Emergency Department Student Nurse Induction Pack

Contact no: 01159 709 396
ext. 81380

DREEAM

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. Upon arrival you will need to arrange an appointment with access control for a swipe card. You will need to bring a £5 cash deposit and one form of ID for your swipe card. Following this induction, you will spend the last few hours of your day within the Emergency Department.

Record Keeping

In ED we use 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, administer medications 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. ECG's, IV fluid administration).

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

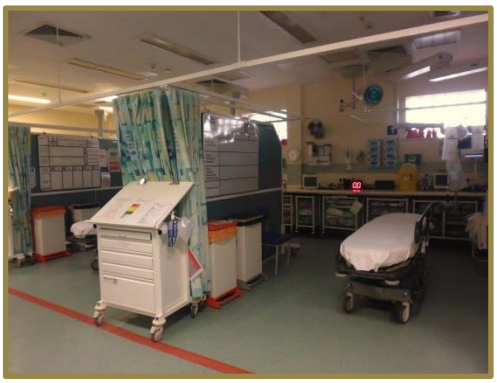
Remember: If you didn't document it… **It did not happen.**

Venepuncture and Cannulation

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

Each time a cannula is inserted, the VIPs assessment needed to be completed on Nervecentre. 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



Resus

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 HD Bay – equipped with a defibrillator and ventilator

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

9 – Stroke Team Bay. Also used for ED patient when no stroke patients expected.

Secondary Assessment Area

The secondary assessment area is where all patients requiring an assessment by an Emergency Nurse will receive that assessment. This includes patients who have been referred, patients who self-present and patients who are brought by ambulance.

This area is staffed with a team leader, registered nurses, at least two clinicians, clinical support workers and emergency department assistants. The patients will undergo a full nursing A-E assessment and brief medical review. They may have treatments started here and will then be moved to the most appropriate area based on their assessment.

Majors Unit

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

Majors is separated into 8 teams: each with an allocated dedicated nursing, medical and EDA team, with a senior nurse coordinating. All cubicles have monitoring equipment.

This is the largest area of the department, and each patient may require further tests and investigations, they remain here if they require admission to a ward.

Ambulatory and Urgent Treatment

Ambulatory (mobile patients) is made up of 'Ambulatory Assessment' nurses who triage patients from reception. A team of Medical and Nursing staff then care for patients in the ambulatory area. Urgent Treatment then has a combined area for ENP injury patients and primary care (GP) NEMs patients. NEMs practitioners, ENPs, ACPs and Drs see patients in cubicles in these areas. There is also one nurse allocated to Ambulatory to complete all the sutures (minor wound stiches) for the department.

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 Resus, Triage, and Majors and numerous cubicles and rooms are available.

Induction

You will receive an induction to the Emergency Department on your first day of placement. This will be conducted in DREEAM (A Floor, West Block, Queens Medical Centre). Please arrive at 8am and you will be greeted by one of the DREEAM educators. The induction will last for approximately half the day. You will then be allocated to work alongside a nurse in the Emergency Department for the remainder of your shift, until 7:30pm. If your allocated assessor or supervisor is on shift, you will be able to work alongside them. If they are not on shift, you will meet them later on in the week. The induction provides you with further information about how the Emergency Department works and you will have the opportunity able to ask any questions you may have.

Meet the Team

ED DREEAM Team (Purple Uniforms)

The inter-professional 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 Registrars (Khaki Green Uniform)

Senior doctors.

ED Doctors (Pale Grey Scrub Uniforms)

All doctors wear the same uniform.

Advanced Clinical Practitioners 'ACP' (Dark Grey Scrub Uniforms)

ACPs 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 Scrub 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 Minor Injuries 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.

Deputy Charge Nurses (Royal Blue Uniforms)
Band 6/Team Leaders wear a royal blue top.

Staff Nurse (Sky Blue - Blue Uniforms)
All nurses (paediatric and adult) band 5 wear a sky-blue uniform.

ED Clinical Support Workers 'CSWs' (Dark Green Uniforms)
CSWs are health care assistants with extended skills, to complete blood sample taking, cannulas, ECGs, plastering and wound care. They also complete the same tasks as EDAs.

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.

