

DON'T WORRY
DEAR, THE
STAFF
MEMBERS
WILL DO A
GREAT JOB.

CHAPTER 7

A SHIFT
IN THE ER.
WHAT A
DAY!



The focus of this chapter is to give the nurse who is not familiar with the ER, a "feel" for what a shift in the Emergency Room might be like.

REMEMBER, TO FOLLOW YOUR INSTITUTION'S POLICIES AND PROCEDURES, WHEREVER YOU WORK. ENJOY LEARNING!





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CHAPTER 7

RECOGNIZE

THE GOLDEN HOUR

THE ROLE OF THE
TRIAGE NURSE

1. A PATIENT WITH CHEST PAIN AND SHORTNESS OF BREATH
2. A FEBRILE CHILD (FEBRILE SEIZURES)
3. A PREGNANT PATIENT IN PRETERM LABOR
4. A PATIENT WITH A WRIST FRACTURE
5. A TRAUMA PATIENT (HYPOVOLEMIC SHOCK)
6. A PATIENT IN SEPTIC SHOCK
7. A PATIENT IN SPINAL SHOCK
8. A PATIENT WITH AN EYE INJURY



A SHIFT
IN THE ER.
WHAT A
DAY!

THE GOLDEN HOUR

ESTABLISHING A PATENT AIRWAY IS THE FIRST PRIORITY

A CERVICAL COLLAR IS PUT IN PLACE



OXYGEN IS GIVEN TO IMPROVE OXYGEN SATURATION

THE FIRST AND MOST CRUCIAL HOUR FOLLOWING A TRAUMATIC EVENT, IS THE GOLDEN HOUR. DR. R. ADAMS COWLEY DEFINED AND DEVELOPED THIS TIME AS THE MOST IMPORTANT FOR THE SURVIVAL OF A TRAUMA PATIENT ASSESSMENT AND MANAGEMENT OF A TRAUMA PATIENT STARTS AT THE SCENE.

THE "GOLDEN HOUR"

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THE FIRST AND MOST CRUCIAL HOUR FOLLOWING A TRAUMATIC EVENT.

TRIAGE NURSE

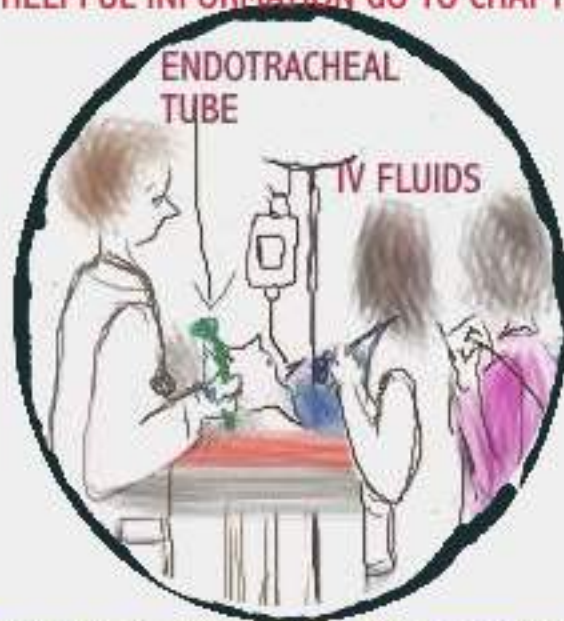
I always have trouble knowing how to triage.



MELISSA IS NEW TO THE ER AND WORKS IN A LEVEL 1 TRAUMA CENTER

FOR MORE INFORMATION ON TRAUMA CARE GO TO CHAPTER 2.

THIS IS A SCENE FROM A CODE BLUE. FOR MORE HELPFUL INFORMATION GO TO CHAPTER 5.



THE TRIAGE NURSE HAS THE RESPONSIBILITY OF PRIORITIZING WHICH PATIENT IS CRITICAL AND NEEDS IMMEDIATE ATTENTION AND WHICH PATIENT CAN WAIT LONGER TO BE SEEN.

THE PATIENT WHO IS IN CARDIAC ARREST WILL BE CONSIDERED CRITICAL OVER THE PATIENT WHO HAS A BROKEN WRIST. IT MAY SOMETIMES BE NECESSARY TO EXPLAIN TO FAMILIES WHY THEY ARE HAVING TO WAIT A LONG TIME.

CHEST PAIN MAY BE SHARP, BURNING, SQUEEZING, OR FEEL LIKE PRESSURE IN THE CHEST. CHEST PAIN MAY RADIATE TO THE JAW, FINGERS OR SHOULDER.



