

Student Nurses



*Emergency
Department
2019*

The Emergency Department

Wellington Emergency Department (ED) is a level 6 emergency care service and sees approximately 62,000 patients a year. Patient acuity ranges from `walking wounded` to life threatening emergencies such as cardiac arrest.

Most student nurses are nervous when coming to this department but you will gain great experience, and a trained nurse will always support you. You will never be working in isolation and will be guided through your placement.

Student nurses are expected to come prepared with **learning objectives**, and these need to be shown to your preceptors so we can help you achieve them.

In addition to your clinical learning there are many educational opportunities available to you during your placement.

You will be given a primary nurse to assist with meeting your objectives and completing required assessments. We aim to roster you to your primary nurse as much as possible but on occasion you will work with other members of staff. .

The Department of Emergency Medicine is an excellent place for student nurses to consolidate the theory they have learnt at college / university and put this theory into practice.

This requires a commitment (from you) to learning and willingness to be flexible in an ever changing environment. For this reason, all students are expected to work a rotating roster. We appreciate that some people have family (and other) commitments and can't always work alongside their key mentors, and for this reason, your mentor may allocate you to another trained nurse from time to time.



Contacts

Emergency Department	Main contact	Email for main contact	Phone number for ward/Unit
ACNM PFC	Varies shift to shift		ext 6475 ext 5005
Main Student ACNM	Bernie Taankink	Bernadette.taankink@ccdhb.org.nz	Ext 6475
CNE	Victoria Richmond and Marion Picken	Marion.picken@ccdhb.org.nz Victoria.richmond@ccdhb.org.nz	Ext 6464

Speak in person to your preceptor if an issue arises during your shift.

Clinical issues, clarification or guidance seek out any of our staff or CNE's.

Sickness or issues with attending a shift call on the duty ACNM.

University commitments, meeting objectives, roster and clinical issues can also be discussed with Bernie, Marion and Victoria.

Contact is preferred by email or if you need to speak with one of the team call the ACNM to find out who is available to talk with you.

Expectations of the Student Nurse while in the Emergency Department.

The shifts in the Emergency Department are:

AM	:	0700 to 1530
AMJ		1100 to 1930
PME		1300 to 2130
PM		1430 to 2300
LN		2100 to 0730
N		2245 to 0715

We have a few expectations of student nurses working in the Emergency Department:

- ❖ It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and can not come to call the on duty ACNM.
- ❖ You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your nurse, preceptor or nurse educator. A lot of learning occurs at quiet times!!
- ❖ It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives
- ❖ Come prepared to work hard, learn lots and get the most out of the placement, have a positive attitude and seek out as many learning opportunities as possible.
- ❖ A clean uniform must be worn, long hair must be tied back, multi coloured long sleeves and/or cardigans must not be worn when working on the floor.
- ❖ Majority of our documentation is done electronically on EDIS, you will be orientated to this system on your first day and given the student nursing password. Each clinical note needs to be clear, accurate and done in a timely manner – your name and designation as a student needs to be added also.
- ❖ If you are not achieving your objective please see Bernie, Jess or your preceptor (before the last week in the unit)
- ❖ Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit – your preceptor will **not** complete any paper that is given to him or her if it is given in the last days of your placement

Safety Measures

ED is a fast paced environment and there will be occasions where you will be subjected to high acuity, high stress emergency patients. ED is a great team and we never work in isolation, there will always be someone ready to respond to an emergency.

If you come across a patient that requires immediate assistance – don't panic! Call for help and use the emergency call bells located in each cubicle.

To be extra prepared familiarise yourself with Cardiac Arrest, Anaphylaxis and Choking algorithms. Also look through the CCDHB Early Warning scores (EWS) and Escalation pathways and the ISOBAR template.

ED is a secure unit, on day one you will be allocated a swipe card, take care of these – do NOT borrow out to anyone and please return to the ED PA at the end of your placement.

In the event of a fire alarm, evacuation, or mass casualty incident follow the lead of your preceptor and the on duty ACNM.

Objectives

On your first day in the department, all students must report to the Department for a 8am start where the key mentors will guide you through a day of “Orientation to the department”.

During orientation you will have a guided tour of the department, and we will explain to you what goes on in each area.

We want the day to be fun, and an opportunity for you to meet and interact with other students and registered nurses.

