



National Emergency Medicine Programme

A framework to support the delivery and recording of Nursing Care in Emergency Care Networks in Ireland

Version: 1



Table of Contents

Abbreviations.....	3
Acknowledgements.....	3
1. Introduction	4
2. What is Emergency Nursing?	4
3. Definition of Emergency Nursing.....	4
4. Mission of Emergency Nursing	5
5. Philosophy of Emergency Nursing	5
6. Structures for the Delivery of Emergency Nursing Care.....	5
7. Background to the development of the framework.....	5
8. Orlando’s Theory of Nursing Process Discipline	6
8.1 Assessing phase.....	6
8.2 Diagnosing phase.....	6
8.3 Planning phase	7
8.4 Implementing phase	7
8.5 Evaluating phase.....	7
9. Characteristics of the Nursing Process.....	7
10. Applying Orlando’s Nursing Process Theory to Emergency Nursing	7
11. The Components of Life Model of Nursing (1990)	8
12. Recording nursing care	9
12.1 Minimum information set	9
13. Review process for updating the Framework.....	9
Appendix 1 References	10
Appendix 2 Emergency Nursing Interest Group – Documentation Subgroup.....	11

Abbreviations

ECN	Emergency Care Network
ED	Emergency Department
EMP	National Emergency Medicine Programme
ENIG	Emergency Nursing Interest Group
NECS	National Emergency Care System

Acknowledgements

Mr Gary Jones CBE – for granting permission for the Components of Life Model of Nursing to be used

Ms Mary Dunnion, Ms Miriam Griffin & Colleagues, Emergency Department, Letterkenny University Hospital for making their nursing documentation available to other EDs

Ms Sarah Watkins & Colleagues, Emergency Department, University Hospital Limerick for making their nursing documentation available to other EDs

The Emergency Nursing Interest Group (National Emergency Medicine Programme)

A framework to support the delivery and recording of Nursing Care in Emergency Care Networks in Ireland

1. Introduction

This document provides an overview of emergency nursing in Ireland and details the development of a framework to support the delivery and recording of nursing care in Emergency Care Networks as defined by the National Emergency Medicine Programme Report (EMP), 2012. The clinical environment of an emergency care setting is challenging as nurses provide care for patients of all ages with undifferentiated, undiagnosed conditions, of varying levels of acuity. Emergency nurses require in-depth knowledge and clinical expertise to provide care across the lifespan and manage situational events such as overcrowding and complex technology (Fry, 2007).

2. What is Emergency Nursing?

Emergency Nursing has developed into a distinct specialist area of practice. Emergency nursing is dynamic, complex and progressive. Emergency nurses are seen as leaders in the initiation and co-ordination of patient care. Emergency Nursing is about the three rights: right patient receiving the right care at the right time, thus providing a complex service to the patient. The Emergency Department (ED) is a gateway to the hospital environment, therefore it is necessary for ED staff to have an extensive range of skills and resources to meet the demands of patients (HSE, 2008). Maximising the scope of nurses working in EDs will support the achievement of the goals of the EMP, namely to improve access, quality and cost in EM in Ireland. The EMP envisages that:

- Emergency nurses, support staff and multidisciplinary team will liaise closely to ensure the patient receives the optimum level of care
- As part of the multidisciplinary team, Emergency nurses will provide standardised evidence-based pathways for the care of emergency patients
- Emergency nurses together with the therapy professions and medical social work will develop combined documentation to enhance seamless transfer of patient care within the emergency care network

3. Definition of Emergency Nursing

The involvement of nursing in the EMP has provided an opportunity to develop a definition of Emergency Nursing across the National Emergency Care System.

Emergency Nursing is defined as the provision of immediate nursing care and intervention to adults and children who have undiagnosed, undifferentiated healthcare needs arising from social, psychological, physical and cultural factors (adapted from Emergency Nurses Association, 2009).

