

Competency Framework for Registered Nurses in Emergency Care: Level 1 and 2

CLINICAL PROFESSIONAL RESOURCE



This Royal College of Nursing (RCN) curriculum and competency framework for emergency nursing was reviewed by the RCN Urgent and Emergency Care Forum (UECF) and quality assured by a subject matter expert group of emergency nurses from across the United Kingdom. The original document, published by the UECF (then named Emergency Care Association) in 2017, was produced by a similar group of specialists. Special thanks go to all individuals who have given their time and expertise to the evolution of this document.

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Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

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Foreword

Emergency nursing is where decisions are made quickly, often with incomplete information, and where care, compassion, competence, communication, commitment and courage must coexist within a complex, time-pressured environment. Those who deliver emergency care need clarity, structure and recognition for the complexity, adaptability and professional judgement their roles demand.

This competency framework is not a checklist; it is a professional map that sets out what safe, effective and progressive practice looks like for registered nurses working across emergency care at Levels 1 and 2.

It spans the full breadth of emergency care practice, from initial assessment and resuscitation to mental health, paediatrics, disaster preparedness and end-of-life care. It affirms that emergency nursing is a highly skilled speciality – requiring advanced clinical reasoning, situational awareness and leadership under pressure.

It also recognises that excellence in emergency care is never achieved in isolation. Supervision, coaching, feedback and reflective practice are not optional extras; they are essential professional safeguards. The emphasis on structured development, assessment and support is deliberate.

This updated framework has been shaped by emergency care nurses from across the UK, with valuable contributions from multidisciplinary colleagues, educators, system partners and patient representatives.

It draws on lived experience, evidence and professional consensus, to ensure it reflects both professional standards and the realities and expectations of those who use emergency care services. It also acknowledges the pressures of the modern emergency care environment and the vital importance of staff wellbeing, support and psychological safety.

Use this framework to guide learning, to structure professional conversations, to evidence competence, and to articulate the contribution emergency care nurses make every day.

Sarah Cato, Chair, RCN Urgent and Emergency Care Forum

Introduction

Purpose

This framework was initially produced in response to a demand for clarity in the competencies expected of nurses working in emergency care settings across the UK. The aim of the framework is to encourage professional development, leadership skills, and career progression in emergency nursing; promoting high quality patient care and a culture that supports recruitment and retention of emergency nurses. The levels are seen as a supporting framework for your development and not associated to your band or job title.

Audience

While its development focused on the needs of nurses working in emergency departments (EDs), the framework is also applicable to nurses working in a wide range of urgent and emergency care (UEC) settings. The framework is designed to support nurses from newly registered or new to the specialty, through to more experienced emergency nurses working with patients of all ages. A period of structured support is vital for all nurses who are new to the emergency care environment. For nurses who have clinical experience elsewhere their transition into emergency care, and through these competencies, may be less challenging in comparison to that of the newly registered nurse.

Significant updates

All nurses joining the NMC register have demonstrated their ability to undertake a wide range of core nursing skills with competence. This update recognises the acquisition of these core skills and has reduced the original competencies to those specific to emergency nursing. It is expected that core competencies are covered locally and should be completed prior to starting this framework.

Advanced/related competencies

Nurses working in emergency care settings that receive trauma patients should also follow the trauma competency framework developed by the National Major Trauma Nursing Group. These competencies can be found at: [Resources | National Major Trauma Nursing Group](#)

Competencies for advanced clinical practitioners in emergency care have been developed by the Royal College of Emergency Medicine (RCEM). These have been endorsed by the RCN and are available at: [Emergency Medicine Advanced Clinical Practitioner | RCEM](#)

The full collection of nursing competency frameworks can be found at: [Career Frameworks | Professional Development | Royal College of Nursing](#)

Wellbeing

The emergency care environment is inherently stressful and demanding. To thrive and perform effectively, emergency nurses must prioritise and maintain their personal wellbeing. It is essential that they feel supported in reflecting on their experiences through mechanisms like clinical supervision, as this fosters learning and professional growth. Emotional support should be recognised as a vital need throughout every stage of an emergency nurse's career and must never be underestimated.

Glossary of nursing roles in the emergency department (ED)

Clinical support worker: supports the registered nurse in the provision of nursing care. This term encompasses a wide range of roles and titles which may include, assistant practitioners, health care assistants, health care support workers and nursing assistants.

Nursing associate: works within defined local policies and are accountable for their practice. They have a required level of knowledge and skill beyond that of the traditional support worker and undertake clinical work in domains that were previously the remit of registered professionals, such as advanced wound closure. Their remit is comprehensive and extended, working under unsupervised guidance from registered practitioners. They contribute to the core work of nursing, freeing up registered nurses to focus on more complex clinical care.

Registered nurse: a registered nurse who is either newly registered, or new to emergency nursing; has not yet acquired competencies of emergency nursing. These nurses require supervision in practice, ranging from direct supervision in their initial weeks, to indirect supervision as they grow in competence and experience. They should be working to complete the Level 1 competencies.

Registered nurse (Level 1): a registered nurse who has completed preceptorship, and has achieved the Level 1 competencies. Working at an enhanced level as seen in the RCN's Levels of Nursing ([Levels of nursing | Royal College of Nursing](#)). They are able to work with individual patients, or groups of patients, without direct supervision in the emergency care setting. This includes initial assessment and the provision of treatment (but not diagnosis) for patients.

In EDs, this is likely to include working with patients in the resuscitation room, those with major illness or injury and those with minor presentations. They should be working to complete the Level 2 competencies.

Registered nurse (Level 2): an emergency nurse who has completed Level 2 competencies, is a clinical expert and proactively develops themselves and others. Working at an advance level as seen in the RCN's Levels of Nursing ([Levels of nursing | Royal College of Nursing](#)), they lead and supervise the clinical work of others and can manage the emergency care setting as a whole; managing patient flow and delegating care accordingly.

In EDs they should work in close partnership with the emergency medicine consultant to ensure safety of patients and best use of resources. They should focus on leadership, educational and/or research competencies. (These nurses could also be called charge nurse/sister/ward manager).

Practice educator: this is a registered nurse (Level 2) who facilitates educational opportunities in the ED. They provide supervision in practice, deliver training sessions and assessment of competencies. They often teach on nationally recognised courses (for example, advanced life support). They should be working towards education-specific competencies and/or qualifications.

Practice development lead: this is a registered nurse (Level 2) who leads the education strategy for the ED. They provide supervision in practice and deliver some training sessions, while establishing the training requirements to ensure the necessary workforce skill mix. They will link the education strategy for the ED with the overall strategy for education in the organisation. They will work closely with the lead nurse manager and/or matron, the clinical director, and other education providers, including higher education institutes (HEIs).

Lead nurse/Matron: this is a registered nurse (Level 2) responsible for quality assurance and quality improvement in the ED; including responding to patient feedback and ensuring clinical incidents are investigated, and any recommendations actioned. They are responsible for the day-to-day operational management of the ED, including workforce management and implementation of local policy and clinical guidelines.

Senior nursing manager/Head of nursing (HoN)/Deputy head of nursing (DHoN)/Director: depending on the leadership structure of the trust, there will be a director who may lead several departments in addition to the ED.

Emergency nurse practitioner (ENP): is a registered nurse who has undertaken specialist education and training to independently assess, diagnose, treat and discharge patients presenting with a range of undifferentiated and minor to moderate injuries or illnesses in the emergency care setting.

ENPs work within an agreed scope of practice using advanced clinical skills, evidence-based decision making, and clinical autonomy.

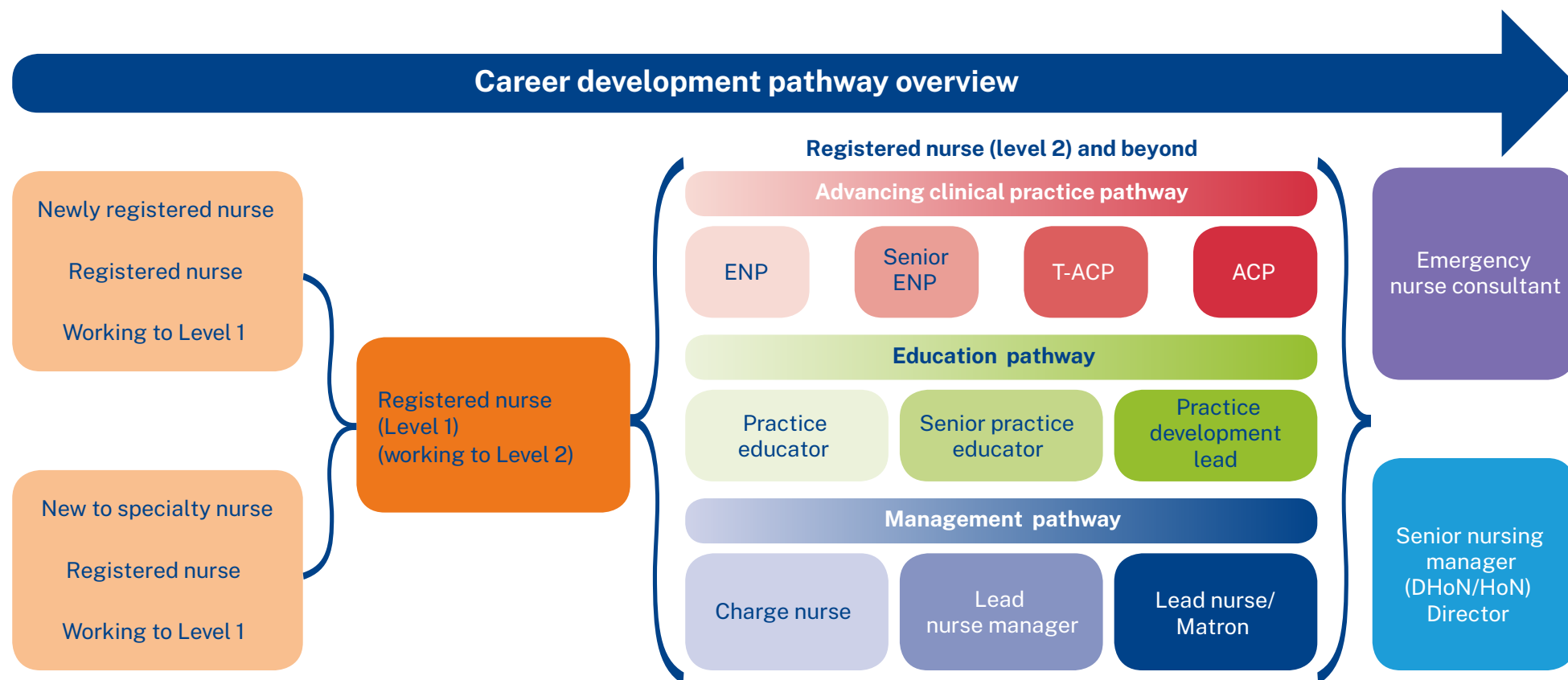
Advanced nurse practitioner (ANP)/Advanced clinical practitioner (ACP): is a registered nurse educated to master's level (or equivalent) who practices at an advanced level across the four pillars of advanced practice: clinical, leadership and management, education, and research. They will often possess an independent (non-medical) prescribing qualification registered with the NMC.