Non-Uniform staff
There are many speciality or locum staff that you may see in the Emergency Department that where their own clothes or scrubs.
Pharmacists are also based within ED from 0700-1700 five days a week.
Administration staff and outside team members will also be in their own clothes.

Patient Acuity/Triage

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

Patient Acuity

NHS

1 Immediate life threat	2 Imminent life threat Time critical Ix / Tx Pain- very severe (<10 mins)	3 Potential life threat, limb threat Urgent Ix / Tx Pain - severe (< 30 mins)	4 Potential limb threat Complex / requiring Ix / Tx Pain - not severe (<1hr)	5 No threat to life or limb Non - urgent Pain - minimal
Cardiac arrest Respiratory arrest Immediate risk to airway RR <10/min Extreme respiratory distress BP< 80 (adult) or severely shocked child/infant Unresponsive or responds to pain only (GCS < 9) Ongoing / prolonged seizure Intravenous overdose and unresponsive or hypoventilation Major trauma requiring trauma team activation Trauma with shock or GCS<13	Severe stridor or drooling Severe respiratory distress Circulatory compromise - clammy or mottled skin - HR < 50 or >150 (adult) - BP < 100 - severe blood loss Chest pain - likely cardiac Blood glucose < 3 mmol/l Drowsy, GCS < 13 any cause Anaphylaxis (no airway threat) Acute hemiparesis / dysphasia Fever with signs of lethargy Suspected meningococcemia Acid or alkali splash to eye Severe trauma - major fracture / amputation Significant sedative or toxic ingestion e.g. TCA or envenomation Severe pain suggesting PE, AAA or ectopic pregnancy	Severe hypertension Moderately severe blood loss Moderate shortness of breath O_2 Sat 90 – 95% Blood glucose >16 mmol/l Seizure (now GCS>13) Any fever if immunosuppressed e.g. oncology patient, steroid Rx Head injury with LOC- now alert Chest pain likely non-cardiac Abdominal pain *without* high risk features - mod severe or patient age >65 years Trauma - high-risk history Moderate limb injury - deformity, severe laceration, crushed limb, altered sensation, acutely absent pulse, pain on passive stretch Stable neonate Child at risk of abuse/suspected non-accidental injury	Normal vital signs Mild haemorrhage Foreign body aspiration Chest injury without rib pain Difficulty swallowing [all without resp distress] Minor head injury, no LOC Vomiting or diarrhoea without dehydration Eye prob / FB normal vision Minor limb trauma requiring investigation / treatment - sprained ankle - possible fracture - uncomplicated laceration Non-specific abdominal pain Tight cast, no neurovascular impairment Swollen "hot" joint	Minor symptoms of existing stable illness Minor symptoms of low-risk conditions Minor wounds - small abrasions - minor lacerations (not requiring Tx) Scheduled re-visit - wound review - complex dressings Immunisation only
Behavioural / psychiatric Immediate threat of dangerous violence	**Behavioural / psychiatric** Violent or aggressive Active threat to self or others Requires or has required restraint	**Behavioural / psychiatric** Very distressed Ongoing risk of self-harm Psychotic / thought disordered Agitated / withdrawn Potentially aggressive	**Behavioural / psychiatric** No immediate risk to self or others	**Behavioural / psychiatric** Known patient with chronic symptoms Social crisis, clinically well patient

Adapted from the Australian Triage Scale. The descriptions in the Acuity categories are examples to guide clinical judgement.

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 ambulatory areas, any other area is a minimum of 1 hourly. You must document the observations and escalate concerns appropriately; if a patient has NEWS >=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.

Sickness and Absence

In the event that you are unwell and unable to attend your shift due to sickness, please follow the below information:

- Inform your university
- Call ED Nurse in Charge – 07595285050
- Call DREEAM – 0115 9709 396 ex 81380 (phone lines Mon-Fri 8am-4pm)

Please ensure that you call in as soon as you think you may be unwell. Contacting us at short notice or when you are already due on shift is unacceptable. If you do not inform us then we will contact your university and may need to activate our missing person's policy.

PebblePad

Please ensure that you share your PebblePad access with your assessor and supervisor as soon as possible, either before you start or during your first week.

If you have issues completing your PebblePad please contact DREEAM at the earliest opportunity. We can't do anything about it if we don't know!