



Lancashire
Teaching Hospital NHS Foundation Trust



Student Introduction Information and Training Package

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English
December 2020



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Welcome to the Emergency Department, it can be quite a daunting placement but please do not worry you will be well supported and looked after by our friendly, highly skilled and experienced team.

Prior to your first day you will collect your introduction pack and we will provide you with details of your allocated mentor and your shift pattern. On your first day you will be orientated throughout the department with your mentor or one of our dedicated team.

This is a Major Trauma Centre for the region therefore patients requiring specialised care are transferred to this department via ambulance or helicopter for treatment and emergency / lifesaving care. We also receive patients suffering from a variety of illnesses, conditions and or traumas.

During your placement you will develop new skills and knowledge; including learning opportunities within the department and spoke placements. I hope you enjoy your placement with us.

HELLO!



MEET THE TEAM

Student Management Team:- Heather Bryant, Michelle Sinclair and Trish English.

Matron oversees the running of the whole department. She manages departmental budgets, staffing and is a driving force in improving patient safety. Matron provides a focal point for clinical leadership, risk management and governance; as well as ensuring she is an accessible figure for patients, visitors, staff and management, dealing with complaints and ensuring high levels of morale within the team.

Co-ordinators consist of one consultant and one charge nurse / senior sister; and wear a red uniform so that they are easily identifiable within the department. They are responsible for running the whole department providing support and supervision of staff members. The Co-ordinators ensure the smooth running and 'flow' throughout the department adhering to targets set by the government and trust.

Co-ordinators are also responsible for ensuring the shifts have the correct staffing numbers and skill mix and often try to cover sickness. They must liaise with matron and site managers within the hospital and often deal with complaints and problems within the department.

ED Doctors are responsible for reviewing nearly all the A&E patients, this includes assessing patients, prescribing medications, diagnosis, planning patient care and referring to specialists.

Advanced Nurse Practitioners (ANP's) are Registered Nurses who have undergone extra training and academic qualifications to enable them to examine, assess, make diagnoses, treat, prescribe as well as make referrals to specialist for those with undiagnosed problems.

Senior Sisters/ Sisters and Charge Nurses are responsible for providing support and supervision of junior staff members as well taking charge of each area.

Staff Nurses are the backbone of the department and are responsible for all patient care, administration of medications and treatments. Senior Staff Nurses often take charge of a specific area within the department and are responsible for co-ordinating staff, delegation of duties and patient care. Once they have completed the necessary

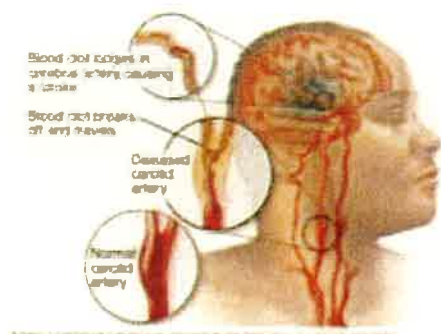
training Staff nurses are able to triage and assess patients upon arrival to the Emergency Department, they also perform transfer of patients to other areas and wards; and will work in all areas of the department under extreme pressures. The nurses working within the department are highly skilled in both Adult and Paediatric care, performing a wide variety of tasks for medical, surgical, orthopaedic, neurological and emergency trauma care.

Healthcare Assistant work alongside our nurses dealing with all aspects of patient care; including the completion of physiological observations, venepuncture and cannulation, ECG's and assisting with the transfer of patients to x-ray, CT, MRI and other wards.

Housekeeper reports any equipment that needs fixing, will order meals and assist patients and relatives with their nutritional requirements. They also help to keep the department tidy and replenish equipment and supplies.

Clinical Educator coordinates all staff training and development within the department; ensuring that all nursing staff are kept up to date with all new changes and guidelines in clinical practice.

What you will see...



Stroke – CVA & TIA's

A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off. Thrombolization must be carried out within 4hours of onset time. The symptoms of a transient ischaemic attack (TIA), also known as a mini stroke, are the same as a stroke, but tend to only last between a few minutes and a few hours before resolving. A CT scan must be carried out within 4hours of arrival these scans are more urgent if a full CVA and within 4hours from onset of symptoms. Stroke specialist nurses carry out a detailed assessment in the ED. Patient will either be discharged with a TIA clinic appointment or transferred direct to ward 21.



