promoting alternative services such as a pharmacist, general practitioner (GP) or urgent treatment centre (UTC) for non-emergency conditions. Most patients self-refer to the ED; however, others may be referred by a telemedicine service (e.g. NHS 111), a GP, pharmacist or community nurse.

ED team

ED care is delivered by an inter-professional team of nurses, doctors and healthcare support workers as well as paramedics and physician associates. Allied health professionals, such as speech and language therapists, physiotherapists, occupational therapists and dieticians, also work alongside ED nurses to address patients' physical and social needs as required.

4-hour target

A drive to reduce waiting times and expedite care saw the introduction of the 4-hour target in the UK. Most patients should be seen, treated and discharged within 4 hours of arrival. Approximately 25% of patients in the UK are admitted to hospital from the ED, with the remainder discharged to their usual place of residence. To support the delivery of care within 4 hours, medical and (in some places) surgical units have been established across the UK. These are separate from EDs and have developed as specialties in their own right.

Areas within the ED

EDs vary in size, but all are structured to accommodate a variety of urgent and emergency presentations (Figure 1.2).

Initial assessment, streaming and triage

Initial assessment should occur within 15 minutes of the patient's arrival at the ED. The purpose is to identify the presenting complaint and assess acuity. Initial assessment involves streaming and triage (usually undertaken by the ED nurse) or rapid assessment and treatment (RAT) undertaken by a team that includes a senior ED doctor or Advanced Clinical Practitioner, nurses and support staff.

Streaming allocates patients to the most appropriate area of the ED or to other specialist services. Triage prioritises patients according to acuity (Chapter 6). Basic observations should be undertaken, and first aid and simple analgesia given. Complex investigations and interventions should not be done at this point.

RAT is a more complex process, generally used for higher acuity patients. Investigations and treatments can be initiated quickly to improve patient outcomes.

Resuscitation area

The resuscitation area, or 'resus', is designed for critically ill and injured patients with high acuity on a triage scale. Examples include trauma, cardiac arrest, stroke, respiratory distress, sepsis and altered conscious levels. This area should be staffed by experienced, specially trained ED nurses with appropriate knowledge, skills and competence.

Majors

'Majors' tends to be the core of the ED and is usually the largest part of the department. It accommodates acutely unwell patients with a wide variety of medical, surgical, gynaecological and obstetric and mental health presentations. It is usually staffed by core ED nurses. In some departments, emergency advanced nurse practitioners see, treat and discharge patients from majors.

Minors/UTC

'Minors' is a term that has been traditionally used to describe patients with lower acuity. Recent restructuring of emergency care led to the development of UTCs, some of which are attached to an ED. Regardless of the term used, patients seen in this area are lower acuity with minor injuries or minor health problems. Examples include limb injuries, epistaxis, cellulitis, eye conditions, back pain, ear, nose and throat conditions, and simple wounds. Minors is usually staffed by core ED nurses, emergency nurse practitioners and doctors.

Children

Children account for approximately 25% of emergency attendances (see Section 12). They and their families should have audio-visual separation from adult patients. This usually includes a separate triage area, waiting room and treatment area. Attention should also be paid to security and child-friendly facilities such as toilets, toys, and food and drink areas. A play specialist is recommended in departments that see more than 16,000 children a year. Registered children's nurses should be available to care for unwell or injured children. Registered adult nurses will also come into contact with children and their families in areas such as triage, resus and, occasionally, urgent care.

Observation and assessment units

The introduction of the 4-hour target led to the establishment of areas within EDs aimed at providing holistic care beyond 4 hours. These areas usually consist of hospital beds and food and drink facilities. Patients who require allied health assessment or social care input benefit from these areas. Care is often pathway led and may also include patients with low-risk conditions who are waiting for serial blood tests or other investigations.