JIM IS VERY ANXIOUS!



IT IS
0300

Jim is awakened with chest pain at 0300 in the morning. He is transported to the ER by paramedics.

IN THE ER

oxygen

IV fluids

O2 SAT-
98%



JIM HAS NO KNOWN ALLERGIES

EKG
revealed a
myocardial
infarction



MORPHINE SULFATE WAS ALSO GIVEN TO RELIEVE PAIN AND DECREASE ANXIETY.

ASSESSMENT
Is done by the nurse on arrival to the ER.

CHEST PAIN

For more indepth information on CHEST PAIN, please go to :
CHAPTER 1- (Myocardial Infarction) of this program
and www.dearnurses.com

IF THERE IS
CHEST PAIN
ACT FAST!



TREATMENT

BP 126/76
HR 86
O2 SAT 98%
IV FLUIDS



SIM, I
AM
THE ER
DOCTOR

MD evaluates patient
and orders all treatments.



Chest pain may
be severe and
stabbing.

CELESTE IS A FIVE YEAR OLD WHO WAS BROUGHT INTO THE ER BY HER MOTHER. SHE HAS A TEMPERATURE 102.4°F. SHE IS IRRITABLE AND CLUTCHES HER STUFFED ANIMAL.



**FEBRILE
SEIZURES**

**A SEIZURE
MAY RESULT
FROM A HIGH
FEVER!**



THE NURSE ARRIVES TO TAKE A HISTORY AND ASSESS CELESTE, BUT BEFORE SHE COULD GET DONE, CELESTE BEGINS TO HAVE SEIZURES. THE NURSE CALLS FOR HELP.

FOR MORE
INFORMATION ON
SEIZURES, VISIT
www.dearnurses.com
SIMPLIFYING
SEIZURES

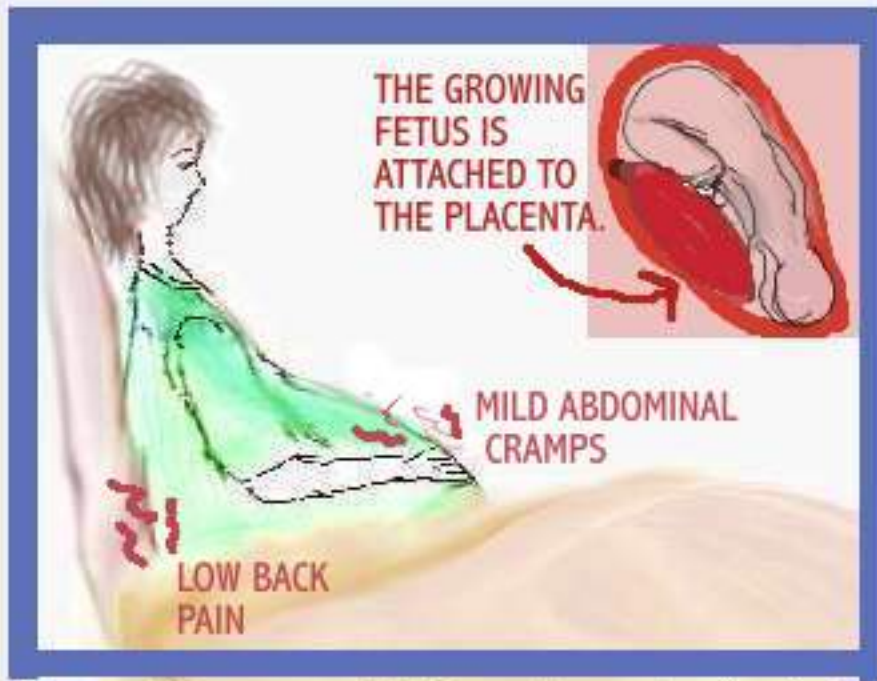


THE DOCTOR AND ANOTHER NURSE ARRIVE AT THE BEDSIDE AND IMMEDIATELY BEGIN TO HELP. OXYGEN WAS ADMINISTERED VIA MASK AND COLD, WET TOWELS APPLIED. AN ORDER TO GIVE AN ANTIPYRETIC (TO REDUCE THE FEVER) WAS ALSO GIVEN.



THE SEIZURES AND THE TEMPERATURE SUBSIDED, THANKS TO THE QUICK ACTION OF THE MEDICAL STAFF. CELESTE AND HER MOTHER CONTINUE TO WAIT FOR FURTHER EVALUATION OF HER FEVER.