ANPs manage the holistic care of patients with complex or undifferentiated presentations, often functioning as autonomous clinicians within emergency departments, minor injury units or urgent care centres. ANPs are accountable for their advanced clinical decisions and for practising within national frameworks for advanced level practice.

Nurse consultant: a clinical expert in emergency nursing with responsibility for emergency care leadership; including strategic development of policy and practice, research, education, and advanced clinical practice.

Emergency nurse development pathway

Figure 1: Career development pathway overview



The competency framework

The national curriculum and competency framework for emergency nursing is demonstrated in figure 2 (below). It has been split into eight domains which are specific to the competencies required to care for emergency patients across the lifespan.

Both Level 1 and Level 2 competencies appear in each domain. It is recognised that prior to the introduction of this framework in a new area, many nurses may have worked in emergency care for many years. It would be reasonable for them to go straight to Level 2 competencies rather than start with Level 1.

For those who have completed Level 1, some evidence will be transferable to the Level 2 framework. However, the majority will require demonstration of a higher level of achievement within the taxonomy as described in Benner's stages of clinical competence (figure 3).

Figure 2: The competency framework



How to use the competency framework

The first column of the table indicates whether the skill and knowledge discussed in the second column is relevant to Level 1 or Level 2 emergency nursing.

There is space within the remainder of the table to self-assess (third column), prove that the competency has been achieved (forth column with three sub columns), and evidence how this has been achieved (fifth column).

More information on completing the self-assessment, getting each competency signed off, and providing evidence can be found on the following pages.

Pain						
Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Understand the physiology of pain					
1	Understand the principles of pain management					
1	Discuss the tools available to assess and objectively measure pain in adults					

Self-assessment

Each competency starts with a self-assessment that helps to identify where the learner is now in their individual learning needs.

Competencies should be assessed using Benner's stages of clinical competence (figure 3). This taxonomy is widely known and the definitions are easy to apply.

Figure 3: Benner's stages of clinical competence

Code	Novice to expert continuum	Description
N	Novice or beginner	No experience in the situation in which they are expected to perform and depend on rules to guide their actions. Lacks confidence to demonstrate safe practice and requires continual verbal and physical cues.
AB	Advanced beginner	Demonstrates marginally acceptable performance because the nurse has had prior experience in actual situations. Often needs help setting priorities and cannot reliably sort out what is most important in complex situations and will require help to prioritise.
C	Competent	Demonstrates efficiency, is co-ordinated and has confidence in their actions. Able to plan and determine which aspects of a situation are important and which can be ignored or delayed. This practitioner lacks the speed and flexibility of a proficient practitioner but they show an ability to cope with and manage contingencies of practice.
P	Proficient	Someone who perceives the situation as a whole rather than in parts. They have a holistic understanding of clinical situations which makes for quick and more accurate decision making. They consider fewer options and quickly home in on accurate issues of the problem.
E	Expert	No longer relies on rules, guidelines, etc to rapidly understand the problem. With an extensive background of experience, they demonstrate an intuitive grasp of complex situations. They focus on the accurate region of the problem without first considering fruitless possibilities.

Benner P (1984) *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley.

Achieving the competency and providing evidence

While self-assessment helps to direct learning, support development and provide a baseline for subsequent assessment, objective formal assessment of competence should be undertaken for quality assurance purposes and should include individual professional feedback.

The level of clinical competence required for Level 1 and Level 2 is different. Everyone working to Level 1 must be formally assessed as 'competent' on Benner's stages of competence. Everyone working to Level 2 must be formally assessed as 'proficient' in Level 1 and Level 2 competencies.

Assessment should be based on objective evidence. Due to the diverse nature of the competencies, no one type of evidence can meet all the statements. It is important that a variety of evidence types are used to demonstrate the knowledge, skills and behaviours required.

Evidence can include, but is not limited to:

- direct observation of practice (DOPS)
- case-based discussion (CBD)
- simulation (S)
- reflective report (RR)
- question and answer (Q&A)
- anonymised clinical case notes (CCN)
- feedback from colleagues and/or patients (F)
- nationally recognised courses (RC).

These abbreviated codes can be used in the evidence column of the competency framework to demonstrate the type of evidence that has been generated.

Role of the assessor

Each learner should be allocated a clinical supervisor/assessor/mentor to help them achieve their competencies, provide a formal assessment, and sign each competency off as complete (column four). A newly registered nurse should have a registered nurse (Level 1) as a supervisor. The supervisor should have undergone specific training in supervision and assessment of others. For registered nurses who are Level 1, their supervisor should be beyond Level 2. Typically, they would be a charge nurse or practice educator.

It is recognised that when an emergency care setting starts to use this curriculum, there may be insufficient nurses who have achieved Level 1 and 2 competencies to supervise the development of registered nurses. Until such a time, a pragmatic approach should be applied and senior nurses should be allowed to supervise others commensurate with their current role.

Regular reviews are essential to highlight and resolve any difficulties in achieving or maintaining competence. They also provide support for individuals, helping them to reach their potential without being restricted by traditional time-bound progression limits.

It would be overwhelming for anyone to try to address all the competencies simultaneously; it is recommended that realistic developmental goals are set at each one-to-one meeting and reviewed in a timely manner.

During the first year of employment in the emergency care setting, it would be realistic to meet with a mentor/assessor after the first month, then at three monthly intervals with an appraisal at the end of the first year. In year two, it would be realistic to meet at six-monthly intervals, with annual appraisals and development planning thereafter.

At each meeting, there should be an agreement on which specific competencies have been achieved or maintained, and which need to be progressed before the next meeting.

It may be decided that some competencies are not applicable to the emergency care environment in which the individual is working. In this case, 'N/A' should be marked against them. This will allow the individual to use their competency framework as a passport should they move to another emergency care workplace and continue their development.

Registered nurses working to Level 1 competencies

The newly registered nurse requires at least 12 months to consolidate their nurse training in addition to developing the competencies to be an emergency nurse. In total, it may take them up to two years to become a registered nurse (level 1).

Nurses new to the emergency care environment, but with previous nursing experience, should aim to complete their Level 1 competencies within 12 months. They may achieve them sooner if their previous experience is in an acute or critical care environment.

Developmental milestones of newly registered nurse

Three months

- Be familiar with the environment and work as a member of the team caring for patients under supervision of registered nurse (Level 1).
- Understand operational and patient processes in the various areas of the environment.
- Start to develop good emergency care nursing practice using competencies across the clinical domains at Level 1.
- Recognise own limitations, seeking help and advice when needed.

Six months

- Function as a member of the team in various areas of the setting, taking responsibility for planning, implementing and evaluating individual patient care.
- Achieve further good emergency care nursing practice using specific competencies across the clinical domains at Level 1.

12 months (up to two years for newly registered)

- Manage allocated patients in various settings. In the emergency department, this is likely to include majors, minors and resus.
- Safely undertake the initial assessment of patients and triage appropriately.
- Complete good emergency care nursing practice using specific competencies across the clinical domains at Level 1.
- Act as a practice supervisor or assessor to student nurses and mentor less experienced staff.

Emergency nurses working to Level 2 competencies

These enhanced level nurses should form the largest nursing group in the emergency care setting. Provided they have had a structured foundation period, with appropriate education and supervision, they should be able to care for patients in all areas of the environment without direct supervision. These nurses will have successfully completed practice Level 1 competencies and be working to complete the Level 2 competencies.

Developmental milestones of registered nurses (Level 1) are likely to include:

- develop good emergency care nursing practice using competencies across the clinical domains at Level 2
- lead the provision of evidence-based holistic care for groups of patients, from initial assessment to discharge or admission
- teach and supervise less experienced staff and students
- develop in-depth knowledge about specific areas of interest and effectively communicate this to colleagues, for example, link nurse role
- advance clinical skills and knowledge, develop teaching and assessing skills, and develop leadership qualities.

Emergency nurse development – beyond Level 2 competencies

It is important to recognise that developing competence as an emergency nurse is the fundamental platform on which all domains evolve. Depending on the aspirations and chosen career direction, practice beyond that of an emergency nurse may follow a specific pathway or crossover between pathways (see figure 1). These include working at an advanced or consultant level of nursing:

- operational management (emergency sister/charge nurse/matron)
- education specialist (practice educator/lead for practice development)
- clinical specialist (emergency nurse practitioner/advanced nurse practitioner).

