

EMERGENCY CARE matters

Spring 2008

www.rcn.org.uk/emergencycare

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Further information

Send contributions for the next issue by 6 June 2008 to the Editor:

Rabina Tindale
Email:
rabina.tindale@midyorks.nhs.uk

A new year with a new start ... and a new name for our newsletter!

Letter from the Editor: Rabina Tindale

Welcome to the first-ever edition of *Emergency Care Matters!*

I do hope you have had an excellent six months. It certainly has been a busy period for the Emergency Care Association Steering Committee.

The election in October saw four new members joining the national committee, all with different areas of interest but one key goal in mind – to ensure emergency care moves forward by being represented at every level. Meet the committee on page two and do get in touch – we are all eager to hear from you.

We had a hugely successful annual conference with 200 delegates at Daresbury, Cheshire. The two-day event witnessed a wide variety of amazing speakers and presentations – read a full report on page three.

So what does the future hold for the ECA?

The Emergency Care Association is one of the few forums selected to pilot the new online communities. This is an exciting time for emergency care nurses and over the next few months the committee will be working hard to deliver an exciting and interactive online community for our members – read all about it on page seven and take a look at: www.rcn.org.uk/emergencycare. We very much value your input so let us know what you want from your online community.

We have also re-cemented our relationship with the Emergency Nurses Association in the US and look forward to collaborative working over the coming years. In addition to America, the ECA has forged links with Malta and is looking to develop other international links, both in Europe and further a field.

Down to business

Over the next few weeks the primary goal for the committee is to develop an operational and financial plan in which we will be

identifying the projects the committee will be taking forward on your behalf. We will be looking to share draft proposals with the wider membership so watch for opportunities to be involved, check out the website, look for information in *RCN Bulletin* and *Emergency Nurse*, and help us shape the future of emergency care.

As you may remember, the RCN is currently rationalising the way that it delivers its professional services to members. This project is called the Professional Development Framework (PDF) project. Following successful lobbying by forum members and activists, RCN Council acknowledged that there were continuing difficulties with the proposed plan and asked the Forum Governance Group to carry out further work and critical thinking before progressing this work. The ECA welcome this action and hope that the new proposals will be the result of transparent, open and inclusive dialogue.

So let's continue the hard work – encourage your colleagues to join the ECA and make your voice heard in order to influence the future of your forum.

Finally, the committee would like to thank Brian Boag for his contribution to the ECA committee over the past couple of years. Brian has stepped down from the committee to concentrate on his political interests.



Meet the new ECA Committee!

JIM BETHEL



"I have worked in emergency care throughout the Midlands and Wales for the last 21 years. I have a particular interest in the emergency care of children

and in the development of non-medical practitioner services in emergency care. I currently work as a Senior Lecturer at Wolverhampton University and Nurse Practitioner in the emergency departments of Walsall Hospitals NHS Trust and the Dudley Group of Hospitals."

Email: james.bethel@wlv.ac.uk

RICHARD BROWNHILL



"My role as a clinical development practitioner in the Calderdale & Huddersfield NHS Trust involves designing and delivering

programmes of training for staff. I work as a generic shift leader in an emergency department and as a nurse practitioner in primary care, and have also worked in out-of-hours and minor injury units. I use my nurse prescribing to its full capacity and enjoy learning new things since in emergency care you never stop learning. I am an ALS (amyotrophic lateral sclerosis) instructor and have taught both at home and abroad. I have three little girls to look after me at home and in my later years."

Email: richardbrownhill@blueyonder.co.uk

HEATHER JARMAN



"I have worked in emergency nursing in a range of roles and departments since 1994. My current role as a Consultant Nurse in the Emergency Department at

St Georges Hospital means I maintain a strong clinical focus while leading and

developing emergency care practice. Areas of interest linked to this clinical role: critical illness, trauma care, bereavement, advanced practice, independent prescribing and workforce planning."