PRETERM LABOR



Mrs.S is a 28 year old female, who is in her second trimester of pregnancy. She woke up this morning feeling really tired. In addition, she noticed lower back pain and mild abdominal cramps. She notified her doctor and was advised to go to the ER for further evaluation.

PRETERM LABOR

THE NURSE TAKES A HISTORY FROM MRS.S.



IN THE ER

Q- WHAT IS PRETERM LABOR?
A- PRETERM LABOR IN SIMPLE TERMS, IS LABOR THAT BEGINS BEFORE THE EXPECTED DATE OF DELIVERY. IT MAY HAPPEN IN THE FIRST, SECOND OR THIRD TRIMESTER OF PREGNANCY.

CAUSES OF PRETERM LABOR INCLUDE:

- STRESSFUL EVENT
- TRAUMA, INFECTION
- A VERY STRETCHED UTERUS FROM PREVIOUS PREGNANCIES
- UTERINE BLEEDING OR PLACENTAL SEPARATION

SYMPTOMS INCLUDE:

- LOW BACK PAIN
- MILD UTERINE CONTRACTIONS
- ABDOMINAL CRAMPS LIKE MENSTRUAL CRAMPS
- VAGINAL BLEEDING OR WATERY DRAINAGE (WHICH MAY BE CAUSED BY "WATER BREAKING"
- FATIGUE

TREATMENT

PRETERM LABOR REQUIRES QUICK INTERVENTION ATTEMPTS TO SLOW THE PROCESS OF LABOR BECOME A PRIORITY AND THUS PREVENT HARM TO THE FETUS OR MOTHER .

ADMISSION TO THE HOSPITAL FOR FURTHER MONITORING IS USUALLY DONE. MEDICATIONS SUCH AS MAGNESIUM SULFATE (TOCOLYTIC MEDICATION)OR STERIODS MAY BE USED IN THE TREATMENT.

BROKEN WRIST (WRIST FRACTURE)

IN THE ER, SARA SHOWS THE NURSE HER
BROKEN WRIST.



Sara's picnic was ruined, when she fell and injured her wrist. Her mother transported her to the ER for evaluation and treatment.



A BROKEN WRIST (WRIST FRACTURE) OCCURS VERY FREQUENTLY. SWELLING, PAIN, DISCOLORATION AND DISTORTION AT THE SITE, ARE SIGNS OF A WRIST FRACTURE.

A BROKEN WRIST MAY NOT REQUIRE SURGICAL INTERVENTION. A PLASTER CAST IS USUALLY DONE. LOCAL ANESTHESIA, SEDATION AND ANALGESIA, MAY BE ORDERED BY THE DOCTOR FOR THE PROCEDURE.

IN THE ER



X-RAY OF LEFT WRIST, SHOWING FRACTURE.

THE NURSE APPLIED ICE PACKS TO THE WRIST AND ELEVATED THE ARM ON PILLOWS. SHE ALSO MADE PREPARATION FOR A PLASTER CAST TO BE PUT ON.



HELPFUL HINTS:

- WHEN A PLASTER CAST IS PUT IN PLACE, ENCOURAGE ELEVATION OF AFFECTED EXTREMITY, TO AVOID SWELLING.
- CIRCULATION CHECKS SHOULD BE DONE. ASSESS AND DOCUMENT COLOR, TEMPERATURE, ANY SWELLING AND MOVEMENT OF FINGERS.

HYPOVOLEMIC SHOCK



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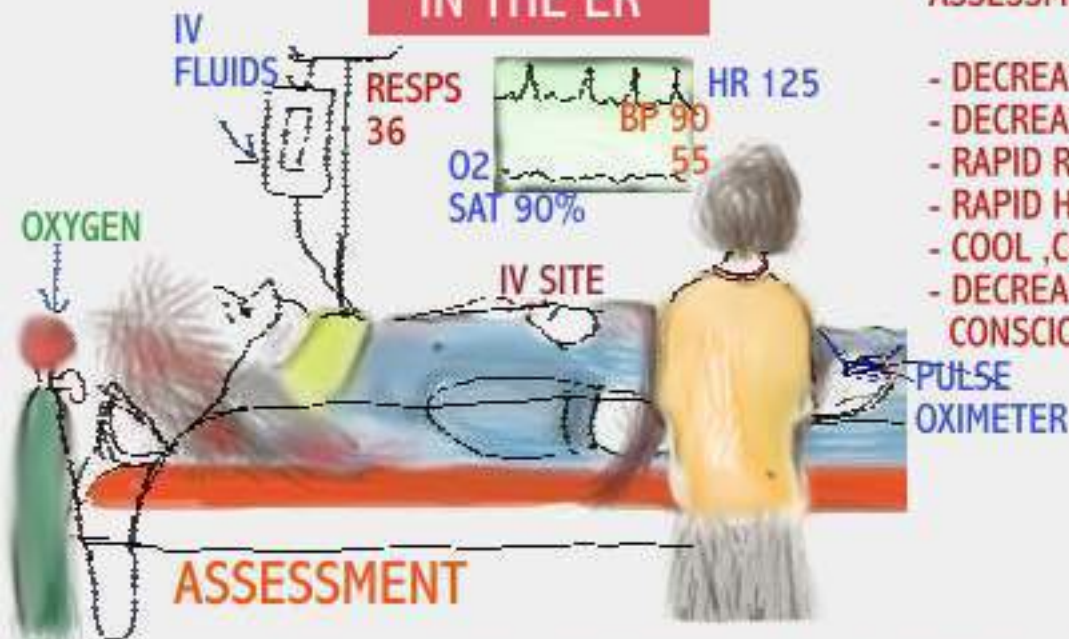