Competencies for these pathways are outside the scope of this document.

Emergency nursing competencies

Patient assessment						
Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe the value of pre-hospital care information					
1	Discuss the factors that affect communication or act as a communication barrier within the emergency setting and strategies that may be used to overcome them					
1	Discuss the importance of obtaining a comprehensive clinical and social history to plan appropriate person-centred care					
1	Discuss the elements underpinning the structured approach to patient assessment (Airway, Breathing, Circulation, Disability, Exposure)					
1	Discuss the use of clinical assessment tools					
1	Explain the system in place to prioritise a patient according to clinical need					
1	Effectively receive handover from pre-hospital personnel and document appropriately					
1	Use a structured approach to gather and document the clinical history					
1	Effectively determine patient priority based on assessment (triage)					
1	Direct/move patients to appropriate areas, teams and services					
1	Use a structured A to E approach to undertake patient assessment					

1	Safely and accurately record clinical observations including: · respiration · oxygen saturations · heart rate (manual) · blood pressure · capillary refill · conscious level (AVPUC) · temperature · blood glucose · peak expiratory flow rate					
1	Select and use an appropriate observations tool such as National Early Warning Score 2 (NEWS2) (or local variant) and act as per guidelines depending on score					
1	Safely and accurately conduct the following investigations: · ECG monitoring · urinalysis · pregnancy testing					
2	Safely and effectively conduct cannulation and venepuncture in accordance with local guidelines					

Pain						
Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) <i>Choose from: N, AB, C, P or E</i>	Date competency fully achieved (assessed)			Evidence (see page 13) <i>For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC</i>
			Code	Date	Sig	
1	Discuss the physiology of pain					
1	Explain the principles of pain management					
1	Discuss the tools available to assess and objectively measure pain in adults					

1	Discuss how pain assessment relates to triage priority					
1	Discuss the pharmacological and non-pharmacological strategies for managing pain					
1	Explain locally agreed Patient Group Directives (PGDs) for nurse-led analgesia (where relevant)					
1	Use pain assessment tools to objectively assess pain					
1	Apply appropriate non-pharmacologic strategies for the management of pain (ie splinting, positioning, dressings)					
1	Administer prescribed analgesia via a variety of routes					
1	If using PGDs: select appropriate drug and route for effective pain management using systematic and step-wise approach					
1	Evaluate the effectiveness of analgesia at appropriate times following administration and escalate appropriately where pain remains unmanaged					
2	Select and use pain management tools to objectively assess pain					
2	Use Entonox safely and appropriately					

Caring for acutely ill adults

Respiratory system

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Discuss the normal anatomy and physiology of the respiratory system					
1	Discuss the principles (and tools used) of respiratory function assessment					
1	Discuss the conditions associated with actual or potential obstruction of the upper airway and the associated signs and airway noises					

1	Discuss the features and clinical presentation of patients with: · acute breathlessness · type 1 respiratory failure · type 2 respiratory failure					
1	Explain the pathophysiology associated with the illnesses of: · pulmonary embolism (PE) · respiratory tract infection and pneumonia · asthma · COPD					
1	Explain the local and national guidelines for oxygen therapy					
1	Discuss methods of delivering oxygen therapy for supporting ventilation					
1	Describe the pathophysiology of a pneumothorax and tension pneumothorax, and describe the principles and possible complications of treatment					
1	Describe the signs and symptoms of respiratory distress and the local escalation processes to ensure appropriate clinical support					
1	As part of a structured A to E assessment, assess and record: · actual or potential airway obstruction · respiratory rate, depth and pattern · oxygen saturations, having awareness of situations which affect reliability of readings · peak expiratory flow rate					
1	Recognise and respond appropriately to: · absent breath sounds · stridor · expiratory wheeze					
1	Deliver oxygen therapy using a range of devices: · nasal cannulae · variable flow masks · high-concentration masks · tracheostomy masks					

1	Deliver inhaled medication via: · metered dose inhaler (with and without spacer device) · nebuliser device · on demand inhaled medication (eg methoxyflurane, nitrous oxide)					
1	Prepare equipment and support a patient undergoing chest aspiration or chest drain insertion for a pneumothorax					
1	Prepare equipment and support a patient undergoing non-invasive respiratory support					

Cardiovascular system

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Explain the normal anatomy and physiology of the cardiovascular system					
1	Discuss cardiac conduction, the cardiac cycle and the features of the normal ECG					
1	Discuss the immediate life support (ILS) algorithms for managing abnormal cardiac rhythms associated with cardiac arrest					
1	Describe the ECG changes associated with acute coronary syndromes (ACS) and/or myocardial infarction (MI), and appropriate escalation pathways					

1	Discuss the clinical features of: · cardiac chest pain · aortic dissection · pericarditis · pulmonary embolism · pneumothorax · pleuritic pain · musculoskeletal chest pain · ischaemic limb pain					
1	Explain the clinical features of sickle cell anaemia and treatment for sickle cell crisis in relation to cardiovascular problems					
1	Undertake a structured approach to the assessment of patients presenting with chest pain and determine priority of care					
1	Correctly perform a 12 lead ECG and troubleshoot where recordings are of poor quality (such as artefact, wandering baseline, etc)					
1	Provide effective care to patients in acute heart failure, including understanding indications of potential adverse reactions to, and safe administration of, prescribed medications; monitoring of clinical condition; and provision of psychological support					
1	Provide effective care to patients in acute coronary syndrome, including administration of prescribed medication, monitoring of clinical condition and provision of psychological support					
1	Effectively prepare patients and equipment and assist with care of patients requiring: · synchronised cardioversion · transcutaneous pacing					
2	Discuss the emergency treatment for ACS and MI					
2	Demonstrate a systematic approach to ECG interpretation and recognition of life-threatening arrhythmias					
2	Initiate effective immediate management of ACS following local policy and guidelines					

Neurological system

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe basic anatomy and physiology of the central nervous system including: • principal brain areas and their function • sensory and motor pathways					
1	Discuss the pathophysiology associated with the following medical conditions: • stroke • intracranial haemorrhage (subarachnoid haemorrhage, extradural haemorrhage, subdural haemorrhage) • epilepsy • Parkinson's disease • Guillain-Barré syndrome • Myasthenia gravis					
1	Discuss national guidelines for: • stroke • head injury • status epilepticus • Parkinson's disease • back pain					
1	Discuss the signs of conditions requiring emergency intervention: • raised intracranial pressure • stroke • intracranial haemorrhage • seizures • cauda equina					

1	Recognise and act appropriately when mechanism of injury or history of presenting complaint may suggest acute neurological insult					
1	Undertake a neurological assessment to include: • assessment of conscious level using 'alert, voice, pain, unresponsive' scale (AVPUC) • basic assessment of sensation, motor power and tone • Glasgow Coma Score • assessment of pupillary size and reaction					
1	Apply local and national clinical guidelines in the care of: • stroke • intracranial haemorrhage • seizures • altered levels of consciousness					
1	Provide safe and effective care of the agitated and/or combative patient					
2	Identify patients with red flag symptoms and/or signs and escalate concerns to appropriate clinician					

Gastrointestinal (GI) system

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Explain the anatomy and physiology of the gastrointestinal (GI) system					
1	Discuss the pathophysiology associated with the following emergency presentations: • GI bleeding • intra-abdominal sepsis, including pancreatitis • acute gastroenteritis • abdominal aortic aneurism • ischaemic bowel					
1	Discuss specific information required when assessing patients with acute GI symptoms and/or abdominal pain in order to determine clinical priority					
1	Explain local clinical guidelines pertaining to common GI emergency presentations (eg GI bleeding)					
1	Discuss the rationale for insertion of nasogastric tube in this group of patients and local guidelines/policy for tube placement					
1	Describe the investigations commonly undertaken in patients with abdominal pain or GI presentations					
1	Demonstrate initial assessment and prioritisation of patients presenting with abdominal pain, initiating appropriate pain relief and investigations to aid further clinical assessment					
1	Recognise and report red flag signs and symptoms of: • vomiting and/or per rectum loss of frank or occult blood • faecal vomiting • rigid/distended abdomen • abdominal bruising					

1	Demonstrate the ability to safely and effectively insert a wide bore nasogastric tube					
1	Recognise and locate the equipment used to control variceal bleeding					
1	Recognise patients who may pose an infection control risk and implement isolation procedures (eg those with diarrhoea and/or vomiting)					
1	Undertake collection of stool samples and send for appropriate investigations					
2	Recognise and locate the equipment used to control variceal bleeding and instigate massive haemorrhage protocol where needed					

Renal system						
Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Explain the anatomy and physiology of the kidneys and renal tract					
1	Discuss the pathophysiology associated with the common renal presentations: • pyelonephritis • renal colic • urine retention and haematuria • trauma to the kidney and/or renal tract					
1	Discuss the pathophysiology associated with the following presentations and their relationship to the renal system: • hyper/hypokalemia • hyper/hyponatremia • hypomagnesemia					

1	Explain the presenting signs and symptoms and pathophysiology associated with: · AKI – acute kidney injury · CKD – chronic kidney disease					
1	Recognise the normal values for urea and electrolytes and understand the significance of derangement					
1	Describe the local and national guidelines (including NICE guidelines) in relation to AKI and CKD					
1	Implement safe and effective care in patients with: · acute kidney injury · chronic kidney disease					
1	Insert urethral catheters in female patients in line with locally agreed policies and procedures					
1	Insert urethral catheters in male patients in line with locally agreed policies and procedures					
1	Monitor urine output and fluid intake and escalate concerns appropriately					
2	Explain the principles of haemofiltration and the emergency indications for dialysis					
2	Identify patients with abnormal renal function tests and escalate appropriately					

