ER Nurses Life

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Abstract:

As an Emergency room nurse I know how difficult to work in emergency room, I focused on the most critical areas in ER (Triage and resuscitation area). Triage area is stressful area with different categories non-urgent, semi urgent, and urgent cases. It is important to know how to sort patients, and also how to manage difficult patient and to solve problems. The second critical area in ER is the resuscitation area, it is important to have assignment every shift for nurses who are involved in the code and to teach nurses the responsibilities. I mentioned also the ER atmosphere how to work in ER when it is busy, with critical cases and with un expected case come inside ER, And how to control our emotions in this busy stressful area.

Introduction

Emergency room is the most busy and crowded area in the hospital. We treat all ages in different conditions, such as obstetric, gynecology, pediatric emergencies, trauma, psychiatric cases, and infectious diseases.
Emergency room nurses their life is fun and full of action, they don't have a routine work.

Triage area



Definition of triage:
It is the process of sorting people based on their needs.

Triage area is the front line in Emergency room.
There are many triage systems in world, such as: Canadian, American and Australian triage system. All systems are the same with little difference.
Triage nurse will evaluate the patient condition and give the priority for admission to the emergency room.

The work at Triage:

Senior nurse will take a fast history from the patient or the patient relative.
To check vital signs and to categorize the patient according to the triage system.

Criteria of the Triage nurse:

- Senior nurse.
- Certified in triage system.
- Calm, with smile on the face.
- Knows how to communicate with patients.
- Fast worker.
- Critical thinker.
- Control his/her anger and emotions.

Resuscitation Area



It is the most critical area in the Emergency room. This area is dedicated to the immediate care of patients in cardiac arrest, airway, breathing and circulation compromise.
Monitors, defibrillators, intubation and surgical equipment, suctions should be available.

A patient maybe shifted to the Resuscitation area from outside or from an area within the hospital or the Emergency room itself.

Definitions of Terms used in Resuscitation room:

Cardiopulmonary resuscitation:

Is to attempt any maneuvers or techniques designed to restore circulation or a technique combining artificial ventilation and chest compressions designed to perfuse vital organs or restore circulation to a victim of cardiopulmonary arrest.

Resuscitation:

Is the clinical attempt to restore cardiopulmonary function.

Code:

Is the term used over the public address system to summon assistance for patients in full or impending cardiopulmonary arrest.

CPR:

Is the abbreviation used for cardiopulmonary resuscitation.

What to do when you receive a case in Resuscitation room?

- Stay calm, Take a deep breath and let your nursing skills take over.
- Knowing what happens and what's expected of you will reduce your anxiety and make you an effective member of the team.
- Before you announce the code assess the patient first with ABC and check the level of conscious.
- If no response, no breathing, and no pulse call for a code.
- Initiate CPR.
- Putting code in motion.
- As soon as the crash cart arrives, place the CPR board under the patient.
- Obtain emergency equipment.
- Do not forget to use universal precautions to protect yourself from body fluids.

Nurses who are involved during Resuscitation

All emergency room should have nurses assigned for the code in every shift.

1. In-charge nurse:

The charge nurse may direct the code until a physician arrives. He/ she should have at least ACLS and BLS certificates.

2. Compressor:

- Position: at the left side of the patient.
- The first healthcare provider to respond assumes the role of "compressor" and immediately begins chest compressions at a rate of at least 100 compressions per minute.
- Don't wait for a backboard to be placed to begin compressions; it can be placed when additional personnel arrive who will then switch compressor roles approximately every 2 minutes.

3. Airway Nurse:

- Position: at the head side of the patient.
- Open the patient air way.
- Start the Oxygen.
- Prepare equipment's for the intubation: Bag valve mask (Ambu bag), laryngoscope with different blades sizes, Stylet, lubricant jelly, and 10 or 20 cc syringe. And to turn on the suction machine.
- To bag the patient.

4. I.V Nurse:

- Position: patient's mid-chest.
- Insert 2 big IV cannula's, draw blood, and start fluids.
- Assists with procedures.
- Insert NG or OG tube and urinary Foley catheter.

5. Medication Nurse:



- Position: at right side of the patient.
- Attaches monitor leads and get the initial Vital signs.
- Assure cardiac backboard is in place.
- Manages the crash cart.
- Draws up and labels medications and flushes.
- Hands off medications as directed by the code leader.
- Responsible for the defibrillator.
- Administer I.V medications rapidly follow them with 20ml bolus of I.V fluid with elevating the patients arm.
- Announce the drug and dosage loudly so all the team members will know this medication was given specially the recorder nurse.