Email: heatherjarman.rcneca@yahoo.co.uk

CLAIRE PICTON



"I am a Consultant Nurse in emergency care at the Hillingdon Hospital and have been in post for four years. My previous experience was in education,

predominantly relating to A&E. Indeed, apart from nine months as a newly qualified staff nurse, my entire career has been A&E. I've been an ECA committee member for three years and I look forward to taking work forward with the new committee. I also have the honour of editing *Emergency Nurse*, which means I'm constantly encouraging people to contribute a letter, reflection or article to the journal. If you want advice about that, just contact me!"

Email: clairepicton.rcneca@yahoo.co.uk

RABINA TINDALE



"After undertaking my nurse training in Harrogate I worked in both large teaching hospitals and smaller district hospitals, including a year

in Munich, Germany. I have worked in emergency nursing since 1993, other nursing experience includes: orthopaedics, medicine, cardiology, primary care and out-of-hours. My current role as Lead Nurse in the Emergency Department at Dewsbury District Hospital

allows me to maintain 40 per cent clinical input. I am also an RSCN, ENP and independent nurse prescriber. Professional interests include domestic violence, advanced practice/nurse practitioners,

paediatrics, patient education and public health."

Email: rabina@tindale-harrogate.freereserve.co.uk

JULIAN NEWELL



"This year marks my 20th anniversary as a qualified nurse. I worked on a burns unit, medical and orthopaedic wards, and a medical ICU

before moving into emergency care 10 years ago at Massachusetts General Hospital in Boston.. Since returning to the UK in 2000, I've worked in a number of emergency departments in both city teaching hospitals and district general hospitals. I am currently Senior Charge Nurse/ENP/ Lecturer Practitioner Emergency Department, Dewsbury and District Hospital."

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MIKE HAYWARD

RCN Professional Nurse Adviser for Emergency Care



"I have been the RCN's Professional Nurse Adviser for Emergency Care for nearly four years. I have a wide variety of nursing experience ranging from acute

medicine, high dependency nursing, acute coronary care, emergency care, disaster and humanitarian nursing through to senior nurse management. My current role involves supporting the ECA Committee, advising RCN members, responding to national consultations, developing and informing national policy and strategy, responding to media issues and promoting emergency care nursing. I have published on a wide variety of subjects including emergency planning, thrombolysis, the futility of CPR, politics, sexual health and infection control. I am a member of the editorial advisory board for *Emergency Nurse*."

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Edwina Currie, representing the Patients Association, gave a well received item about patients' expectations of emergency care

JIM BETHEL reports.

ECA NATIONAL CONFERENCE 2007: A varied programme, a singular success!

Over 200 delegates attended our conference last autumn at its traditional home in Daresbury, Cheshire. Day one featured plenary speakers while day two also had breakout sessions in the afternoon.

Among the first day's highlights:

- Ian Hulatt and Lucy Palmer with a thought-provoking pair of presentations concerning the sometimes-unmet needs of patients with mental health problems in emergency care setting
- RCN Vice Chair Bobbie Chadwick reaffirming the RCN's recognition of, and support for, the unique role that emergency care staff play
- Denise King, President-elect of the Emergency Nurses Association of North America, speaking about common challenges on both sides of the Atlantic
- Tricia Hamilton, Director of NHS Direct in the North West Region, "dispelling the myths" by acknowledging some of the challenges NHS Direct has faced in the past, particularly its perceived worth among emergency care staff. She highlighted many advances in practice that now make NHS Direct a

valuable partner in first contact care.

- Flight Lieutenant Peter Whitwood concluding the day with an insight into the role of the RAF nursing service in aeromedical evacuation in war zones.

The Black Tie Gala dinner, included in the price of the conference, was a great success with Stringfever, a string quartet with a difference, particularly popular during the evening.

On to day two

Taking up where day one ended, Major Simon Davies of the Army Medical Services gave the Ethel Buckles Memorial Lecture. Simon talked with great integrity and warmth about the challenges of providing nursing care in Afghanistan and, in particular, in positions close to areas of conflict. He pointed out the major differences between civilian and battlefield nursing and gave the conference pause for thought by providing such an insight into the sometimes harrowing and distressing circumstances that tri-force nurses find themselves in.

