

Emergency Department Student Nurse Induction Pack



Link nurse: Cat Jakins
Contact no: Ext. 82491





Your ED placement



Welcome to the Emergency Department at Queens Medical Centre, Nottingham University Hospitals NHS Trust

Our mission is to deliver safe, caring and thoughtful healthcare which is patient centred in line with the trusts vision of 'working together to be the best for patients'

We welcome you to our team, and look forward to working with you!

Your first day will be spent on an induction with DREEAM which will complement this resource pack and allow you time to ask questions and alleviate anxieties. You will also receive midway training and be given a slip to go to access control for a swipe card. You will need to bring a £5 cash deposit for your swipe card which will be returned to you on return of your swipecard. Following this induction you will spend the last few hours of your day on the shop floor.

Record Keeping

In ED we use two main computer systems, Medway and Nervecentre for documenting clinical and clerical notes. You will be given access to this and training on how to use the system on your induction day. We also use electronic devices to input observations and patient's handovers onto Nervecentre; a system to record patient data used throughout the NUH Trust. In addition to various forms on paper (e.g. catheter insertion forms, SSKIN bundles, fluid-balance and ECG's).

Please ensure all your documentation is followed by an entry from the nurse you are working with.

Remember: If you didn't document it... **It did not happen.**

Venepuncture and Cannulation



As students you are **NOT** allowed to take bloods or cannulate patients it is good practise to learn about blood taking processes

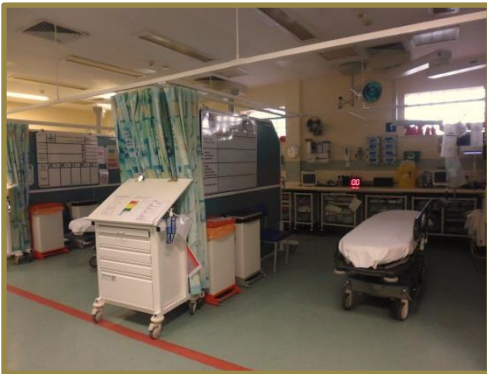
Each time a cannula is inserted, the VIPs needed to be completed on Medway. If a patient comes into ED with a cannula already in situ from the ambulance crew, the VIPs still needs to be completed, but the cannula will need to be removed at a maximum of 24 hours post-insertion, as it is unlikely EMAS were able to perform cannulation using an aseptic technique.



The Clinical Areas

Red Team

Also known as the resuscitation area; “resus” is where patients with severe life threatening injuries or illnesses are cared for. Patients in here will be Category 1 or 2, and are often pre-alerted to us by EMAS on the red phone. In here they will receive intense nursing and medical care. Do not attempt to deal with seriously unwell patients alone. There are 9 bays in total:



1 & 2 Trauma / High Dependency Bay – equipped with a defibrillator and ventilator

3 - 4 Paediatric Trauma / HD Bay – equipped with a defibrillator, ventilator and special paediatric instruments/apparatus

5 - 8 all bays have airway, breathing and circulatory support equipment and multi-function monitoring systems.

Majors Unit

MU has cubicles for patients who need to remain on an ED trolley, and need to see a Dr / ANP. These patients will mainly be triaged as Category 2s and 3s. Our high risk DPM patients are also seen in this area.

Blue team is separated into 3 teams; each with an allocated dedicated nursing, medical, CSW and EDA team, with a senior nurse coordinating. All cubicles have monitoring equipment.

This is the largest area of the department and each patient often requires tests and investigations.

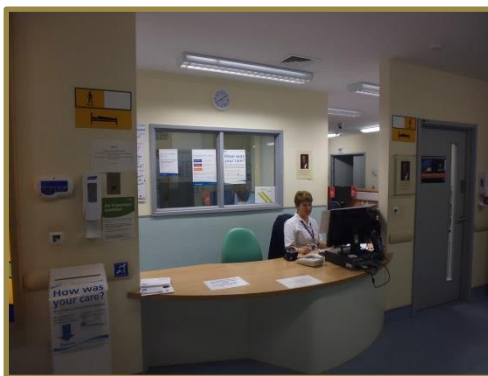




UTU

This is one of our newest areas as part of the UECC.

UTU is made up of 2 'Early Assessment' nurses who triage patients from first contact. UTU then has a combined area for ENP injury patients, primary care NEMs patients and minor illness ED patients. There is one UTU nurse coordinator, two UTU nurses, two CSWS and an EDA to staff this area. NEMs practitioners also work alongside the ENPs and Drs to see patients in cubicles. There is one nurse allocated to UTU to complete all the stitches for the department.