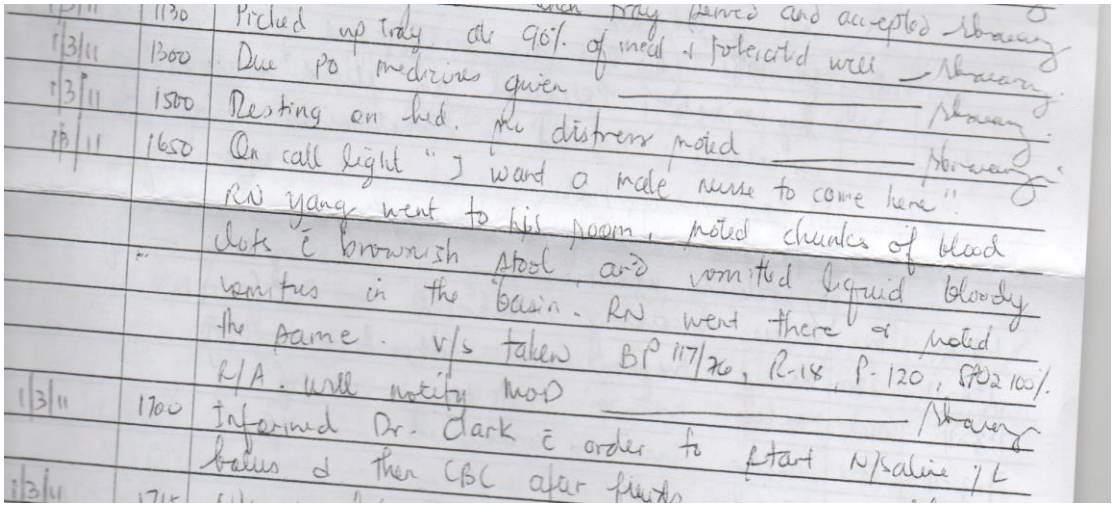
Crash cart medications:

(According to the hospital policy and guidelines)

- Adrenaline
- Atropine
- Calcium Chloride
- Dopamine
- Glucose D50%
- Isuprel
- Dobutamine
- Vasopresin
- Amiodarone
- Adinosine
- Sodium bicarbonate
- Prcainamide

- Xylocaine 20%
- Xylocaine 2%

6. Recording Nurse:



- Position: at patients foot side.
- At the start of the code, one nurse should begin recording the events and interventions on the official resuscitation record. To take fast history from paramedics or the people who brought the patient.
- Records vital signs and assessments every 2 min.
- Completes resuscitation flow sheet form.

7. Standby Nurse:

- Position: at the crash cart side.
- Assists with initial response, assists with BLS
- Assists medication nurse with drawing up meds, flushes, obtaining supplies and assists for procedures.
- Follow direction of code leader.

7. Nursing Supervisor:

- Maintains crowd control and access of code team
- Ensures all code team members are present
- Contacts the special services as is necessary.

During the code

1. Clear messages:

- All messages should be delivered in a calm and direct way without shouting.
- Team leader should speak clearly
- Team members should question an order if they are unsure what was said.

2. Clear roles and responsibilities:

- Every team member should know his/her role and responsibilities.
- Team leader should clearly delegate tasks
- Team member should not accept assignments above their level.

3. Mutual respect:

- The best teams are composed of members who share a mutual respect for each other and work together in a collegial, supportive manner.
- All team members should leave their egos at the door.

ER atmosphere

1. **When busy:**

As I mentioned before, emergency room is always full of patients, urgent, semi-urgent, and non-emergency cases. To work in this crowd you have to Take a deep breath and try to calm down.
Think how to prioritize things and to start with the most sick patient.

Patients they may wait for hours to be seen specially if they are non-urgent or semi-emergency. Some of patients they get irritated from waiting this long and it is difficult to deal with them. There are two ways to deal with such patients:

- **First Line Techniques in Managing Difficult Patients:**

- **Gain personal emotional control**:
  Don't react, be proactive, and know your triggers. Slow down your breathing, speak slowly and quietly, lower your tone, and think about your body language. When feeling frustrated or angry, try reciting to yourself a few times: "I'm alert, I'm alive and I feel good". Although this may sound someone ridiculous it can be an effective technique in shifting your 'flight or flight' amygdala-mediated physiological response to a positive, calm and constructive state of mind.

- **Start with a good first impression**:
  Smile, use an open posture, introduce yourself, extend your hand for a handshake, make an eye contact, look patients in the eye for 3-5 seconds.

- **Help your patient get emotional control**:
  Don't argue (arguing will lead to a vicious cycle of attacks and counterattacks). Patients want to feel heard, understood and validated. Say "I'm here to help you and hear you out".

