

C&C DHB Emergency Department



Clinical placement information for Paramedic Students

Welcome

Welcome to the region's largest and busiest Emergency Department.

Wellington Emergency Department (ED) is a level 6 emergency care service and sees approximately 55,000 patients a year. Generally it is at its busiest in the winter months. Patient acuity ranges from `walking wounded` to life threatening emergencies such as cardiac arrest.

Most students 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.

Paramedic students 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.

There are 2 "key" preceptors in the department that are experienced in mentoring paramedic students through their placements.

Who we are: Lisa Reid (RN, BLS) and Marion Picken (Nurse Educator).

Where possible, 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.

If at any point during your placement you are facing difficulties, or need to talk to someone, your primary nurse should be your "1st point of call" and they will endeavour to resolve any problems you may have. Lisa and Marion are also available to discuss issues that may arise.

The Department of Emergency Medicine is an excellent place for students 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.

On your first day in the department, report to reception and state who you are and why you are here. You will be taken in for the shift handover where you will meet your buddy nurse. Please advise your nurse what year of study you are in at the beginning of your shift.

Once you have met your nurse we will aim to give you a quick tour around the department. Please ask questions as appropriate about the area.

On your first day it is important to become familiar with;

- 1) The resus trolley
- 2) The resuscitation rooms
- 3) The staff room
- 4) The locker room

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, SAPU, CATT, transit lounge, # clinic etc.

AREAS WITHIN THE EMERGENCY DEPARTMENT

RECEPTION

Often the first contact patients and relatives have is at reception. Our reception staff are key to the flow of the department and deal with a whole range of inquiries as well as processing patients electronically. The triage nurse works closely with the reception staff.

TRIAGE

All patients arriving through the front door by foot or the ambulance door will see a triage nurse. Very ill patients may be transferred straight to a room and triaged there. Triage nurses are experienced nurses, who have undergone further training in order to make a rapid assessment of a patient's condition,

Patients are allocated a triage code depending on the seriousness of their presentation:

- **Triage/code 1:** Life threatening- requires immediate attention
- **Triage/code 2:** Emergency- needs to be seen within 10 minutes
- **Triage/code 3:** Urgent- we aim to treat these patients within 30 minutes.
- **Triage/code 4:** Semi urgent - we aim to treat these patients within 60 minutes.
- **Triage/code 5:** Non-urgent – patients which could be treated by a GP/primary health, care organisation. We aim to treat these patients within two hours.

Fast track

Some of our ED patients who meet specific protocols are also 'highlighted' during the triage process as Fast track patients.

There are specific guidelines for patients who present for:

Neutropenic Sepsis

Fractured Neck of Femur (#NOF)

Acute Myocardial Infarction (AMI)

Stroke.

Direct Referrals

On arrival to ED each patient that presents to the ED are assessed by triage staff, there are patients who have had direct referrals to other specialities within the hospital, provided these patients are stable and meet the specific criteria they can be directed from ED to the appropriate area.

These areas include: MAPU, CAU, 4NW, Delivery suite, SAPU.

Nurse Initiated Protocols (NIP) and Extended Skills (ESN)

For a portion of our patients their treatment is initiated by our nurses first, the nurses highlight these patients and 'NIP' (Nurse initiated protocols) them.

Eg : Asthma Protocol

Medication Standing Orders (MSO)

CLINICAL TREATMENT AREA (CTA)

The department is separated into three main areas

Gold Base, Blue Base and Green Zone (also known as Minor Care Zone)

Each nurse is allocated a specific area and group of rooms each shift, despite having individual rooms and patients we strongly encourage teamwork and supporting each other.

Gold base

Cubicles A1-4, C1-4, Resus 1, 2, 3



Blue base

Cubicles A5 – B6, B2-4, C5- B1



Green Zone/ MCZ

Patients who present with minor injuries and ailments are treated in this area.



Resus

There are 3 specific resuscitation rooms

The nurses allocated to work here have had additional training and orientation to work in resus.

Our most unwell of patients are treated in these rooms. We also care for patients that need conscious sedation or procedures that require additional monitoring in here.