A further highlight of the day was the plenary presentation by Andrew McNeil on the management of Jehovah's Witnesses in emergency care settings with special reference to providing alternatives to blood and blood products. This generated much debate inside the hall and both the speaker and delegates appeared to leave with a better understanding of the other's concerns.

Breakout sessions preceded the last speaker of the day, Adrienne Wilcox, talking about the identification and management of travel-related illness.

The conference was hailed a great success by many delegates who commented favourably on the speakers in addition to the overall quality and value for money of the event. We look forward to improving upon this success next year.

STOP PRESS!

ECA Conference 2008 set for 14–15 November!

This year's national emergency care conference aims to be even bigger and better when it returns in November to the Daresbury de Vere Hotel, near Warrington. It's being run in association with the RCN Minor Injuries Group, the RCN Paediatric Emergency Care Group and the British Paramedic Association.

The committee has agreed to plough all the profits from last year's conference straight back into keeping the cost affordable and accessible to all. We are keen to encourage a wide variety of speakers and presenters to submit abstracts.

For the latest details and booking forms see *Emergency care matters*:
Making your voice heard at: www.rcn.org.uk/newsevents/events/forthcoming_events?103394_result_page=4

Independent prescribing of controlled drugs: the current state of play

Here's an update from Professor MATT GRIFFITHS.

Since RCN members began raising issues around the independent prescribing of all controlled drugs (CDs) and also the use of patient group directions (PGDs) to administer CDs by those who are not qualified to prescribe, the RCN Professional Nursing Department has been lobbying the relevant organisations to demonstrate the worth of nurse prescribing.

For some 18 months Mike Hayward, Molly Courtenay and I have been stressing the benefits for patients that would come of allowing further independent prescribing of CDs and using PGDs for administering them in different scenarios.

So what have we achieved?

Currently, qualified extended independent nurse prescribers can independently prescribe certain Schedule 2 CDs only for certain condition such as cardiac pain, trauma, post-operative pain and palliative care. They can also prescribe other Schedule 4 and 5 CDs for other conditions. This must always be only within a nurse's area of practice and, of course, within their competence.

The Department of Health has acknowledged the problems with restricting certain CDs from nurse prescribers and has publicly recognised

nurse prescribing as a great success.

Nurses have rolled out this initiative responsibly and last year in England alone, around 760,000 items of CDs were prescribed by nurses as either independent or supplementary prescribers. The highest number of items included co-codamol (prescribed independently) and methadone (currently prescribed as a supplementary prescriber).

The DH, Home Office and Commission on Human Medicines were all supportive of a public consultation and the results of this consultation have also been extremely favourable to the new developments.

The legal foundation

To allow these changes to take place, two pieces of legislation need to change. The first is the Medicines Act, and the DH has set out their legislation in Parliament to amend the act, allowing nurses to prescribe all CDs.

Second is the Misuse of Drugs Act and we hope the Home Office will lay their legislation in Parliament within the next month or so. Again this needs to be amended to allow nurses to prescribe these extra CDs and for the nurses who use PGDs to be able to use the proposed changes.

By mid-May we hope to hear the news that we have lobbied long and hard for – that qualified extended independent nurse prescribers will be able to prescribe, within their own competence, all controlled drugs that are currently prescribed by most doctors.

More changes in the pipeline

The other proposed changes to the legislation will affect PGDs and staff who use this method of supplying/administering CDs.

At present nurses and certain other registered health care professionals can only administer diamorphine to a patient with cardiac pain in an A&E or CCU. We hope this will be extended to allow morphine as well as diamorphine – also that the new legislation will remove the stated geographical location of A&E or CCU to allow for other areas such as pre-hospital care, and consider other scenarios where such opiates would benefit patient care, such as for trauma patients.

Will we get critics for these developments?

Of course we will, but we must remember that the changes that have allowed nurse prescribing to open up to the entire British National Formulary (BNF) have not developed overnight. As

NBS CONFERENCE Accidents, emergencies and blood: Transfusion practice in emergency care

The RCN Emergency Care Association works closely with all key national stakeholder groups and we were pleased to promote and support this year's National Blood Service (NBS) conference in Birmingham on 27 February.