Tom was out all night, drinking with some friends. After his drinking binge, he attempted to drive home and struck a tree. Someone called 911 and Paramedics arrived on scene, to stabilize him. The first hour after trauma is described as THE GOLDEN HOUR.

IN THE ER

ASSESSMENT REVEALS:

- DECREASE IN O2 SAT
- DECREASE IN BP
- RAPID RESPIRATIONS
- RAPID HEART RATE
- COOL, CLAMMY SKIN
- DECREASED LEVEL OF CONSCIOUSNESS



The nurse begins her assessment and notices significant changes in vital signs and a patient who is cool, clammy and a decreased level of consciousness.

INTERVENTION

Following documentation of her findings, the nurse notifies the ER doctor about the significant changes.

FOR MORE INFORMATION, PLEASE GO TO CHAPTER 1.

POSSIBLE SEPSIS



P-110
BP 134/68
RESP-24



BLOOD DRAWN
FOR WBCS, ABGS,
ELECTROLYTES
AND PT/PTT

ABDOMEN
WAS FOUND
TO BE
TENDER

CULTURE

DONE
AT WOUND SITE

The doctor does an exam
and orders tests .



P-110
BP 134/68
RESP-24

The nurse does an initial
assessment and documents
her findings. Temp=101F,
Pulse=110, Resps=24,
O2 sats= 97%, BP134/68.

FOR MORE INFORMATION ON SEPTIC SHOCK
(SEPSIS), PLEASE TURN TO CHAPTER 3.

SPINAL SHOCK

THE VERTEBRAL COLUMN

oxygen

CERVICAL COLLAR IS LEFT IN PLACE UNTIL SPINAL X-RAYS ARE DONE AND THE DOCTOR ORDERS THE COLLAR OFF (SPINAL CLEARANCE).

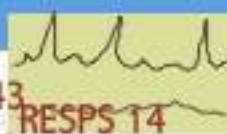


7 cervical vertebrae



Alex is lying on a backboard and has a cervical collar on. His spine has been immobilized, following a diving accident. He was pulled out of the pool and stabilized at the scene. He was then transported to the ER for further evaluation.





BRADYCARDIA



Spinal shock (vasogenic shock) occurs when blood flow to the spinal column is affected by injury. The blood vessels dilate (open wide) and blood pressure falls.

ICU CARE IS NEEDED FOR THE PATIENT IN SPINAL SHOCK.

BP - A drop in blood pressure (hypotension).
70/43



Bradycardia - Slowing of the heart rate. Cardiac output will be low.



Hypovolemia - a need for large volumes of IV fluids.
LARGE VOLUMES OF IV FLUIDS MAY BE USED TO CORRECT HYPOTENSION