On this first day, your mentors will concentrate on the most important skills of an Emergency Nurse that are utilised each and every day and how as students you can be an effective member of our team. .

Basic Assessment - Adult and Paediatric
Safe Manual Handling / CPR
Pain Assessment
Early Warning Scores (EWS) – Adult and Paediatric
Screening tools
Risk assessments
Nurse Initiated pathways
Fast track protocols

The ED team deals with a wide range of people with a variety of complaints. We work alongside numerous other specialties; we will discuss how utilising other services help to streamline treatment for our patients. Examples of other (daily) utilised services are WFA, MAPU, CAA, CATT, #clinic etc

At the end of your placement, providing you have met all you learning requirements and objectives, you will be given the opportunity to do an informal 5-10 minute presentation about a patient scenario you have been exposed to during your placement in the Emergency Department.

This is not a formal assessment it is meant to be a fun way of learning.

Emergency Nursing Assessment

Needs to be systematic.

Primary and Secondary Assessments provide the Emergency Nurse with a methodical approach to help identify and prioritize patient needs

Primary Assessment

- A – Airway
- B – Breathing
- C- Circulation
- D – Disability
- A V P U

Secondary Assessment

- E Expose/ Environmental Control
- F Full set of vitals
Five interventions
Facilitate family presence and
- G Give comfort measures

ED does not just get Trauma patients!! We have presentations from all age groups with varied complaints.

When assessing our patients consider the following:

What is the presenting complaint?

Medical History especially relevant history related to this presentation

Medications

In pain? What location is the pain? How severe is the pain?

Any associated symptoms

What have they done to help their situation if at all – ie analgesia

Abdo pain

Don't forget Last Meal/Drink

Surgical History

'Unwell Adult'

Medical History

Infectious? Or Infectious contacts

'Unwell Paed'

Immunisation History

Weight

Mental Health Patients are they know to MH Services?

Pain Assessment

Onset

When did your pain start? How often does it occur?

Location

Where is your pain?

Description

What does your pain feel like? What words would you use to describe your pain?

Intensity

On a scale of 1-10 with 1 being no pain and 10 being the worst pain you could imagine. What score do you give your pain right now? What score do you give your pain at its worse?

Aggravating or Relieving factors

What makes your pain better? What makes your pain worse?

Treatment

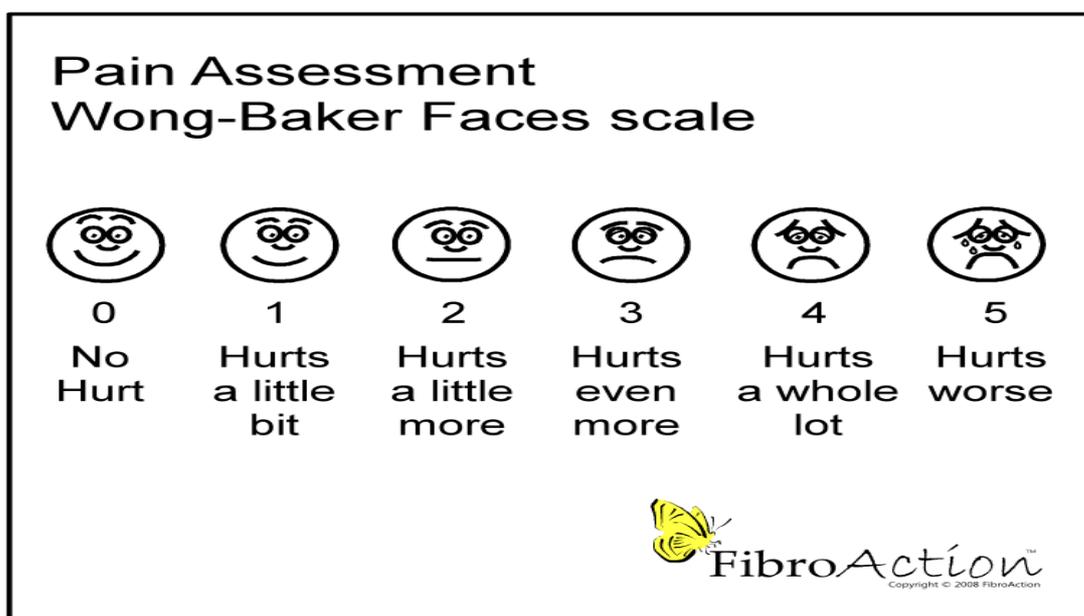
What have you tried to relieve your pain? Were they effective?