Accidents, emergencies and blood was the third in a series of national educational events organised by the NBS Transfusion Liaison Nursing Team to help promote the safe and appropriate use of blood. It attracted

over 200 delegates from a range of professional backgrounds including emergency care nurses, doctors and biomedical scientists from hospitals across the UK.

This year's event shared important transfusion knowledge and experiences from colleagues working in emergency care. Presentations included lessons learned from the bombings in London, emergency cell salvage, techniques to preserve circulation and the

management of massive haemorrhage using examples from the military. Speakers came from a variety of disciplines from both the NBS and hospitals around the country.

Getting the message across

A number of key learning points were identified during the day, among them the message that blood is a scarce resource and its administration is not without risk. Correct patient identification, communication and

a profession, it has taken us over 20 years to get this far.

We have trained around 55,000 nurse prescribers, some 13,000 of them as independent and supplementary prescribers. Around 90 per cent of prescribers have been qualified for over 15 years.

Independent and supplementary prescribers nearly all have first degrees, masters or PhDs, alongside their own specialist qualifications within their speciality.

Nurse prescribing has been very well evaluated, with a positive response from most clinicians, nurses and patients.

And doctors do support us

For the minority of medical staff who have opposed nurse prescribing, we can always remind ourselves that over 13,000 nurses who have qualified with the independent/supplementary prescribing qualification have *all* been supported and passed by a medical mentor. The course itself is rigorous and the standards from the NMC are among the most demanding of any profession.

We too believe that patient safety is of the utmost importance.

And finally, for people who are just concerned about nurses prescribing CDs, we can of course demonstrate that we are already prescribing them safely – we are just changing the mechanism to improve on patient care.

Website: www.matt-griffiths.com

documentation are vital to ensuring safe and effective use of blood.

Emphasis was placed having policies and ensuring that staff know and understand them. This is especially important in an environment that often deals with unidentified patients in highly intense and difficult situations. Individuals should not assume that the responsibility for transfusion belongs to someone else, but understand that all members of staff have a vital part to play in achieving a safe and effective transfusion for the patient.

View presentations from this event at: http://hospital.blood.co.uk/training/nbs_conferences/index.asp

BOOK REVIEW

Towards prescribing practice

Edited by John McKinnon* • Reviewed by Richard Brownhill

Pharmacology and prescribing can often be complex and challenging, though increasing numbers of nurses are taking on this valuable role to broaden their practice and enhance patient care.

The first part of this text begins with an understandable chapter about basic (but essential) pharmacology and then proceeds to examine prescribing from broader perspectives including ethics, the law and public health.

A central theme involves collaboration with patients to get the best possible outcomes, but it recognises some of the challenges this brings to the practitioner. This is enhanced by the use of vignettes and learning exercises, allowing reflection on personal practice, but the book challenges wider professional thinking, prompting the reader to have to almost interact with the book

There are some samples of documents

including written prescriptions and clinical management plans to give guidance to the clinician as well as colour explanatory diagrams. There are also pointers for patient group directions (widely used in emergency care). Although relatively short, the book has useful specialist sections, including emergency, mental health and palliative care, which highlight common concepts with some success.

What is particularly heartening is that it offers a realistic approach to prescribing and is relatively easy to read. It could be used to access a chapter like a reference book, but is also a stimulating read or refresher. It's a useful foundation for anyone embarking on prescribing and clinicians who wish to enhance patient care services and systems will see the benefits in this text.

* Published (2007) by Wiley Blackwell.
ISBN: 978-0470028438

RESEARCH FOCUS

Relatives in the resuscitation room

The practice of family presence during an adult resuscitation attempt has stimulated widespread discussion and debate over the past two decades. It has attracted the attention of researchers worldwide and their findings suggest that this practice remains a contentious issue for A&E staff who are at the forefront of providing emergency resuscitative care. Further research is essential if this practice is to be better defined and understood.*

In 2007, Wendy Walker received the Freda Ashmore Award for research projects in nursing. This funding is being used to support a research study that will form part of her doctoral thesis. She aims to find out more about A&E nurses' experience of family presence during adult cardiopulmonary resuscitation events and has now recruited sufficient nurses to the study which will be published on completion.