Endocrine system						
Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe the anatomy and physiology associated with the endocrine system					
1	Discuss the pathophysiology associated with conditions affecting the endocrine system, in particular: • pancreas – diabetes and glycaemic emergencies • thyroid – thyrotoxicosis and hypothyroidism • pituitary – diabetes insipidus • adrenal – Addison's disease					
1	Describe the signs and symptoms of the following presentations: • hyperglycaemia • diabetic ketoacidosis (DKA) • hypoglycaemia • hyperosmolar hyperglycaemic state (HHS) • Addisonian crisis					
1	Describe the local guidelines to manage endocrine emergency presentations					
1	Describe the normal reference ranges for blood glucose, blood pH, lactate and blood gases					
1	Recognise red flag endocrine presentations and escalate concerns to an appropriate clinician					

1	Provide safe and effective assessment of patients presenting with actual or potential problems affecting the endocrine system, including the ability to undertake the following investigations: • capillary blood glucose monitoring • capillary blood ketone monitoring • urinalysis					
1	Provide safe and effective care to patients with endocrine emergencies, in particular the management of: • hyperglycaemia • diabetic ketoacidosis (DKA) • hypoglycaemia • HHS • Addison's crisis					
2	Instigate the blood tests necessary to investigate and manage endocrine emergencies					

Reproductive system

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe anatomy and physiology of reproductive systems					
1	Discuss the assessment and management of vaginal and rectal foreign bodies					
1	Discuss the emotional and physical care of patients who present with injuries as a result of sexual assault or rape					
1	Discuss the signs, symptoms and presentation of sexually transmitted infections (STIs), their management and the information and referral resources available					

1	Describe the health promotion and screening available for reproductive health surveillance for patients including: • breast and testicular self-examination • vulval health • cervical smears • human papilloma virus (HPV) vaccination • mammography • prostate assessment and examination					
1	Describe reproductive development and maturity, the menstrual cycle and the features of normal menopausal changes					
1	Discuss the specific assessment related to female reproductive system presentations to determine clinical priority					
1	Discuss the assessment, treatment options, health advice and sexual health promotion for women requesting emergency contraception					
1	Discuss the legal and professional responsibilities of the emergency nurse in relation to female genital mutilation (FGM)					
1	Explain the significance of establishing pregnancy in the emergency care setting and the potential for false negatives based on hormonal irregularities					
1	Describe the development of the foetus within the first 16 weeks and the related health guidance in early pregnancy					
1	Explain the signs and symptoms and management of hyperemesis					
1	Describe the local guidance relating to: • vaginal bleed pregnancy related • vaginal bleed non-pregnancy related • ectopic pregnancy • emergency delivery					
1	Describe local policy for investigating and/or disposing of products of conception in the emergency care setting					
1	Discuss the physical and emotional impact of early miscarriage and ectopic pregnancy and the importance of empathy, support and specific services and counselling available					

1	Explain the assessment and management of patients presenting with complications post-termination of pregnancy					
1	Describe common complications which arise in the third trimester of pregnancy (eg pre-eclampsia, gestational diabetes)					
1	Explain the features and management of: • torsion or rupture of ovarian cysts • salpingitis • pelvic inflammatory disorders • dysmenorrhoea • IVF associated conditions (ovarian hyperstimulation)					
1	Explain the features and management of abnormal vaginal bleeding from: • trauma • post-coital • post-menopausal					
1	Describe reproductive development and sexual maturity					
1	Describe the specific assessment related to the male reproductive system to determine clinical priority					
1	Explain the signs and symptoms and management of: • torsion of the testes • hydrocele • epididymo-orchitis • penile trauma • penile fracture • balanitis • paraphimosis • priapism					
1	Undertake a structured approach to the initial assessment of patients presenting with problems associated with pregnancy and prioritise appropriately (triage)					

1	Undertake a structured approach to the initial assessment of patients presenting with gynaecological symptoms and prioritise appropriately					
1	Demonstrate understanding of local policies regarding chaperoning and safeguarding					
1	Identify location and prepare equipment required in the event of haemorrhagic shock resulting from vaginal bleeding					
1	Undertake a structured approach to the initial assessment of patients presenting with reproductive/genital associated symptoms and prioritise appropriately					
1	Demonstrate compassion and empathy when communicating with patients, and those important to them, who may be experiencing the loss of a pregnancy or news of an unexpected pregnancy					
1	Demonstrate a non-judgemental approach to all patients with issues of sexual harm, including FGM, assault, rape and sexually transmitted infection					
2	Describe the local guidance relating to miscarriage					
2	Explain the signs and symptoms and management of paraphimosis					

Musculoskeletal system

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe the anatomy and physiology of the musculoskeletal system					
1	Discuss the immediate management of catastrophic haemorrhage associated with musculoskeletal injuries					
1	Describe the signs and symptoms of life or limb-threatening musculoskeletal injuries					
1	Describe the initial assessment of major musculoskeletal problems, including the relevance of mechanism of injury					
1	Explain the pathophysiology of major musculoskeletal problems including: • major fractures – pelvis, hip and long bones • spinal injury • cauda-equina • major joint dislocation					
1	Describe the local and national guidelines for the assessment and management of major musculoskeletal problems (eg local trauma network guidelines)					
1	Describe the assessment and treatment of venous thromboembolism (VTE)					
1	Describe local policy on VTE prevention in patients with immobilised limbs					
1	Undertake a structured initial assessment of patients with musculoskeletal problems and prioritise care appropriately (triage)					

1	Provide safe and effective care for patients with: · major pelvic injury · fractured neck of femur · fractured femoral shaft · major joint dislocation · spinal injury					
1	Identify the need for emergency manipulations of fractures and dislocations that pose a threat to neurovascular supply or skin integrity, and escalate appropriately					
1	Apply a range of splints to support major fractures					
1	Apply femoral traction splints					
1	Apply a pelvic splint					
1	Identify the need for and demonstrate safe spinal immobilisation of patients					
2	Lead procedures to move patients who require spinal immobilisation					

Caring for adult patients requiring resuscitation

Anaphylaxis

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Explain the pathophysiology of anaphylaxis					
1	Explain the clinical signs and symptoms differentiating between allergic reaction and anaphylaxis					
1	Discuss the common causes of anaphylaxis					
1	Describe how to summon emergency assistance to support immediate emergency care					
1	Describe the national and local guidelines for the emergency management of anaphylaxis					
1	Discuss the importance of investigations in patients with anaphylaxis (eg venous blood gas, lactate, mast cell tryptase)					
1	Recognise signs of anaphylaxis (bronchospasm, hypotension, angio-oedema) and summon appropriate clinical support					
1	Initiate emergency resuscitation – oxygen and intramuscular injection adrenaline					
1	Establish appropriate physiological monitoring					
1	Ensure the patient is placed in an appropriate clinical area, capable of supporting their physiological needs and level of observation					
2	Describe the follow-up pathways following treatment for anaphylaxis					
2	Recognise and manage refractory anaphylaxis					

Cardiorespiratory arrest						
Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe the causes of cardiac arrest, including special situations (eg overdose, hypothermia)					
1	Describe the UK Resuscitation Council guidelines for in-hospital resuscitation					
1	Explain the indications and delivery methods of drugs used within the advanced life support (ALS) algorithm					
1	Describe the safe use of emergency resuscitation equipment (eg suction, oxygen, defibrillator, automated compression device)					
1	Discuss the major reversible causes of cardiorespiratory arrest and their treatment					
1	Discuss the decision-making process relating to continuation or termination of resuscitation, and the actions to be taken in the event of unsuccessful resuscitation					
1	Discuss procedures relating to organ and tissue donation					
1	Rapidly assess the collapsed patient, adopting an A to E approach					
1	Recognise critical illness and summon appropriate clinical support to instigate early management (prevention of cardiorespiratory arrest)					
1	Perform basic life support in accordance with the UK Resuscitation Council guidelines – effective chest compressions, basic airway management and bag-valve-mask ventilation					
1	Prepare resuscitation drugs as per instructions of the team leader					
1	Perform safely and effectively as part of the resuscitation team					
1	Establish monitoring and perform or facilitate investigations following the return of spontaneous cardiac output					

1	Provide appropriate emotional support during the process of breaking bad news; demonstrate sensitivity and empathy					
1	Care for the deceased patient in accordance with local guidelines					
2	Identify shockable cardiac arrest rhythms (ventricular fibrillation (VF), ventricular tachycardia (VT)) and safely perform direct current (DC) defibrillation when indicated					
2	Anticipate and prepare drugs as per ALS guidelines					
2	Provide clinical care as part of the ALS approach; IV/IO access, IV/IO drug administration and where indicated, assist with emergency endotracheal intubation. Assist in the management of reversible causes of arrest					
2	Undertake lead nurse role as part of the clinical team					
2	Instigate appropriate monitoring and investigations following return of spontaneous cardiac output					

Managing sepsis

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe the potential causes of sepsis					
1	Discuss the pathophysiology of sepsis, including its identifying clinical features					
1	Describe the significance of patient investigations such as lactate levels and white cell count					
1	Describe locally agreed guidelines and documentation relating to sepsis					
1	Identify patients with signs of sepsis and report to senior clinician					
1	Instigate physiological monitoring, record baseline observations and accurately calculate early warning score and assign patient priority (triage)					

1	Initiate oxygen therapy titrated to oxygen saturations and in accordance with agreed guidelines					
1	Establish IV access and obtain appropriate blood samples, including venous blood cultures – in line with locally agreed procedures					
1	Administer intravenous fluid and antibiotics as prescribed and in accordance with guidelines and local policy					
1	Evaluate results of near patient/point of care tests and escalate abnormal results appropriately					
1	Maintain accurate fluid balance monitoring					
1	Maintain close observation of patient's condition, liaising with critical care support as required in line with local guidelines and procedures					
2	Describe the features associated with high-risk criteria for sepsis and the circumstances in which patients may require senior clinical input and/or review by intensive care experts					
2	Identify patients with signs or symptoms of sepsis and ensure initiation of early treatment as per local guidelines					