The key components include:

- rapid patient assessment and assimilation of information, often beyond the presenting problem
- allocation of priority for care
- intervention, based on the assessment
- on-going evaluation
- discharge or referral to other sources of care undertaken independently by the nurse within guidelines (Endacott, 2003).

This definition reflects the international literature defining “Emergency Nursing” and complements the international definition of Emergency Medicine.

4. Mission of Emergency Nursing

Professional development encompassing a range of educational activities, both formal and informal, and contributing to achieving the goals set out in the mission statement on emergency nursing practice, supported by the EMP Emergency Nursing Interest Group (ENIG), and which states:

Emergency Nurses work independently and interdependently with the multidisciplinary team to provide the optimal level of emergency nursing care that is patient focused, family centred, maximises health and social gain, promotes excellence in nursing practice and advocates for all patients who suffer sudden injury or illness. Emergency nursing practice is underpinned by expert knowledge gained through specialist education and clinical experience. It is informed by best evidence and research.

5. Philosophy of Emergency Nursing

Nursing services in the Emergency Department (ED) focus on maintaining clinical credibility and articulates the vision and philosophy of the healthcare service as well as to promote the art and science of Emergency Nursing.

Nursing is striving to deliver a high quality service that the patient/client deserves using new concepts of care. Nursing services in the ED believe that the patient must become an active participant in identifying healthcare needs and the appropriate use of resources, not just recipients of healthcare. The Emergency services aim to ensure that the right patient is in the right place and receives the appropriate form of care from the right person at the right time.

6. Structures for the Delivery of Emergency Nursing Care

A well-coordinated system of care in each ED will facilitate the provision of high-quality patient care that is standardised and easily accessible with high levels of effectiveness and efficiency, accountability, sustainability, good staff morale and strong system resilience. An experienced and competent emergency nursing team is required to ensure the delivery of the highest quality of care for patients in line with the EMP. Individualised nursing care is delivered through a model of nursing based on a nursing theory.

7. Background to the development of the framework

The ENIG identified three components to the development of nursing documentation specific to patients presenting to Emergency Departments;

- ☐ Identify an appropriate Nursing Theory
- ☐ Identify an appropriate Nursing Model through which to deliver the nursing theory
- ☐ Design nursing documentation appropriate for the emergency care environment

The Group commenced the development of the framework by defining the terms nursing theory and nursing model

A *nursing theory* is defined as:

The term given to the body of knowledge that is used to define or explain various aspects of the nursing profession

A *nursing model* is defined as:

a set of abstract and general statements about the concepts that serve to provide a framework for organizing ideas about clients, their environment, health, and nursing.

(Farlex Partner Medical Dictionary, 2012)

Following the defining of the terms the Group reviewed a summary of the key aspects of 88 nursing theories to identify which theories required closer scrutiny. The theories were identified using a number of electronic databases eg CINAHL, PubMed. Following more in-depth analysis Orlando's Theory of Nursing Process Discipline (1958, 1961) was identified as the theory which most closely reflected the relationship between the emergency nurse and the care of the undifferentiated, undiagnosed patient with varying levels of acuity in a time pressured environment, - the process of patient assessment is vital in these circumstances (Curtis et al, 2009). The Nursing Process is the framework which underpins many modern nursing models.

8. Orlando's Theory of Nursing Process Discipline

Orlando's Theory of Nursing Process Discipline (1958, 1961) identifies the key terms of

- ☐ The role of the nurse is to find out and meet the patient's immediate need for help
- ☐ The patient's presenting behaviour may be a plea for help, however, the help needed may not be what it appears to be
- ☐ Therefore, nurses need to use their perception, thoughts about the perception, or the feeling engendered from their thoughts to explore with patients the meaning of their behaviour
- ☐ This process helps nurse find out the nature of the distress and what help the patient needs.

These terms identify the patients' complaint which is then assessed using the Nursing Process structure of;

- ☐ Assessment
- ☐ Diagnosis
- ☐ Planning
- ☐ Implementation
- ☐ Evaluation

The nursing process uses clinical judgment to strike a balance of epistemology between personal interpretation and research evidence in which critical thinking may play a part to categorize the clients issue and course of action.