For more about the study contact Wendy Walker, Lecturer in Nursing, University of Birmingham, on: 0121 414 6912 or email: w.m.walker@bham.ac.uk

*Walker, W (2007) *Accident and*

emergency staff opinion on the effects of family presence during adult resuscitation: critical literature review. This paper is scheduled to appear in a future issue of *Journal of Advanced Nursing* from Blackwell Publishing.

A&E nurse commended for innovation in child health

Cheryl Chainey, a staff nurse at the emergency department at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, has won a commendation in the *Nursing Standard 2008* child health award category. The awards were presented at the Royal Opera House in London. Cheryl was the key driver in establishing a separate children's area in the emergency department – our very warm congratulations, Cheryl, well done!

RCN Congress • 27 April–1 May 2008

The ECA supported the resolution entitled “**Stopwatch Care**”, submitted by Lisa Faulkner, an ECA member from Edinburgh. We discussed the implications of the emergency care four-hour operational standard and its impact on the quality of care and staff morale.

Emergency care four-hour standard survey

The ECA Steering Committee is currently working with the RCN media team in developing an online survey of emergency nurses to determine how those working on the frontline actually feel about the Government’s four-hour emergency

care operational standard. This is the first survey on this issue being undertaken nationally by nurses for nurses. It’s an excellent opportunity for our members to voice their opinion and help influence the nursing contribution in shaping the political emergency care agenda.

Raising your issues in Westminster

Members of the RCN Emergency Care Association Steering Committee met recently with the Liberal Democrats’ health team at Westminster. The politicians included shadow health secretary Norman Lamb, shadow health ministers Greg Mulholland and Sandra Gidley, and Baroness Barker of Anagach.

The Liberal Democrats were very interested in the four-hour standard in emergency care – in particular, what challenges nurses face in implementing the standard on a day-to-day basis. It was pointed out to them that in certain departments, the 98 per cent target is sometimes achieved by manipulation of certain aspects of care.

The ECA stressed that although we

support the four-hour standard in principle, there is often too much focus on the clock: at times quality is compromised just to achieve the four-hour standard.

Need for flexibility

Baroness Barker felt that certain groups of patients, such as older people, may have been disadvantaged and that in certain circumstances this sort of patients may need more time to receive the most effective care. Given the very different nature of patients in “minors” and “majors” areas of emergency departments, she felt having one standard that applied to all of these patients was inappropriate. Her view was that the standard in “majors” should remain at four hours or be more flexible than this under certain circumstances, while the standard in “minors” might be

reduced to something like two hours.

Norman Lamb raised concern about the issue of ambulances waiting outside emergency departments to unload patients so that the standard could be achieved. He agreed with us that this sort of activity may dangerously compromise the care of patients being held for long periods in ambulances.

It was also agreed that the public could be put at risk when calling for emergency ambulances that could not respond to such requests because they had been unable to offload existing patients at emergency departments.

Norman Lamb expressed a desire to meet more frontline emergency nurses and was interested in visiting emergency departments. The meeting finished with the Liberal Democrats offering to present their vision for emergency care at the RCN ECA Conference in Cheshire this November.

Did you know you can read this newsletter online?

This and other forum newsletters are available on the RCN website even before they are mailed out to members.

So if you would like to be one of the first to read the next issue log on to **MyRCN** at www.rcn.org.uk/myrcn, or call RCN Direct on **0845 772 6100**, to register your email address and opt in to our email services. You’ll then be sent an email with a link through to the newsletter each time it is published rather than be sent a printed copy.

Help us reduce our carbon footprint and save some trees!



RCN Professional Nurse Adviser Mike Hayward talks strategy with Health Minister Lord Darzi.

Presenting evidence at NHS Workforce Review

Committee member Heather Jarman represented the RCN Emergency Care Association in raising key nursing issues at a recent meeting of the NHS Workforce Review Team in London.