The shocked patient

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Define shock and discuss the pathophysiology and presenting signs and symptoms resulting from: • hypovolemic shock • cardiogenic shock • septic shock • anaphylactic shock • neurogenic shock					
1	Describe the progression of shock and the resulting manifestation of signs, symptoms and blood values					
1	Discuss the management of the different forms of shock listed above					
1	Describe methods to minimise external bleeding					
1	Identify and report evidence of catastrophic haemorrhage					
1	Instigate physiological monitoring, record baseline observations and accurately calculate the National Early Warning Score (NEWS) 2					
1	Initiate oxygen therapy in accordance with local and national guidance					
1	Establish IV access and obtain appropriate blood samples, in line with locally agreed procedures					
1	Initiate intravenous fluids and/or transfusion of blood products as prescribed and in accordance with guidelines and local policy					
1	Evaluate blood results and communicate abnormal results appropriately					
1	Maintain accurate fluid balance monitoring					
1	Evaluate effect of interventions and communicate timely to responsible clinician. Escalate deterioration as per local guidelines					

2	Describe local guidelines relating to activation of the massive haemorrhage protocol					
2	Establish physiological monitoring, record baseline observations and accurately calculate NEWS 2					
2	Facilitate critical care support in line with local guidelines and procedures					

The unconscious patient						
Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Discuss the potential causes of unconsciousness					
1	Describe the systematic assessment of patients with altered levels of consciousness					
1	Explain the terms 'AVPUC' and describe the Glasgow Coma Score (GCS)					
1	Describe the investigations required to establish cause and possible treatment for patients with altered levels of consciousness					
1	Describe methods of obtaining information on relevant medical history in unconscious patients (eg medic alerts, telephone, digital health records)					
1	Describe the local pathways to specialist services for patients with acquired brain injury (eg cerebral haemorrhage or stroke)					
1	Discuss the need for comprehensive nursing care to meet hydration, hygiene (oral, eye and general), mobility and communication needs in patients unable to do so themselves					

1	Recognise patients who are unable to maintain their own airway and implement the following basic airway skills: • positioning – chin lift/head tilt and/or jaw thrust • use of oropharyngeal airways (OPA) • use of nasopharyngeal airway (NPA) • use of Igel • suctioning of the oropharynx					
1	Escalate promptly and effectively concerns about any patient with the inability to protect or maintain their airway, or where there is derangement or deterioration of physiological parameters					
1	Demonstrate the ability to undertake a structured initial assessment of a patient with altered conscious level, and prioritise care appropriately (triage)					
1	Establish appropriate physiological monitoring					
1	Demonstrate effective patient positioning, having due regard for pressure area monitoring					
1	Conduct eye and mouth care once initial assessment and evaluation has been completed					
1	Ensure hygiene needs are met with due regard for privacy and dignity					
1	Take steps to establish identity of patients and contact significant others					

Emergency airway and ventilation management						
Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Discuss the principles of bag-valve-mask ventilation					
1	Describe emergency airway management and the principles of rapid sequence induction (RSI)					
1	Describe the guidelines for minimum standards of monitoring of physiological parameters for ventilated patients and the local equipment used					
1	Describe the standard operating procedures and guidelines relating to emergency airway management and the roles of each team member					
1	Explain end-tidal CO ₂ monitoring (ETCO ₂) and the normal values					
1	Explain normal arterial blood gas values					
1	Explain how blood gas values change due to inadequate ventilation and/or inadequate perfusion					
1	Discuss the use of mechanical ventilator identifying; location, associated equipment (eg tubing, filters) and principles of functioning					
1	Explain the signs of a patient who is under sedated and/or requires further paralysis					
1	Discuss the process of endotracheal suctioning and associated complications					
1	Discuss the features of patients predicted to be difficult to intubate and/or bag-valve-mask ventilate					
1	Describe the location and components of difficult airway equipment					
1	Describe the location and components of surgical airway equipment					
1	Establish physiological monitoring and prepare ETCO ₂ equipment					

1	Prepare the drugs prescribed for RSI in accordance with local guidelines and procedures					
1	Prepare equipment for intubation in discussion with the clinician who will intubate the patient					
1	Prepare the ventilator for use and effectively undertake a functional check according to agreed procedures					
1	Effectively monitor the patient's physiological parameters post-intubation and ventilation and escalate concerns appropriately					
1	Demonstrate the correct procedure for the preparation of prescribed maintenance drugs for ongoing anaesthesia and paralysis					
2	Describe the drugs commonly used for: · emergency anaesthesia and RSI on-going anaesthesia					
2	Discuss pre-determined ventilator settings and set up the transport ventilator effectively					
2	Safely and effectively undertake the role of airway assistant during RSI and intubation					
2	Correctly assemble the equipment necessary to suction through the endotracheal tube and demonstrate safe technique for endotracheal suctioning					
2	Discuss the anxieties experienced by patients needing non-invasive ventilation (NIV) and their families					
2	Describe the indications, contraindications and potential complications with NIV					
2	Explain the difference in the two primary modes of NIV – Continuous positive airway pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP)					
2	Describe the British Thoracic Society guidelines and the local standard operating procedures for the use of NIV					
2	Describe the term positive end-expiratory pressure (PEEP) and discuss its advantages and disadvantages					
2	Discuss the importance of oxygen saturation and arterial blood gas monitoring and interpretation in the contexts of managing NIV					

2	Describe the systems available within the care setting to deliver NIV					
2	Explain when NIV may no longer be appropriate and the threshold at which invasive ventilation may be required					
2	Discuss the equipment required when transferring patients on NIV, both within the hospital and externally					
2	Provide adequate advice, instruction, reassurance and support to the patient prior to commencing NIV					
2	Identify the correct mask for the system being used and size the mask appropriately					
2	Instigate the correct standard of physiological monitoring prior to the implementation of NIV and monitor these parameters once NIV has started					
2	Demonstrate the ability to effectively adjust NIV settings following prescribed limits and/or medically defined physiological parameters					
2	Accurately document the care of patients undergoing NIV					
2	Demonstrate the ability to safely transfer patients undergoing NIV, ensure that all essential equipment accompanies the patient during transfer					

The patient requiring invasive monitoring (central venous access and/or arterial lines)

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Demonstrate understanding of the indications and rationale for the placement of central venous catheters or arterial catheters, and the potential risks and complications of insertion					
1	Describe local policies and guidelines for the placement and use of central venous access and arterial lines					
1	Demonstrate an understanding of the equipment necessary for the insertion of central venous and arterial catheters, and the types of lines commonly inserted					
1	Demonstrate an understanding of the common sites for insertion and the procedure for insertion of central venous and arterial catheters					
1	Demonstrate an understanding of pressure transducer equipment and the configuration of the multi-modality monitor to facilitate recording, and monitoring of CVP and arterial pressures					
1	Demonstrate an understanding of the risks and complications associated with central venous access and arterial lines, and their insertion					
1	Correctly assemble the equipment necessary for central venous or arterial catheter insertion and prepare the procedure trolley while maintaining aseptic technique					
1	Where possible, ensure the patient is fully informed of the proposed procedure and provide psychological support					
1	Correctly assist with the insertion procedure and assemble transducer equipment, ensuring lines are labelled correctly					
1	Demonstrate correct connection to patient and configuration of CVP monitoring, including configuration of the multi-modality monitor and ability to 'zero' the line					

1	Correctly document care relating to central venous access and/or arterial lines					
1	Escalate appropriately in response to line complications or emergencies. Take appropriate immediate action					
2	Discuss the critical nature of continuous uninterrupted therapy and their monitoring requirements, for example vasopressors and inotropes					

Caring for adults with minor illness or injury

Limb injuries

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe the basic anatomy of the upper and lower limbs					
1	Describe the term 'mechanism of injury' and the significance of this when assessing patients					
1	Describe the red flag signs and symptoms associated with injuries that represent a possible risk to life or limb					
1	Describe venous thromboembolism (VTE) risk assessment and when this is indicated					
1	Describe the risks and complications associated with limb immobilisation					
1	Describe treatments available for managing upper and lower limb injuries, including their indications and complications					
1	Explain the advice needed by a limb-immobilised patient					
1	Describe how significant systemic illness may present as an apparent minor injury					

1	Assess patients with upper and lower limb injuries and prioritise care appropriately					
1	Demonstrate ability to carry out and document neurovascular observations on limbs distal to injury site					
1	Use correct technique for removal of rings					
1	Recognise patients who require more detailed systemic medical assessment beyond assessment of the injury					
1	Recognise patients with signs and symptoms of fracture to the neck of femur (NOF)					
1	Demonstrate the correct application and provision of appropriate advice following: • broad-arm sling • high-arm sling • collar and cuff • wrist splint • hand splint					
1	Apply upper and lower limb casts/splints including plaster of Paris or locally used equivalent (eg boots), following locally agreed procedures and adopting national best practice					
1	Give appropriate advice following application of a cast, splint or sling					
1	Undertake a VTE risk assessment					
1	Provide patients with correctly sized, appropriate walking aids (eg crutches, frame, walking stick) and instructions, ensuring they can use the device safely					
1	Provide appropriate discharge advice to patients following lower limb injuries. For example: • sprains to knee and ankle • fractures to tibia/fibula and bones of the ankle and foot					
1	Ensure outpatient follow up (in accordance with locally agreed guidelines and procedures)					