As a first year paramedic student, it is not suitable for you to be placed into this area. However, at times it may be appropriate for you to observe a resuscitation if your preceptor agrees. As a first year we are happy for you to watch only.

As a second year student, this may be an area where you will be placed for a shift. If so, only partake in situations where you feel comfortable. (It may be a good time to be involved in chest compressions if confident ect.)

At any time, if you are finding it hard to cope with what you are seeing do not feel you have to stay and watch, instead leave quietly and debrief with a nurse.



TELEPHONE ENQUIRIES

Relatives, friends, health care workers, Police to name a few may often enquire about a patient's condition. It is difficult to clarify who the caller may be and caution is always taken as to any information being disclosed. Particular care has to be taken when a newsworthy accident or event has occurred. If possible get the patient to take the call or pass the call to a registered nurse.

If you are required to answer the phone remember telephone etiquette:
"Emergency department, paramedic student....speaking"

AMBULANCE RADIO AND PHONE

This has its own distinctive ring and is linked to ambulance control. It is answered by qualified staff only as it will be relaying information about a Trauma such as a motor vehicle accident, medical emergency such as a cardiac or respiratory arrest, incoming helicopter or any information regarding an unwell adult or child. The information is documented and then relayed to the Resus Nurses, Nursing Coordinator, Medical Staff, Security Orderly and Reception staff.

The Department Walk through

Key areas of Note

Gold Base
Blue Base
Green Zone / Minor Care Zone
Resus
Triage
Nurse allocation board
ACNM desk
Patient Flow Coordinator desk
SMO desk
Lamson tube
Dispensary
Reception
Manual BP machine
Security Orderly base
Sluices
Policies and Procedures Manuals – including Infection control
Management Plans

Hoist
Locker Room (spare student locker)
Staff Room
Seminar Rooms
CNM office
PA office
Store Rooms
ED Xray

Staff members of note

Clinical Nurse Manager Ben Storey
Clinical Nurse Specialist Jeni Irving
Clinical Nurse Educator Marion Picken, Georgina Chadwick
ED PA Christelle Vorster
Nurse Technician Amanda McLaren
Clinical Leader Andre Cromhout

HOUSEKEEPING

Frequently asked questions

- Q. *How will I know who my mentor(s) are?*
A. On the allocation board it will show you who the nurse you will be working with is and where you will be based for the shift. If you are not allocated a nurse the ACNM will place you with one.
- Q. *What do I do if I want to change a shift?*
A. You must speak to the student nurse preceptors or your mentor before changing a shift and make your request. You must take into account that we can only have certain numbers of staff that require supervision working at one time.
- Q. *What do I do if I am ill?*
A. You must inform the department that you are ill before the start of your shift. When you ring ensure that you ask to speak to the ACNM, your key mentor or Charge nurse manager on Tel 3855432 or ext 6475, tell them which shift you will be missing and when you intend to return.
- Q. *What are the shift hours?*
A. A- 0700-1530
P-1430-2300
LN -2100-0730
N- 2245-0715
- Q. *What does everyone wear?*
A. ED nurses wear blue scrubs, and ED Drs wear green scrubs. Medical students wear a combination so staff are aware they are still students. It is important you wear your normal uniform in this placement. **Do not wear high visibility gear while on placement in ED.**
- Q. *Where can I put my property?*
A. Do not leave any valuables in the staff room. There is a locker room for you to put your property in. You will be told the pass code when you start your placement and it is important this number remains confidential.

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

Known 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?

Pain Assessment Wong-Baker Faces scale

					
0	1	2	3	4	5
No Hurt	Hurts a little bit	Hurts a little more	Hurts even more	Hurts a whole lot	Hurts worse



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Feedback Form :

At the end of your placement we would appreciate it if you could take 5 mins and complete this feedback form for us....Without your feedback we can't improve our teaching package.

Thanks, Lisa.

On a scale on 1-10 (1 = worst, 10 = best) how would you rate your ED placement?

What did you enjoy and why?

What did you not enjoy and why?

Did you find your mentor approachable?

What could we do to improve paramedic student placement in ED?

Please place your confidential feedback into Lisa Reid's (lower right corner) pigeon hole beside the handover room.