The review team is responsible for gathering, analysing and advising on workforce planning for the NHS. This meeting gave us an important opportunity to bring our workforce issues forward at a national level alongside those of colleagues from the College of Emergency Medicine (CEM), the Ambulance Service and the Royal College of Physicians.

This is a crucial time for nurses working across urgent and emergency care to be represented, given the proposals to change the provision of services outlined in the Government's Urgent Care Strategy and the Darzi report.

The CEM, representing medical staff in emergency departments, identified changes to specialist emergency medicine training and varying levels of consultant cover as issues.

These are the issues raised by RCN ECA:

- Reconfiguration of services and the likelihood of a **“two-tier” system** of major and local hospitals **has implications for the skills required** and recruitment of emergency nurses working in both settings.
- Emphasis on increasing **“care closer to home” needs investment**, particularly in nurses fulfilling these roles in the community and the patchy implementation of community matrons (and similar roles).
- **Nurse practitioner roles are likely to increase** in urgent care, particularly in places such as polyclinics and urgent care centres. There is a lack of information on the number of nurses working in practitioner roles in emergency care, minor injury units and other urgent care settings and these are still not regulated in terms of training or differences in scope of practice. Also in this area, we need to address discrepancies in pay which vary significantly across these roles.

- While emergency care remains an attractive career option for many nurses and has so far largely avoided the recruitment issues prevalent in some areas, **recruiting paediatric nurses to work in emergency departments is more difficult**. This leads to concerns about the provision of care in these areas and the need to equip emergency nurses with the appropriate skills to look after children

The review continues

The discussions at this meeting will inform a report into the priorities and risks associated with workforce planning in emergency care – to be published later in the spring on the Workforce Review Team website:

www.healthcareworkforce.nhs.uk/workforcereviewteam.html

More information on proposals to change emergency and urgent care provision is on the Department of Health website: www.dh.gov.uk

Email your comments on these issues to: heatherjarman.rcneca@yahoo.co.uk

Creating the ECA Online Community: Your home from home! www.rcn.org.uk/emergencycare

The ECA has been chosen to pilot the RCN's radical new approach to creating virtual communities for health professionals and we intend to build the most authoritative and useful portal for emergency nurses anywhere on the worldwide web.

We want to make it your first port of call for all the latest news, plus the most comprehensive depository of specialist resources anywhere – from clinical guidelines to book reviews, and everything in between.

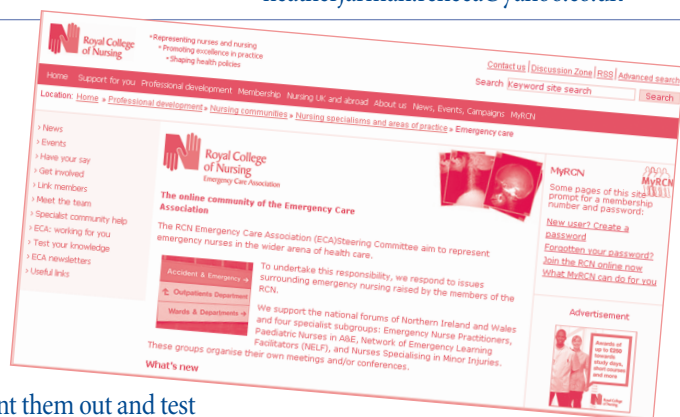
For your edification and amusement, we're even supplying “Coffee Break Crosswords”, designed by our very own ECA Vice Chair,

Jim Bethel. Just print them out and test your emergency care knowledge.

And, best of all, it's a work in progress ...

We're adding to the site all the time and we want you to do the same. Tell us about your local issues, share your good practice, send us your favourite links, invite everybody to your local conferences and study days – or just blow off steam.

But don't hang about – it's already up and running at: www.rcn.org.uk/emergencycare. Log on and let us know what you think!



Not a member of the ECA yet?

If you're an RCN member, you can become a member of the Emergency Care Association as well. Benefits include a free newsletter, conference updates and eligibility to stand for election to the national steering committee. Just phone RCN Direct on 0845 772 6100 and ask to join forum 2102.