2	Describe the signs and symptoms of common limb fractures and dislocations					
2	Describe the local guidelines relating to the assessment and radiological imaging of upper and lower limb injuries					
2	Explain ionising radiation for medical exposure regulations (IRMER)					
2	Undertake a VTE risk assessment and ensure that appropriate management/prophylaxis is implemented					
2	Support the care of patients undergoing manipulation under regional anaesthesia (regional block) sedation					
2	Recognise and refer patients who require additional therapy (physio/occupational therapy) following locally agreed guidelines and procedures					

Head and neck

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe the normal anatomy and physiology of the eye					
1	Describe the normal anatomy and physiology of the ear, nose and throat (ENT)					
1	Describe the mechanism of injury associated with: - foreign body to the eye - abrasion to cornea - chemical eye injury					
1	Describe the mechanism of injury associated with facial fractures					
1	Describe the red flag signs or symptoms and immediate treatment of an eye threatening emergency					
1	Describe the red flag signs or symptoms of an ENT emergency					
1	Describe the assessment process for patients with ophthalmic presentations, including: - assessing visual acuity - rationale for measuring eye pH					
1	Discuss the assessment process for patients with ENT presentations					
1	Describe local processes for obtaining ophthalmic, ENT and maxillofacial specialist referral					
1	Explain how systemic illnesses may manifest in eye or ENT symptoms					
1	Initially assess and prioritise patients presenting with an eye problem (including the assessment of visual acuity)					
1	Initially assess and prioritise patients presenting with an ENT problem					
1	Initially assess and prioritise patients presenting with facial injuries					

1	Measure and record eye pH					
1	Undertake effective eye irrigation					
1	Administer eye medications					
1	Provide first aid steps to manage an epistaxis					
1	Assist with a referral to other specialties or health professionals in line with locally agreed pathways					
2	Describe the mechanism of injury associated with: · blunt trauma to the eye · penetrating trauma to the eye					
2	Describe the mechanism of injury associated with: · foreign body to the ear · nasal fractures and septal haematoma trauma to the face and ears, including lacerations and fractures					
2	Describe the red flag signs or symptoms of an ENT emergency and the immediate actions required					
2	Describe common eye medication used within the emergency department. For example: · local anaesthetic · antibiotics · corneal stains					
2	Assess and prioritise patients presenting with an eye problem					
2	Assess and prioritise patients presenting with an ENT problem					
2	Accurately measure and record visual acuity: · unaided · with glasses · with pinhole					
2	Recognise when patients with eye or ENT symptoms may require more detailed examination of other body systems and refer to appropriate clinician					

2	Effectively prepare the patient and equipment for nasal packing by a trained clinician					
2	Make an appropriate referral to other specialties or health professionals in line with locally agreed pathways					

Back problems

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe the normal anatomy of the back and spine					
1	Describe the red flags indicating spinal pathology					
1	Describe the local guidelines for spine immobilisation					
1	Discuss the psychological and social implication for patients with acute and chronic back pain					
1	Discuss how pathology of other systems may result in the experience of back pain (eg pneumonia, abdominal aortic aneurysm)					
1	Assess patients presenting with acute back problems and prioritise appropriately					
1	Identify any new neurological deficit and report concerns appropriately					
1	Identify patients with back pain symptoms who may require urgent clinical assessment of other body systems and report concerns appropriately					
1	Facilitate appropriate pain management					
1	Provide appropriate discharge advice to patients with musculoskeletal back pain					
2	Describe the normal anatomy and physiology of the back and spine					
2	Describe mechanisms of injury and how this influences injury to the back/spine					

Wounds and burns						
Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe the normal anatomy of the skin					
1	Describe mechanisms of injury that may result in wounds and/or burns					
1	Describe the terminology associated with wounds and burns including: • laceration • incision • abrasion • scald • full thickness • partial thickness • superficial					
1	Describe wound and burn assessment including red flags					
1	Discuss how seemingly small wounds or burns may have serious consequences due to anatomical site					
1	Describe the normal wound and burn healing processes and the factors that may affect this					
1	Describe the properties of dressings used to facilitate wound and burn healing					
1	Describe recognised immediate and delayed complications arising from wounds and burns					
1	Describe the local guidelines relating to wound and burn management					
1	Discuss how the presence of wounds, burns or other minor injuries may give rise to safeguarding concerns					
1	Demonstrate the initial assessment of patients with wounds and burns and prioritise appropriately (triage)					

1	Initiate first aid treatment of wounds and burns					
1	Undertake wound cleaning following local guidelines					
1	Apply prescribed dressings to wounds and burns (as per local guidelines)					
1	Recognise when a wound or burn requires more detailed clinical exploration/assessment and report concerns appropriately					
1	Provide appropriate wound care advice, including when to seek urgent clinical attention					
1	Discuss violence as a health care issue and the ED nurse's role in reducing its impact. This includes knowledge of the Serious Violence Duty, core principles of Information Sharing to Tackle Violence (ISTV), signs of interpersonal violence (including domestic abuse), and local referral pathways					
2	Describe the criteria for wound and burn referral to specialised services and the locally agreed guidelines and processes for referral					
2	Select and apply dressings to wounds and burns (as per local guidelines)					

Caring for children and young people						
Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe the major differences in anatomy and physiology between adults and children					
1	Describe how anatomical and physiological differences impact on illness and injury manifestations					
1	Describe normal motor, cognitive and emotional development of children from birth through to adulthood					
1	Describe how anatomical, physiological and psychological differences impact on nursing assessment					
1	Describe the normal parameters of weight of children of various ages, and understand recognised formulae to estimate weight					
1	Explain how normal values of heart rate, respiratory rate, blood pressure and urine output vary with age					
1	Demonstrate a systematic method of assessing children and young people following a structured A to E approach					
1	Identify children who are acutely unwell or seriously injured and escalate concerns appropriately					
1	Initially assess and prioritise children accurately (triage)					
1	Demonstrate the ability to assess children in a calm and age-appropriate manner					

1	For children of all ages, appropriately measure and record the following physiological observations and investigation: • respiratory rate • oxygen saturations • heart rate • blood pressure • capillary refill time (CRT) • Glasgow Coma Score (GCS) • blood glucose measurement (BM) • temperature					
1	Correctly calculate and document the locally used paediatric early warning score					
1	Demonstrate appropriate urine collection techniques in all ages of children					
1	Demonstrate appropriate measurement of weight of babies and children					
1	Demonstrate effective age-appropriate communication and interaction strategies to facilitate assessment					
1	Engage with parents and carers to gather pertinent information to enhance assessment					
1	Describe local pain management guidelines for children					
1	Discuss how pain assessment relates to triage priority					
1	Discuss the principles of analgesia selection based on pain assessment					
1	Discuss the factors affecting administration of medicines to children and young people					
1	Describe how to find additional information about medicines for children					
1	Describe non-pharmacological pain management strategies					
1	Demonstrate a systematic method of pain assessment of children and young people using appropriate tools					

1	Demonstrate pharmacological methods of pain management for children					
1	Demonstrate weight-based drug and fluid calculations for children					
1	Where available locally, use patient group directions (PGDs) appropriately to administer timely analgesia to children					
1	Demonstrate effective strategies for safe administration of analgesia to children via a variety of routes: • oral • rectal • intranasal • inhaled • intravenous • topical					
1	Demonstrate evaluation of pain after interventions and respond appropriately					
1	Describe the signs and symptoms of the child with impending or actual respiratory failure or circulatory compromise					
1	Describe the emergency treatment for: • airway obstruction • anaphylaxis • respiratory failure • circulatory compromise including hypovolaemic shock • sepsis • the fitting child					
1	Describe the basic life support guidelines for neonates, infants and children					
1	Describe advanced life support guidelines for infants and children in cardiac arrest					
1	Describe the roles of the paediatric resuscitation team					

1	Describe signs of possible emotional distress in self and/or colleagues when caring for a critically ill or injured child and know how to access support					
1	Identify respiratory failure, circulatory compromise and cardiac arrest in children and respond appropriately					
1	Recognise a fitting child and summon appropriate help and instigate immediate airway management if needed					
1	Perform basic life support in neonates, infants and children safely and effectively					
1	Function as a member of the resuscitation team					
1	Demonstrate provider status of Paediatric Intermediate Life Support (or equivalent)					
1	Locate equipment and implement age-appropriate emergency airway management, to include the following: • manual manoeuvres • suction • insertion of oropharyngeal airway • insertion of nasopharyngeal airway • use of oropharyngeal suctioning • oxygen saturation monitoring • oxygen therapy • nebuliser therapy • two-person bag-valve-mask ventilation					
1	Locate equipment and implement emergency circulatory support, to include the following: • preparation of equipment for intravenous or intraosseous cannulation • ability to calculate weight-based fluid boluses • administration of prescribed medications, including fluid therapy					
1	Recognise the child with reduced level of consciousness and respond appropriately					
1	Demonstrate awareness of own emotions when caring for children and families and seek support when needed					

1	Demonstrate an understanding of the pathophysiology and associated signs and symptoms of common respiratory illnesses in children. For example: • bronchiolitis • croup • asthma • pneumonia • choking • inhaled foreign body					
1	Demonstrate an understanding of the pathophysiology and associated signs and symptoms of common gastrointestinal presentations in children. For example: • gastroenteritis • constipation • swallowed foreign body • appendicitis					
1	Demonstrate an understanding of the pathophysiology and associated signs and symptoms of common neurological presentations in children. For example: • head injury • febrile convulsions • epilepsy					
1	Demonstrate an understanding of the pathophysiology and associated signs and symptoms of common endocrine presentations in children. For example: • diabetes, including DKA • hypoglycaemia					
1	Demonstrate an understanding of the pathophysiology and associated signs and symptoms of testicular torsion					
1	Demonstrate an understanding of the pathophysiology and associated signs and symptoms of neonatal jaundice					
1	Describe the assessment and care of a child with fever of unknown origin with reference to national and local guidelines					