Effect

How does the pain affect your physical or social abilities

Don't forget those with chronic pain issues

Do you have a management plan?



Common Presentations to the Emergency Department

ED sees a huge variety of patients, it can be unpredictable and challenging – which is what our ED staff love the most.

Some common clinical presentations may include

- Minor illness or injury
- Major trauma
- Abdominal Pain
- Chest pain
- 'unwell child'
- Neurological problems – headaches
- CVA/Stroke
- Diabetic complications – DKA, hypoglycaemia
- UTI/ Pyelonephritis
- Deliberate Self Harm/ Overdose
- Mental health crisis
- Pneumonia
- Exacerbation of COPD
- #NOF
- Severe Sepsis
- Seizures
- Local infections

Common Medications

Below is a list of commonly used medicines in the Emergency Department. Familiarise yourself with these. Each week your preceptors may question your understanding of these.

What is the drug used for? What is the usual dose and mode of administration?

Are there any special considerations needed when giving this medicine

Ondansetron
Metoclopramide

Salbutamol
Ipratropium

Hydrocortisone
Prednisone

Piperacillin and Tazobactam

Morphine
Fentanyl
Codeine Phosphate
Paracetamol
Ibuprofen

Tetracaine 4%

Adrenaline
Amiodarone
Atropine

Glyceryl trinitrate
Aspirin
Enoxaparin

Midazolam

Phenergan

Treasure Hunt

This list is designed to help you become familiar with the environment, but is by no means exhaustive of all the things you will be required to locate.

<input type="checkbox"/> Dispensary	<input type="checkbox"/> Discharge box
<input type="checkbox"/> Controlled Drug cupboard	<input type="checkbox"/> Clinical policies & procedures
<input type="checkbox"/> "Notes on injectable Drugs"	<input type="checkbox"/> Allocation board
<input type="checkbox"/> Resuscitation trolley	<input type="checkbox"/> Roster
<input type="checkbox"/> Transfer bags	<input type="checkbox"/> Manual BP machine
<input type="checkbox"/> Portable suction	<input type="checkbox"/> Suction Equipment
Lamson tube	
<input type="checkbox"/> Intravenous Fluids and equipment	<input type="checkbox"/> Weigh scales
<input type="checkbox"/> Store room	<input type="checkbox"/> Thermometers & covers
<input type="checkbox"/> Staff tea room	<input type="checkbox"/> Toys
<input type="checkbox"/> Locker room	<input type="checkbox"/>
<input type="checkbox"/> Sluice rooms	<input type="checkbox"/> Drug charts
<input type="checkbox"/> Whanau room	<input type="checkbox"/> Laboratory forms
<input type="checkbox"/> Dressing trolley and Materials	<input type="checkbox"/> ISOBAR forms
<input type="checkbox"/> Isolation Equipment	<input type="checkbox"/> Stationary supplies
<input type="checkbox"/> ECG machines	<input type="checkbox"/>
<input type="checkbox"/> Blood glucose trolley	<input type="checkbox"/> Sterile Gloves
<input type="checkbox"/> Ketone monitor	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Drug Fridge
<input type="checkbox"/> Linen supplies	<input type="checkbox"/> Photocopier
<input type="checkbox"/> CNM office	<input type="checkbox"/> Resource room
<input type="checkbox"/> CNE /ACNM office	<input type="checkbox"/> Seminar rooms
<input type="checkbox"/> PA office	<input type="checkbox"/>

Evaluation of Clinical Experience

Nurse: _____ Date of placement: _____

Date of Evaluation: _____ Preceptor: _____

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1 Strongly Agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the "named preceptor" at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						
How was the Preceptor?						
The preceptor assessed and acknowledged my previous skills and knowledge						
The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
The preceptor was a good role model for safe and competent clinical practice						
I felt comfortable asking my preceptor questions						

Emergency Department – Student Nurses

The preceptor provided me with regular constructive feedback on my practice						
---	--	--	--	--	--	--

Additional comments:

Please return this form to Charge Nurse Manager or Clinical Nurse Educator