8.1 Assessing phase

The nurse completes an holistic nursing assessment of the needs of the individual / family / community, regardless of the reason for the encounter.

8.2 Diagnosing phase

Nursing diagnoses represent the nurse's clinical judgment about actual or potential health problems/life process occurring with the individual, family, group or community. The accuracy of the nursing diagnosis is validated when a nurse is able to clearly identify and link to the defining characteristics, related factors and/or risk factors found within the patient's assessment. Multiple nursing diagnoses may be made for one client.

8.3 Planning phase

In agreement with the client, the nurse addresses each of the problems identified in the diagnosing phase. When there are multiple nursing diagnoses to be addressed, the nurse prioritizes which diagnoses will receive the most attention first according to their severity and potential for causing more serious harm. For each problem a measurable goal/outcome is set. For each goal/outcome, the nurse selects nursing interventions that will help achieve the goal/outcome. The result of this phase is a nursing care plan.

8.4 Implementing phase

The nurse implements the nursing care plan, performing the determined interventions that were identified to help meet the goals/outcomes that were established. Delegated tasks and the monitoring of them is also included here.

8.5 Evaluating phase

The nurse evaluates the progress toward the goals/outcomes identified in the previous phases. If progress towards the goal is slow, or if regression has occurred, the nurse must change the plan of care accordingly. Conversely, if the goal has been achieved then the care can cease. New problems may be identified at this stage, and thus the process will start all over again.

9. Characteristics of the Nursing Process

The nursing process is a cyclical and ongoing process that can end at any stage if the problem is solved. The nursing process exists for every problem that the individual/family/community has. The nursing process not only focuses on ways to improve physical needs, but also on social and emotional needs as well. The key characteristics of the nursing process are:

- ☐ Cyclic/recurring and dynamic
- ☐ Goal directed and client centered
- ☐ Interpersonal and collaborative
- ☐ Universally applicable
- ☐ Systematic

The entire process is recorded or documented in order to inform all members of the health care team.

10. Applying Orlando's Nursing Process Theory to Emergency Nursing

The nursing process is often seen to subscribe to a written methodology, far removed from the interaction between the patient and nurse (Varcoe, 1996). In order to apply Orlando's nursing process theory to emergency care environment, it was necessary to identify a model of nursing through which it could be applied. The Group identified the Jones Components of Life Model (1990)

which is based on the nursing process concepts of assessment, diagnosis, planning, implementation, evaluation and is the only nursing model which is designed for the nursing care of the undifferentiated, undiagnosed patients who present to ED.

11. The Components of Life Model of Nursing (1990)

Jones (1990) used a practice-based approach when developing the Components of Life model in 1986. It was developed after an extensive piece of work within the Accident and Emergency Department of Orsett Hospital Essex, UK. Jones (1993), reports that a Model of Nursing is simply a framework that provides a structure to nursing care and that no one model is right for the busy environment of an ED.

The Components of Life model is based on the belief and values that all humans are individuals with individual human needs. It is also based on the belief that during their life-span the individual is engaged in various self-care activities in an attempt to retain independence. Seven components of life comprising physical, human behavioural and social aspects were identified and when in balance maintain health and quality of life. Due to an event (physical or mental illness or injury) in the course of the individual's life-span the balance can be upset and the ability to maintain health and quality of life is disrupted. The individual identifies emergency care staff as the resource to assist them re-balance the components, re-establish independence and thus continue physical, emotional and social comfort. The seven components were:

- a) Communication
- b) Airway/breathing/circulation
- c) Mobility
- d) Environmental
- e) Safety
- f) Personal care
- g) Eating/drinking/elimination
- h) Health promotion

The model also includes four universal goals:

1. Establishing a partnership with the patient
2. Helping the patient achieve a level of independence appropriate to condition and assist to restore health and quality of life
3. Enable the individual to avoid ill-health or injury through self-care, health education and environmental safety
4. To ensure optimum effectiveness of medically prescribed treatment.