1	Describe when a child may need nursing in an environment away from other patients due to reduced immunity					
1	Describe when a child may need nursing in an environment away from other patients to prevent spread of infection					
1	Implement clinical care (following local and national guidance) for infants, children and adolescents presenting with: • respiratory problems • gastrointestinal problems • ENT problems • neurological problems • endocrine problems • infectious diseases					
1	Give appropriate discharge advice to carers of children who have presented with illness, including 'safety-netting' of when to return					
1	Demonstrate ability to assess and care for children with fever of unknown origin. Including: • regular recording of vital signs and early warning score calculations with appropriate escalation of concerns • assessment for signs of meningism, dehydration or sepsis • conducting urinalysis with interpretation of results • ensuring adequate fluid intake • adherence to local anti-pyretic interventions					
1	Describe the signs, symptoms and pathophysiology of common upper limb presentations in children. For example: • pulled elbow • upper limb fractures (including the clavicle) • upper limb sprain • injuries to the hand and digits					

1	Describe the signs, symptoms and pathophysiology of common lower limb presentations in children. For example: • the limping child • lower limb fractures • lower limb sprains • injuries to the foot and toes					
1	Splint upper and lower limbs in children, selecting appropriate equipment for anatomical area and size of child, including use of plaster of Paris casts					
1	Describe the signs and symptoms of brain injury					
1	Recognise signs or symptoms of brain injury when children present following a seemingly minor head injury, and report concerns appropriately					
1	Discuss the pathophysiology of wounds and burns in children, specifically in relation to the area and depth of injury, and the involvement of associated structures					
1	Describe the principles of wound and burn assessment and describe signs requiring immediate escalation and intervention					
1	Describe the wound and burn healing processes and the factors that may affect these in children					
1	Describe local, regional and national guidelines relating to wound and burn assessment and management in children, including criteria for referral to tertiary services					
1	Discuss how the presence of minor injuries may give rise to safeguarding concerns					
1	Perform and document neurovascular observations on limbs distal to injury site					
1	Initiate immediate first aid to wounds/burns					
1	Accurately assess the size of a burn or wound in a child					
1	Select and apply appropriate dressings for wounds and burns in children following local guidelines and policies					

1	Demonstrate ability to select and apply appropriate wound closure techniques					
1	Provide appropriate discharge advice to children and their families following treatment for a wound or burn, including when to seek urgent clinical attention					
1	Provide appropriate discharge advice to children and their families following treatment of a limb injury, including when to seek urgent clinical attention					
1	Provide appropriate discharge advice to children and their families following treatment of a head injury, including when to seek urgent clinical attention					
1	Communicate appropriate safety/health promotional advice to children and their families					
1	Discuss the role of play in relation to normal development					
1	Discuss the role of play in the assessment and management of children presenting to hospital					
1	Describe factors that may contribute to fear in children of various developmental stages					
1	Discuss the behavioural and psychological symptoms that may be experienced by children with mental health issues					
1	Describe the common mental health problems affecting children and young people including: • depression • anxiety • suicide ideation • self-harm • eating disorders • psychosis					
1	Discuss the principles of a suicide/self-harm risk assessment with a young person					
1	Describe local Child and Adolescent Mental Health Services (CAMHS) for young people					

1	Discuss the use of the Mental Health Act with children and young people (or country equivalent)					
1	Describe local alcohol and substance misuse services for children and young people					
1	Recognise the association between mental health problems in children and potential safeguarding issues					
1	Demonstrate the appropriate use of distraction methods in children of various developmental stages					
1	Demonstrate the use of play as part of the assessment and management of children presenting with illness or injury					
1	Demonstrate effective communication and interaction strategies with both children and their families					
1	Identify young people who present with a high risk of harm to self or others and escalate to senior clinician					
1	Demonstrate compassion and empathy for young people and their families who present with mental health concerns					
1	Make appropriate referrals to local alcohol and substance misuse services					
1	Liaise with local CAMHs as per local guidelines when appropriate					
1	Instigate safeguarding interventions as per local policy for children with mental health and/or substance misuse problems					
1	Recognise and respond to violence, abuse and exploitation affecting children and young people, applying statutory safeguarding frameworks, professional curiosity and age-appropriate communication to ensure timely protection and support					
2	Describe how anatomy and physiology changes from infancy through to adulthood					
2	Describe why children may present with abnormal development					
2	Discuss how developmental stage impacts on injury and illness presentations					
2	Describe the role of centile charts in monitoring child growth					

2	Describe the normal nutritional and fluid requirements of children at different ages					
2	Discuss dietary requirements of children, including feeding regimes					
2	Describe the principles of pain theory and assessment in children					
2	Has a working knowledge of local pain management guidelines for children					
2	Compare and contrast pain assessment tools for children of different developmental stages					
2	Discuss how pain assessment influences triage priority					
2	Describe pharmacological differences between children and adults and the implications this has for practice					
2	Discuss the factors affecting administration of medicines to children and young people and describe strategies for facilitating administration					
2	Where locally available, use PGDs appropriately to administer timely analgesia to children. (If a non-medical prescriber, prescribe appropriate analgesia for children safely)					
2	Demonstrate an understanding of the pathophysiology and associated signs and symptoms of common gastrointestinal presentations in children: • gastroenteritis • constipation • swallowed foreign body • appendicitis • pyloric stenosis • intussusception					
2	Demonstrate an understanding of the pathophysiology and associated signs and symptoms of common ENT presentations in children: • otitis media • ENT foreign body • tonsillitis • peri-tonsillar abscess					

2	Demonstrate an understanding of the pathophysiology and associated signs and symptoms of common neurological presentations in children: • head Injury • febrile convulsions • epilepsy • headache • collapse					
2	Demonstrate an understanding of the pathophysiology and associated signs and symptoms of common endocrine presentations in children: • diabetes • diabetic ketoacidosis • hypoglycaemia • Addison's disease and Addisonian crisis					
2	Demonstrate an understanding of the pathophysiology and associated signs and symptoms of common childhood infectious disease presentations in children. For example: • chicken pox • rubella • mumps • measles • scarlet fever • fifth disease • hand, foot and mouth disease					
2	Demonstrate an understanding of the signs, symptoms and pathophysiology of common upper limb presentations in children. For example: • pulled elbow • upper limb fractures (including the clavicle) • upper limb sprain • injuries to the hand and digits					

2	Demonstrate an understanding of the signs, symptoms and pathophysiology of common lower limb presentations in children. For example: • lower limb fractures • lower limb sprains • injuries to the foot and toes • hip problems: • idiopathic synovitis (irritable hip) • septic arthritis • slipped upper femoral epiphysis • Legg-Perthes Disease • knee problems: • patella dislocation • Osgood-Schlatter Disease					
2	Demonstrate an understanding of the pathophysiology of wounds and burns in children, specifically in relation to area and depth of injury and the involvement of associated structures					
2	Discuss the principles of wound and burn assessment and describe red flag or priority features requiring immediate escalation and intervention					
2	Describe the wound and burn healing processes and the factors that may affect these in children					
2	Describe local, regional and national guidelines relating to wound and burn assessment and management in children					
2	Demonstrate an understanding of the criteria for wound and burn referral to specialised services, and the locally agreed guidelines and processes for referral of children					
2	Explain Ionising Radiation for Medical Exposure Regulations (IRMER)					
2	Explain how the presence of minor injuries may give rise to safeguarding concerns					

2	Demonstrate ability to carry out and document a musculoskeletal assessment on the limb of a child, making notes of: • time of injury • mechanism of injury • wounds/bruising/swelling/deformity • bony tenderness • ability to move the limb and range of movement • ability to weight-bear if lower limb • neurovascular status					
2	Initiate immediate first aid to wounds/burns					
2	Demonstrate ability to splint upper and lower limbs in children, selecting appropriate equipment for anatomical area and size of child, including use of plaster of Paris casts					
2	Request x-rays as per local protocols (eg use of Ottawa ankle rules)					
2	Demonstrate ability to accurately assess the size of a burn or wound in a child					
2	Demonstrate ability to select and apply appropriate dressings for wounds and burns in children following local guidelines and policies					
2	Select and demonstrate ability of appropriate wound closure techniques					
2	Provide appropriate discharge advice to children and their families following treatment for a wound or burn, including when to seek urgent medical attention					
2	Provide appropriate discharge advice to children and their families following treatment for a limb injury, including when to seek urgent medical attention					
2	Provide appropriate discharge advice to children and their families following treatment for a head injury, including when to seek urgent medical attention					
2	Communicate appropriate safety/health promotional advice to children and their families					
2	Discuss the role of play in relation to development					

2	Discuss the role of play in the assessment and management of children presenting to hospital					
2	Describe factors that may contribute to fear in children and strategies that may be used to mitigate them					
2	Discuss the implications of risk-taking behaviour in young people					
2	Describe the roles of other professionals (eg play therapists) in the care of acutely ill or injured children					
2	Identify the possible psychological effects of hospitalisation on children and families, and the coping strategies that may be used					
2	Discuss the behavioural and psychological symptoms that may be experienced by children with mental health issues and the impact this has on families					

Caring for people with mental health needs

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Discuss factors that influence mental health and psychological wellbeing					
1	Discuss the behavioural and psychological symptoms that may be experienced by patients with mental health issues					
1	Discuss how mental health problems may impact on the individual's ability to communicate effectively and how this may impair mental capacity					
1	Describe assessment frameworks and tools used to support emergency mental health assessment					