LJU CDU

Patients are sent here when a patient can ideally be discharged within 4-12 hours of presentation. Some patients can come to the unit on specific ED pathways for example paracetamol overdose or non-specific trauma.

The LJU is staffed by ED nurses and EDA's, usually 3-4 nurses work on the unit at any time with 1-2EDAs.



Paediatrics

This is where children and young adults are assessed and treated for a wide range of injuries and conditions. It is a brightly decorated and pleasant environment staffed by specialist paediatric nurses and doctors. Patients are divided into 'minors' and 'majors' and numerous cubicles and rooms are available.

Meet the Team



ED DREEM Team (Purple Uniforms)

The interprofessional educators and the research team are in purple so that you can easily distinguish them from the rest of the ED staff. Please approach these people if you have any questions or need any help.



ED Consultant (Black Uniform)

Consultant level doctors are here as the senior clinician support for the department. Our Consultants are addressed on a first name basis and are very approachable.



ED Doctors (Pale Grey Uniforms)

All doctors wear the same uniform from F1 to Registrar level.



Advanced Nurse Practitioners 'ANP' (Dark Grey Uniforms)

ANPs assess, investigate, treat and refer or discharge patients. They have a thorough and well-structured system of history taking and examination of patients.



Emergency Nurse Practitioners 'ENP' (Light Blue Uniforms)

ENPs assess, investigate, treat and refer or discharge patients with limb problems, and injuries to the head, face and neck within defined protocols. They work in Yellow area and have a thorough and well-structured system of history taking and examination of patients.



Charge Nurse (Navy Blue Uniforms)

The ED Sisters / Charge Nurses wear the same uniform in Adult ED and Paediatric ED.



ED Nurses – Emergency nurse and Deputy Charge nurses (Blue Uniforms)

All nurses (paediatric and adult) band 5 wear a sky blue uniform. Band 6's staff wear a royal blue top



ED Clinical Support Workers 'CSWs' (Dark Green Uniforms)

Clinical Support Workers wear the same uniforms as the nurses. CSWs are allocated to work in IAU, green team and yellow area.



ED Assistants 'EDA' (Light green uniform)

EDAs perform many different tasks within the ED including patient transport, clerical work in Reception and basic care delivery such as feeding and washing patients. Some have taken on advanced roles including cannulation and performing ECGs.



Non Uniform staff

There are many staff that work across medicine that you may see in the Emergency Department that wear their own clothes

Psychiatric nurses then come into the ED to assess these patients and offer follow up appointments or, if necessary, refer them to the duty psychiatric doctor.

-Pharmacists are also based within ED from 0700-1900 seven days a week. They tend to base themselves within the ReED room in Majors Unit

Administration staff and outside team members will also be in their own clothes

Triage Categories

Patients are assessed by a nurse on arrival. Ambulatory patients are assessed by the early assessment team in UTU. Patients brought in by ambulance are triaged in First contact or Resus (as appropriate). Patients are directed to the appropriate area of the department for further management in accordance with their clinical needs.

- 1** - Life threatening to be seen immediately e.g. major trauma (resus)
- 2** - Priority to be seen e.g. cardiac chest pain (MU)
- 3** - Trolley patients e.g. non traumatic back pain (MU)
- 4** - Priority ENP e.g. deformed # or in severe pain (UTU)
- 5** - Senior ED doctor to see e.g. re-attendance with same problem (Resus/MU/UTU)
- 61** – Ambulatory - doctors priority minors (UTU)
- 62** – Ambulatory e.g. long standing pain minors (UTU)
- 63** - Primary Care patient (UTU)
- 7** - ENP patient e.g. any minor injury (UTU)
- 99** - Referral to specialty/Fast-track patients e.g. Gynae/Maxfax
- 11** – Brought in dead (BID)/ Died in department (DID)

Vital Signs and Analgesia



All patients require an initial full set of observations (respiratory rate, oxygen saturations, heart rate, blood pressure, temperature, GCS/AVPU and blood glucose) when they are initially booked into ED. Observations will then need to be repeated throughout a patients time in the department, and should be done 4 hourly as a minimum in UTU and LJCDU, any other area is a minimum of 1 hourly. You must document the observations and escalate concerns appropriately; if a patient has EWS ≥ 3 , a qualified nurse must be informed. This helps to ensure the most unwell patients in ED are identified early, and necessary escalations and interventions are initiated.

Always assess patients for analgesia; they need to be given adequate analgesia when they are in pain.