DERMATOMES



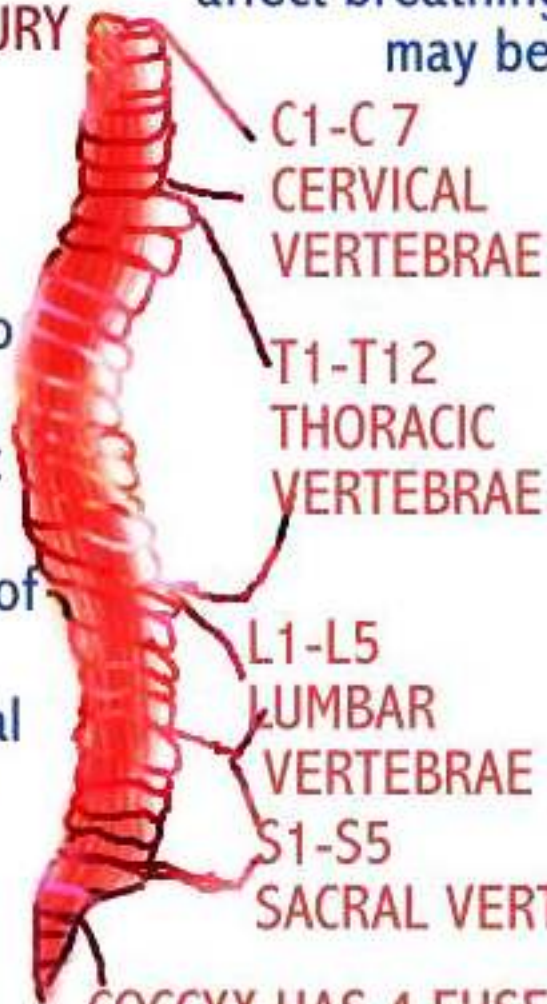
CHECKING DERMATOMES

PATIENTS WHO HAVE SPINAL INJURIES MAY HAVE DECREASED SENSATION TO THE EXTREMITIES AND TORSO.

CHECKING DERMATOMES CAN BE DONE BY PRICKING THE SKIN AND ASKING THE PATIENT TO IDENTIFY SENSATION (SHARP, DULL OR ABSENT) TO THE FINGERS, ARMS, LEGS AND TORSO.

SPINAL CORD INJURY

Injuries to T1-T12 will affect the strength of the abdominal muscles.



Injuries involving C3 and above will affect breathing. Ventilatory support may be necessary.

C1-C7
CERVICAL
VERTEBRAE

T1-T12
THORACIC
VERTEBRAE

Injuries from C4-C7 will result in some degree of weakness of shoulders, arms hands and fingers.

L1-L5
LUMBAR
VERTEBRAE

S1-S5
SACRAL VERTEBRAE

Injuries to L1-coccyx will affect the thighs, knees, feet and toes.

COCCYX HAS 4 FUSED VERTEBRAE

EYE INJURY



JOSH WAS ATTEMPTING TO REMOVE A BOX FROM THE SHELF, WHEN HE WAS STRUCK A BLOW TO HIS RIGHT EYE. HE IMMEDIATELY MADE PREPARATION TO GO TO THE EMERGENCY ROOM. HE HAS BLOOD IN THE ANTERIOR CHAMBER (HYPHEMA).

ASSESSMENT

QUICK ASSESSMENT AND INTERVENTION IS NECESSARY TO PREVENT PERMANENT INJURY TO THE EYE.

Injury to the eye may vary from minor to serious. Quick intervention to protect the eye from further injury is very important.



HYPHEMA

HYPHEMA-

BLOOD IN THE ANTERIOR CHAMBER OF THE EYE.

EYE INJURIES



FLOATERS



FLOATERS MAY BE HARMLESS. THEY MAY ALSO BE CAUSED BY AGING OR OTHER EYE DISEASES. AN EYE EXAM BY THE DOCTOR WILL USUALLY DETERMINE THE CAUSE.

INJURY TO THE EYE, REGARDLESS OF THE CAUSE SHOULD BE TREATED AS SOON AS POSSIBLE. HERE ARE SOME TYPES OF EYE INJURIES:

CHEMICAL BURNS - SHOULD BE TREATED WITH CONTINUOUS FLUSHING OF THE AFFECTED EYE/EYES WITH NORMAL SALINE OR STERILE WATER.

HOWEVER, IF THERE IS NONE AVAILABLE TAP WATER SHOULD BE USED ,TO AVOID PERMANENT DAMAGE TO THE EYE.

CORNEAL ABRASION - MAY BE CAUSED BY CONTACT LENSES OR A SCRATCH TO THE CORNEA. THE DOCTOR USUALLY ORDERS ANTIBIOTIC TREATMENT AND DRESSINGS TO PROTECT THE CORNEA.

RETINAL DETACHMENT -TRAUMA OR DIABETES MELLITUS ARE SOME OF THE CAUSES OF RETINAL DETACHMENT. PATIENTS MAY COMPLAIN OF FLOATERS (A SPOT OR THREAD THAT MOVES AROUND IN FRONT OF THE EYE),OR FLASHES OF LIGHT. LASER SURGERY OR FREEZING (CRYOPEXY ARE METHODS OF TREATMENT USED.