- **Effective empathetic listening**:
  Search for the patient's agenda. Echo or paraphrase what the patient says, and acknowledge their feelings. Say "I can see you are frustrated"

- **Second-line Techniques for Managing Difficult Patients :**

If the first line dont not work and the patient become more angry, use this technique :

- **Broken record technique**:

It is a message that you meant what to say and you will not change your words.

Repeat the same answer in a calm way to the patient for 2 to 3 times. Most of the time the patient will under stand and will usually shift from being difficult to being co-operative.

- **Acting "dumb"**:
  When being threatened or attacked, do not fight back; ask clarifying questions to change the attack to clarification. You can say "pardon" or "help me understand what you are saying" or "I don't understand what you are trying to say", even though you understand exactly what the patient is saying. Use non-confrontational body language.

- **Silence**:
  Give the person time to calm down; the person usually burns out within 60-75 seconds.

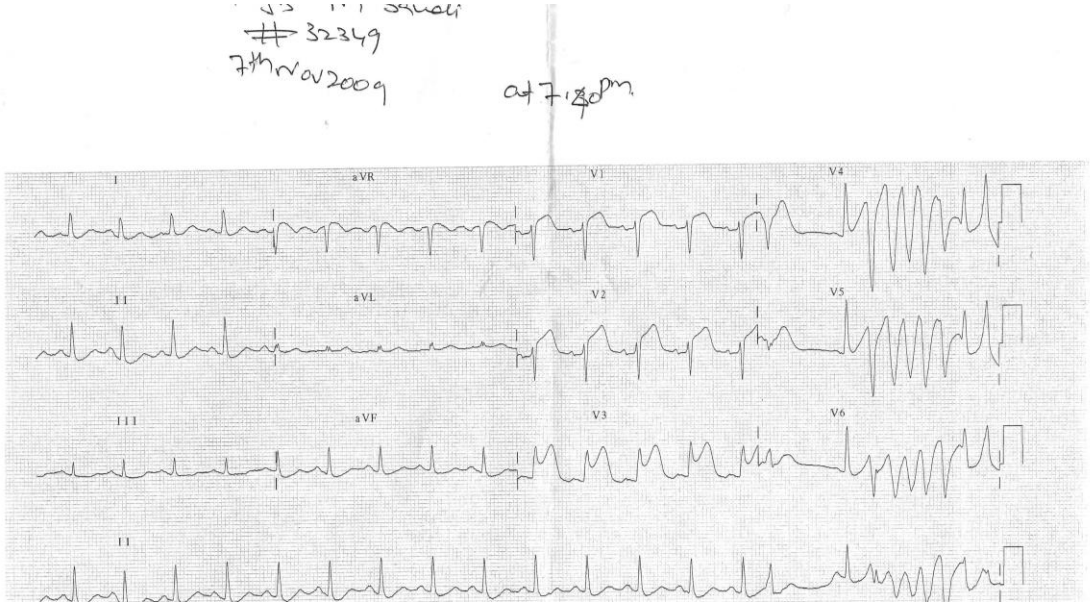
2. **<u>With critical cases:</u>**

   Nurses should know their role and responsibilities during the shift, if he/ she is a code team member also during disaster.

3. **<u>When unexpected case come:</u>**

   Sometimes we don't expect what will happen in the emergency room. With my experience I will tell you this story:

A quite evening in ER, I heard someone was shouting in the triage area and came inside the ER looking for the doctor. He said" where is the doctor I am waiting at the waiting area and I am having difficulty of breathing I cant tolerate it". My colleague told me :"he is anxious maybe".
I asked him if he has chest discomfort, at that time he lowered his voice tone and said " yes I have". We placed him on the bed, and we started O2, vital signs were normal, I asked my colleague to do ECG, and I informed the physician about this case. I went to the patient to insert an I.V line and the physician came, and saw the ECG :



Immediately the patient became unconscious, we shocked him twice then he was back to life.

What I want to say, not all patients who fight or argue they are non-emergency. We should know how to deal with them.

How to control your Emotions in ER

- In order to treat patients in such an environment, nurses must block out their emotions, to leave all the personal problems at the door of the work place.
- Some cases we treat in ER remind us of our loved once who suffered from the same disease. If we get emotional we will become weak and it will affect our lives or lead to psychological issues.
- Try to stress out after or before the duty (work-out, reading, play games..)

Summary:

- Keep your CPR skills up to date and review hospital policy on code procedures and documentation.
- Know current BLS, ACLS guidelines.
- Review the drugs used most frequently during a code and their indications, usual dosages and dilutions.
- Know how to operate the cardiac monitor.
- Make sure you know how to change batteries in the laryngoscope handle and the light bulb in the blade and how to handle it.
- Smile and calm down during the duty.

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