Become a link member for the ECA

Link members help the ECA to fulfil its objectives in representing the reality of emergency care regionally, nationally and internationally. We want to make the committee as representative as possible of its membership by engaging you in the emergency care agenda and giving local departmental staff an opportunity to voice their concern. In these ways we ensure national policies reflect the views of the wider emergency care community.

Benefits of being a link member

- As a link member you become part of a well established, influential, proactive coalition of like-minded health care professionals.
- It gives you access to a professional organisation driven entirely by its members, for its members.
- It provides evidence of professional development that will be a valuable part of your professional portfolio.
- You have the opportunity to influence the emergency care agenda and future direction of the RCN Emergency Care Association.
- You help shape policy and position statements.
- It allows you to network with emergency care professionals in all four countries of the UK and on an international basis.

Download an application form from: www.rcn.org.uk/development/communities/specialisms/emergency_care/link_members

PUBLICATIONS

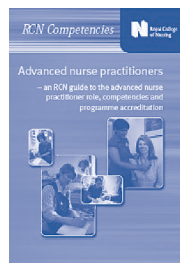
New from the RCN – especially for you!



Standards for assessing, measuring and monitoring vital signs in infants, children and young people

Vital signs include temperature, heart/pulse rate, respiratory rate and effort, and blood pressure. The standards documented here provide criteria for practitioners in achieving high quality nursing care.

Download at: www.rcn.org.uk/__data/assets/pdf_file/0004/114484/003196.pdf

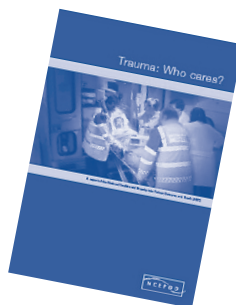


RCN Guidance for advanced nurse practitioners

The nurse practitioner role is an ever increasing one. That's why the RCN has revised its guidance to define the ANP role and include the RCN's domains and competencies for ANPs in the UK.

Download at: www.rcn.org.uk/__data/assets/pdf_file/0003/146478/003207.pdf

Important emergency care reports from NCEPOD



Trauma: who cares?

This report into trauma care provision in England, Wales and Northern Ireland, published by the National Confidential Enquiry into Post-Operative Death (NCEPOD), has important implications for emergency nurses.

Trauma: who cares? reviewed the cases of 795 patients involved in major trauma and found more than half received sub-optimal care. Reasons included lack of appreciation of injury severity and

inconsistent presence of senior staff on the trauma team, particularly out-of-hours.

The report highlights that patients are more likely to have an improved outcome if taken to a centre that is specially equipped and staffed.

It recommends the development of designated Level 1 trauma facilities – in a model similar to the United States – that will change the structure of trauma care in England, Wales and Northern Ireland. This has potential implications for the care of patients with significant traumatic injuries, and in the role and development of nurses in the trauma team.

The full report is at: www.ncepod.org.uk/2007report2/Downloads/SIP_report.pdf

Emergency admissions: A journey in the right direction?



This report suggests that patients admitted as emergencies can be among the sickest that are cared for in a hospital and therefore the emphasis should be on getting the process right from the beginning.

The aim of the study was to identify remediable factors in the organisation of care of adult patients who were admitted as emergencies. The report highlights the need for early decision making by medical staff with the most appropriate skills and knowledge based on the clinical needs of the patient. It also found many examples of poor medical documentation, especially basic information such as dates and times.

Key recommendations:

- Patients admitted as an emergency should be seen by a consultant at the earliest opportunity, ideally within 12 hours and certainly no longer than 24 hours.
- Following initial assessment and treatment, patients should be transferred to a ward which is appropriate for their clinical condition.
- Excessive transfers should be avoided as these could be detrimental to patient care.
- Greater emphasis needs to be placed on structured handover of patients between clinical teams, with agreed protocols.

The full report is at: www.ncepod.org.uk/2007report1/Downloads/EA_report.pdf



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Tel: 0845 772 6100 Website: www.rcn.org.uk

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