The final part of the model included the development of knowledge and skills.

Following the widespread introduction of triage systems in the early 1990's Triage priority was added as a component.

The model has been further developed to incorporate a dependency tool that ensured every patient had a dependency score allocated on arrival and subsequently updated throughout their stay. The dependency tool used the same key headings as the Components of Life model and enabled a clearer link between patient dependency and staff allocation while also giving a clearer picture of

the overall workload in the department. The dependency aspect of the tool is not included in this document.

12. Recording nursing care

The EMP Emergency Nursing Interest Group recommends that the Components of Life Tool should be used for the recording of the nursing care delivered to patients. The Emergency Departments of Letterkenny University Hospital and University Hospital Limerick have both developed and tested templates for recording emergency nursing care using the Components of Life Tool which they have made available to all Emergency Departments. The nursing record should be accompanied by the Emergency Medicine Early Warning System (EMEWS) chart and supplemented with other documents as required. Some sites may choose to incorporate frequently used supplementary documents into their core chart.

12.1 Minimum information set

The EMP recommends that the following information is on the front page of the nursing documentation, if it is a separate document to the patients other clinical notes:

Patient's name (First & surname)

Patient known as / preferred name:

Healthcare Record Number (HRN):

Presenting complaint:

Triage category:

Allergies:

Identification confirmed and name band with date of birth and HRN:

Infection status:

Accompanied by:

Other documents in use box ie. Vital signs chart, Fluid balance chart, Blood glucose chart

13. Review process for updating the Framework

The Framework will be reviewed every 3 years. The review process will be co-ordinated by the National Emergency Medicine Programme's Emergency Nursing Interest Group (ENIG). Items for consideration for inclusion / removal from the Framework can be forwarded to ENIG (emp@rcsi.ie).

Appendix 1

References

- Curtis K, Murphy M, Hoy S, Lewis MJ (2009) *The emergency nursing assessment process – A structured framework for a systematic approach*. Australasian Emergency Nursing Journal (2009) 12, 130-136
- Dunnion M, Griffin M (2010) *Care planning in the emergency department*. International Emergency Nursing (2010) 18, 67– 75. Elsevier
- Emergency Nurses Association (2009) *Definition of Emergency Nursing*. Mosby's Medical Dictionary 8th ed. Elsevier
- Endacott, R (2003) *The Nature of Emergency Nursing*. In Jones, G Endacott, R, Crouch R eds. Emergency Nursing Care: Principles and Practice. London. Greenwich Medicial Media Ltd.
- Farlex Partner Medical Dictionary (2012) www.medical-dictionary.thefreedictionary.com (accessed 29th September 2014)
- Fry, M (2007) *Overview of Emergency nursing in Australasia*. In Curtis K, Ramsden C, Friendship J editors. Emergency and Trauma Nursing; Elsevier; 2007.p2
- Health Service Executive (2008) *Independent Examination of the potential for Reducing Nursing Working Hours in Ireland*. Howarth Consulting Ireland in association with Teamwork Management Services UK.
- Health Service Executive (2012) *Emergency Nursing* (Chapter 14) in The National Emergency Medicine Programme – A strategy to improve safety, quality, access and value in Emergency Medicine in Ireland.
- Jones, G (1990) *Accident and Emergency Nursing. A structured Approach*. Faber and Faber, London
- Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier
- Varcoe, C (1996) *Disparagement of the nursing process: the new dogma?* Journal of Advanced Nursing 1996; 23 (1):120-5

Appendix 2

Emergency Nursing Interest Group – Documentation Subgroup

Fiona McDaid	Nurse Lead, National Emergency Medicine Programme
Elizabeth Whelan	Assistant Director of Nursing, Practice Development, Mater Misericordiae University Hospital, Dublin
Sarah Watkins	Research Nurse, Emergency Department, University Hospital Limerick
Anne Calvert	Clinical Nurse Manager 3, Emergency Department, Midland Regional Hospital, Tullamore