



Directed Studies

Name

Year group/Placement block.....

Ed Mentor team/Practice Assessor.....

University personal tutor.....

Main PEL: *SR Lydia Jones,*

PBE's: SR Amie Nuttall & CN Chris Proctor

Associate PEL's: CN Luke Hulton (Adults) & Kimberley Walton (Paediatrics)

Resuscitation area

Whilst working in the Emergency Room, you may have the opportunity to deal with **major trauma and/or the multiply injured patient**. You will however, certainly have the opportunity to assist in caring for patients with cardiac chest pain, cardiac arrest and critically ill patients. The critically ill patients are usually adults however our department deals with patients of all ages and you may be involved in the care of critically ill children. We are sometime placed on “Standby” or receive a courtesy call on the **emergency telephone** (situated in the emergency room) from ambulance control. They attempt to give us as much information as they can i.e. general assessment details of patient, mechanism of injury/injuries (if any) initial treatment and management and estimated times of arrival. (This telephone is answered by trained staff only.)

Once a call is received, the resuscitation team and senior doctor is informed, these members of staff are named on the board outside the emergency room, We then are able to prepare as much as possible before the arrival of the patient. The allocation of staff to specific roles helps to avoid confusion and overlapping of roles.

Directed study for the resuscitation area

How would you assess a patients airway?	

What potential problems might you identify?	
What initial steps can you take to open the airway?	
What airway adjuncts are available?	
In what instances should one of these not be used?	
How would you select the appropriate size of adjunct?	
How would you assess a patient's respiratory function?	
What type of oxygen delivery systems are available and how much oxygen can be delivered by each ?	

What ongoing assessment would you make of a patients oxygenation and ventilation status?	
When would you not administer a high concentration of oxygen?	
What is the rationale for giving patients high flow/ concentration of oxygen?	
When would a patient need assistance with ventilation?	
How would you determine the rate of ventilation?	
What investigations would a patient need if they were being ventilated?	
How would you assess a patient's circulation?	

How is a patients conscious level assessed?	
What are the potential problems for patients with a reduced conscious level?	
Identify at least 3 causes of a reduced conscious level?	
What ongoing observations would you make for a patient with a reduced conscious level?	
Identify the common drugs used in a cardiac arrest and why they are used.	
What are the priorities of care for patients with major trauma?	
What are the life threatening injuries associated with major chest trauma?	

Why is spinal immobilisation so important in patients following major trauma?	

Documentation

Documentation is a subject that should be very important to all of us, anything that we do for a patient whilst they are on A/E should be documented followed by your signature and countersigned.

The care plans are used for all trolley patients and can be printed at any computer. Your mentor will advise you on how to use the care plan. This care plan then follows the patient to the ward after it is scanned in reception or is sent back to reception if the patient is discharged home.

You may or may not be familiar with some of the documentation used within the trust – once again full support will be given to you during your placement on the completion of documentation.

Documentation, not only helps us as nurses to clarify what care we have provided and the outcome of that care, but also helps when having to deal with complaints.

Directed Study for Documentation

List the various forms used for patient documentation on the department and where to find them.	- - - - - - - -
Are you familiar with the NEWS-2 forms	

Under supervision please attempt to document a set of Physiological Observations	
How do we document a pressure ulcer across Northern Care Alliance?	
Can you remember 3 questions from the rounding tool?	
Name 3 common themes of bad documentation	
When a safeguarding issues arises how would we go about documenting it?	
Complete this common phrase; If it ain't written down.....	

Dressings, Plaster casts & Bandages

The dressing / minor injuries area, is where most dressings and minor procedures are carried out.

There is an information file on plastering techniques and minor injury treatments that can be referred to giving guidance on certain procedures that are carried out on the department.

You will be well supported wherever you work, including the minor injuries / dressing area.

You will be given the opportunity to partake (under supervision) in wound cleaning and dressing of wounds, different types of bandage application, plastering techniques.

Some of the patient's may need to come back to the department to be followed up by the Senior Doctor's in the recent trauma clinic . This clinic is held every weekday morning. This is an ideal opportunity for you to follow up a patient with an interesting injury or wound and follow their progress.

Directed study for Dressings, plaster casts & bandages

A patient with a knee injury would have what kind of supportive bandage?	
What various supports are available for wrist or elbow injuries?	