1	Describe the signs and symptoms of the common mental illnesses, including: · depression · anxiety · eating disorders · bipolar disorder · schizophrenia					
1	Explain the signs or symptoms of mental illness that require immediate or urgent intervention					
1	Discuss the correlation between mental health conditions and physiological conditions, appreciating how one may manifest as the other, ie acute behavioural disturbance (ABD)					
1	Describe the use of the Mental Health Act (or legislation in country of practice) in the emergency care setting					
1	Discuss how emotional distress may result in verbal and/or physical violence. Describe principles of de-escalation and safety					
1	Discuss how mental illness may impair a patient's ability to safeguard themselves					
1	Discuss how acute mental illness may impair the ability of patients to care adequately for dependents					
1	Describe local policy for reporting and escalating concerns of a 'missing/absconded patient'					
1	Use a structured approach to initially assess and prioritise patients presenting with acute mental health problems (triage). Use a locally agreed assessment tool(s), taking appropriate steps to maintain safety					
1	Evaluate patient behaviour in relationship to actual and/or potential risk of harm to self or others and take action to mitigate the risk					
1	Recognise when a patient presenting with a physical illness may be experiencing symptoms of a mental illness and report appropriately					
1	Recognise when a patient presenting with a mental health problem may be experiencing symptoms of a physical illness and report appropriately					

1	Use effective strategies, including the inclusion or withdrawal of significant others, to calm highly emotional situations					
1	Act in line with local policy to safeguard patients with mental illness					
1	Act in line with local policy to safeguard dependents of patients with impaired ability to do so themselves					
1	Discuss national guidance on management of self-harm patients and implications for local practice					
1	Describe the physical management of self-poisoning and self-injury					
1	Discuss the issues surrounding repeated attendance for self-harm					
1	Discuss the nursing care required for a patient with drug toxicity					
1	Discuss the need for a timely mental health assessment					
1	Describe local processes and pathways for ensuring patients with self-harm receive formal psycho-social assessment					
1	Engage with empathy and dignity to patients who have self-harmed (and their families)					
1	Use a structured approach to initially assess patients who present following self-harm, and assign appropriate priority using a locally approved system					
1	Instigate first aid for significant injuries					
1	Ensure senior clinicians are alerted to patients requiring immediate treatment for injury or self-poisoning					
1	Use locally approved pathways and guidelines when caring for patients with self-harm, including local missing person guidance					
1	Discuss the impact of alcohol or substance misuse on both physical and mental health					
1	Describe the medical conditions that may manifest as intoxication					
1	Discuss how alcohol or substance misuse may affect mental capacity and the implications on nursing care					
1	Describe the signs and symptoms of acute alcohol withdrawal and understand the emergency management					

1	Describe local alcohol and substance misuse services and their referral processes					
1	Use a structured approach to assess and manage patients presenting with alcohol or substance withdrawal symptoms					
1	Use a structured approach to assess and manage patients presenting with acute alcohol or substance intoxication					
1	Use locally approved assessment tools and pathways for alcohol dependence, alcohol intoxication and alcohol withdrawal					
1	Provide effective clinical care to patients with alcohol or substance dependence, intoxication or withdrawal					
1	Make appropriate referrals to local alcohol and substance misuse services					
2	Discuss the signs or symptoms of mental illness that require immediate or urgent intervention					
2	Use a structured approach to assess patients presenting with acute mental health problems and prioritise appropriately taking appropriate steps to maintain safety					

Caring for older people

Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Describe the anatomical and physiological changes in the older adult					
1	Discuss frailty and its impact on older adults					
1	Discuss the impact of psychological and/or social influences on the older adult					
1	Discuss how the ageing process impacts on the body's ability to compensate for illness and injury					

1	Discuss how the ageing process influences pharmacology in older adults					
1	Describe the impact of polypharmacy in older adults					
1	Discuss quality standards to be followed when caring for older people in the emergency care setting (eg Silver Book)					
1	Conduct a systematic initial assessment of the older person and prioritise care appropriately (triage)					
1	Recognise and respond appropriately to the following common conditions in an older adult: · sepsis · delirium · postural hypotension · dehydration					
1	Conduct a falls risk assessment and document subsequent nursing care plan					
1	Conduct a pressure area risk assessment and document a subsequent nursing care plan					
1	Assess urine and faecal continence and plan appropriate care					
1	Assess nutritional and fluid requirements and provide appropriate assistance where needed					
1	Demonstrate ability to assess the older adult for frailty using appropriate scoring system.					
1	Describe the application of the Mental Capacity Act, including the role of the Independent Mental Capacity Advocate (or equivalent in country of practice)					
1	Describe the Principles of Deprivation of Liberty Safeguards (DoLS) or the equivalent in country of practice					
1	Discuss safeguarding principles of adults specific to the older person					
1	Discuss how dementia affects physiological, psychological and social wellbeing in patients and their families					

1	Describe local support services for people with dementia and those important to them					
1	Describe the legal principles when someone has a lasting power of attorney (or country equivalent)					
1	Discuss why it is important to have discussions which may be distressing and/or life-changing. For example: • end of life care • DNA CPR (Do not attempt cardiopulmonary resuscitation) • ability to live independently • neglect and abuse • ability to drive					
1	Describe the possible causes of acute confusion in the older person					
1	Conduct and document a mental capacity assessment relevant to immediate nursing care related decisions (eg consent to having hygiene needs met)					
1	Promote dignity when caring for older adults					
1	Identify signs and symptoms of potential undiagnosed dementia and escalate within own health care setting					
1	Identify when existing support services (including unpaid carers) are unable to meet the needs of an older person					
1	Identify the need for, and instigate, a social services referral for an older person as appropriate					
1	Assess the older person for neglect and/or self-harm and act as per local safeguarding adult guidance					
1	Select and use appropriate distraction techniques for older people who may be agitated or distressed					
1	Communicate effectively with patients who have sensory impairment					
1	Explain how altered physiology may mask critical illness in the older person					

1	Describe how mechanism of injury and frailty relate to actual or potential injury patterns in the older adult (ie seemingly minor mechanism of injury may result in significant trauma)					
1	Recognise the signs of deterioration in the older person and escalate appropriately					
1	Evaluate physiological data with reference to medication and co-morbidities					
1	Describe the principles of decision making in end-of-life care planning					
1	Discuss the challenges of providing both anticipated end of life care and unexpected/traumatic end-of-life care					
1	Describe local, regional and national guidelines and procedures relating to end-of-life care					
1	Describe the legal framework around advanced directives in the country of practice					
1	Discuss the need to consider the person's wishes around organ donation					
1	Discuss the policies and procedures relating to transfer of the deceased person to the mortuary and meeting cultural and religious beliefs					
1	Respect the wishes of people and those important to them regarding end-of-life care					
1	Support the carers and families of patients who are at the end of their life and signpost them to relevant bereavement services					
1	Ensure concurrent documentation of discussions and information provided to the patient and those important to them					
1	Provide an appropriate environment for the person at the end-of-life, maintaining privacy, dignity, meeting spiritual and cultural needs					
1	Discuss with people important to the person, their wishes regarding organ donation and contact relevant persons to facilitate this					
1	Follow local procedures for safe transfer of the deceased person to the mortuary					
2	Explain the impact of polypharmacy in older adults					

2	Demonstrate ability to assess the older adult for frailty using appropriate scoring system and commence referral to appropriate health and social services					
2	Ensure services meet the requirements of the Equality Act (or equivalent in country of practice) to protect the needs of older adults					

Emergency planning and disaster management						
Contribute effectively to the implementation of the organisational plan in the event of a major incident						
Emergency Nurse Competency Level	Skills and knowledge	Self-assessment (see page 12) Choose from: N, AB, C, P or E	Date competency fully achieved (assessed)			Evidence (see page 13) For example: DOPS, CBD, S, RR, Q&A, CNN, F or RC
			Code	Date	Sig	
1	Define the term major incident					
1	Describe the local major incident plan and how to access it					
1	Describe triage in the context of a major incident					
1	Describe the purpose and location of local survivor reception centres					
1	Describe the role of other emergency services as part of the major incident plan					
1	Describe communication strategies used during a major incident					
1	Describe the use of equipment specific to major incident management and how to access it					
1	Describe how to access and use major incident documentation					
1	Discuss the principles of a CBRN (chemical, biological, radiological, nuclear) incident and specific management of these events					
1	Discuss the principles and indications for decontamination, including use of equipment and personnel					
1	Demonstrate ability to safely apply and remove personal protective equipment required in response to the specific incident					

1	Effectively respond to instructions to undertake specific tasks as part of the team for the duration of the incident					
1	Escalate concerns if asked to undertake tasks beyond personal competence					
1	Identify and report situations which may indicate serious risk to safety of staff or patients					
1	Undertake major incident training as per local policy					
2	Describe strategies to brief the press and contact relatives/ significant others of those involved in the incident					
2	Recognise situations which constitute a major incident and instigate activation of the local plan including the call cascade to notify additional personnel to attend					
2	Effectively assume (or respond to instructions to undertake) specific roles as part of the major incident team for the duration of the incident, including but not limited to: • lead nurse role • resuscitation lead nurse • triage nurse • minor injury lead nurse • relative liaison nurse					
2	Liaise effectively with other health professionals contributing to the major incident response team and key individuals from other emergency services					
2	Discuss the importance of a post-incident debrief					
2	Provide effective support to the team at post-incident debrief					

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This updated framework aims to encourage professional development, leadership skills, and career progression in emergency nursing; promoting high quality patient care and a culture that supports recruitment and retention of emergency nurses. It was developed by leading emergency nursing experts, is founded on nursing philosophy and details the depth and breadth of knowledge and skills required of emergency nurses.

Publication date: **May 2026** Review date: **May 2028**

The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact publications.feedback@rcn.org.uk

Evaluation

The authors would value any feedback you have about this publication. Please contact publications.feedback@rcn.org.uk clearly stating which publication you are commenting on.

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excellence in practice and shapes health policies

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

020 7409 3333
www.rcn.org.uk

May 2026
Publication code: 012 222