What types of supportive bandage would/could be used for a patient with a soft tissue injury to the ankle ? with a soft tissue injury to the ankle ?	
Which analgesia would be most effective? What dressings may be employed? Consider the type of follow up treatment that may be necessary.What methods of wound closure are available, Which methods are used for the following wounds:	
-Laceration to lower leg in an elderly patient,	
-head wound in a 6 year old child	
*laceration over the elbow in a 35 yr old male.How should patients with burns and scalds be managed? What advice and information is available to give to patients on discharge?Identify analgesics which are commonly used for patients with "minor injuries".	
What do you consider to be the role of the nurse working in the minor injuries area?	
Identify some of the developed or enhanced roles a nurse in minor injuries may practice.	

Look up and list what type of plasters would be used for the following injuries:	
<ul style="list-style-type: none">• Colles fracture	
<ul style="list-style-type: none">• Scaphoid	
<ul style="list-style-type: none">• Humerus	
<ul style="list-style-type: none">• Metatarsal	
<ul style="list-style-type: none">• Radial head	
<ul style="list-style-type: none">• Malleolar fractures	

Majors/Minors/Paeds Cubicle areas

This area can provide you with an excellent opportunity to develop your assessment skills and fundamental nursing care skills. Patients in this area are often in pain, and pain relief is a priority. You will also have the opportunity to care for patients' with a variety of problems, who may be referred to other specialties.

Directed study for Majors/Minors/Paeds Cubicle areas

A patient presenting with severe lower abdominal pains, would require what observations and why?	
What observations and interventions would be carried out for a patient presenting with a history of breathlessness?	
What interventions would the nursing staff carry out at this point and why?	
What are the priorities of care for a patient who is suspected of having a fractured neck of femur?	
How would you assess a patient who has experienced a collapse? – cause unknown, what history would you need to take, and what specific observations / investigations would you initiate?	

Your patient has presenting with a headache, for 2 hours, associated with vomiting.	
What other symptoms may be present if meningitis was suspected?	
Your patient has presented with a history of PV bleeding – what specific care and management would be required (including investigations) for this patient?	
What are the priorities of care for a patient presenting following an epileptic fit, and what further management would be required?	
How are patient's who have ingested large quantities of alcohol managed?	
Your patient has presented following an overdose, what observations would be carried out? Find out how we access information from Toxbase.	
What other support is available for the patient?	

What specific initial observations are carried out with unwell children attending the department?	
How would you assess a child's hydration state?	
How is pyrexia managed in children?	
Identify the common conditions that children present with to A/E?	
If you had concerns about a child's safety at home, what do you think may alert you to this, and how would you deal with it, and what further action would be taken?	
Find out how a child in cardiac arrest would be managed differently to the adult in cardiac arrest? And why?	
Once your patient is admitted to the ward, describe what information you may be handing over to the staff on the ward?	

If the patient is to be discharged home, what factors may you need to consider?	
An elderly patient in the cubicles area is being discharged home following a collis fracture, what specifics would you be looking into, in order to ensure a safe discharge?	
List the other agencies / resources / specialist nurses that the patient may be referred to?	

Triage

Triage is done in two main areas of the department. Firstly it is undertaken in the triage room where both ambulance walking wounded and patients from the waiting room are initially assessed. The designated Ambulance Triage Nurse also undertakes a triage of the ambulance patient brought in on a stretcher/chair to the cubicle area. The triage nurse will ensure that the patient is seen in order of priority and in the correct area of the department to suit the needs of the patient best.

Directed study for Triage

Identify the triage categories and the suggested waiting times for each category?	
What is meant by a discriminator?	
What does the word triage mean?	
What is the role of the triage nurse?	

How should a triage nurse deal with a complaint about waiting times?	
How do you think the triage nurse is able to prioritise the order in which patients are seen?	
What is meant by the term streaming?	
What do you think are important qualities of a triage nurse?	
What observations are recorded at triage and why?	

If you have enjoyed this exercise and wish to learn more you may be interested in our *A to E Assessment in Action* activity which can be found in the Student Resource File & on the Desktop.

Alternatively If you think you might enjoy some *Spoke Placements* why not explore the possibilities of this with your Practice Assessor, information can be found in the Student Resource file & on the Desktop.