Surgical - abdominal pain, ischemic limbs or injuries

You will see patients suffering from appendicitis, bowel obstruction, AAA's abdominal aortic aneurysm, pancreatitis, renal colic, gallstones, PR bleed, haematuria and / or ischemic limbs. All suspected surgical patients will be put as nil by mouth upon arrival to ED.



ENT – epistaxis, foreign objects and quinsy

Patient may attend with spontaneous epistaxis, may have food stuck in their throat which can be life-threatening if left unattended or may have 'quinsy' which require intravenous antibiotic therapy or may need aspiration.



Burns & Plastics

Patient's may attend for the treatment of burns from fires, firework or chemicals; and/ or smoke inhalation from house fires. Other may have severe wounds or tendon injuries that require input or treatment from plastic surgeons.



Medicine

Patients may be experiencing chest pain, experiencing a cardiac event, diabetic Ketoacidosis, exacerbation of Asthma or COPD. Others

may have collapsed and or had a loss of consciousness, fallen for reasons unknown, had a severe allergic reaction or suffering from sepsis; and many more.



Orthopaedic

Patient many have fallen or been in a trauma and suffered a; fractured neck of femur, fractured shaft or femur, dislocation of hips, knees and shoulders. Some of these injuries require manipulation under anaesthetic and the application of traction, splints or plaster casts. Other patients may have rib and pelvis fractures and or skull/ facial breaks.

You will see the use of analgesia, traction, manipulation, 'maxfax' involvement and/ or surgery. Sometime when ribs are fractured this may cause a condition known as haemothorax or pneumothorax and insertion of a chest drain may be necessary.



Gynaecological

This may involve miscarriage, ectopic pregnancies or ladies who may be in labour with an unknown pregnancy and be unaware. These patients may be looked after in resus depending in urgency or may be transferred to EPAU (early pregnancy assessment unit) / Maternity Ward.



Neurological

Patients suffering from subarachnoid haemorrhage, subdural haematomas, extradural haematoma, and / or catastrophic brain

injury. Diagnosis is usually by CT or MRI scan, patients may require intubation, anaesthetic support and neurosurgical input.



Paediatrics

Children ranging from newborn to age 16 unless they suffer from complex medical needs then aged 18. May be suffering from bronchiolitis, difficulties in breathing, rashes i.e. meningitis, allergic reactions or simply a viral infection. You will also see injuries, broken bones and sports related injuries, and / or foreign objects where they are not supposed to go; and will have to deal with safeguarding these children.



Mental Health

You will see suicidal attempts, overdose, DSH (deliberate self-harm), patients suffering from PTSD, psychotic disorders and anxiety / depression. First, we provide any necessary treatment / medication, then the mental health team with review and assess before discharge or admission.



Major Trauma

Road Traffic Accidents, high speed / impact injuries, fall from heights, fall full flight of stairs, stabbings, sports injuries, industrial injuries including animal injuries (i.e. kicked by horse or cow); and assaults with or without dangerous objects. 'Silver Trauma' is a situation where the mechanism is low, but the patient sustains significantly higher injuries. For Example, an elderly patient may merely 'fall from standing', however the injuries may be extremely high due to the age

and medical history of the person concerned. All these patients will arrive via ambulance or helicopter, and a major trauma call will be placed to ensure a full team of specialities are on hand to assess each patient.

Medications



These are some of the medications used for specific treatment pathways.

Analgesia

Paracetamol, ibuprofen, buscapan, dihydrocodeine, diclofenac, co-codamol, naproxen, morphine and ketamine.



ACS treatment for chest pain

Aspirin 300mgs, clopidogrel 300mg, ticagrelor 180mg and 2.5mg fondaparinux.



Exacerbation of COPD

Salbutamol & Ipratropium nebulisers, prednisolone or hydrocortisone and aminophylline infusions.



Exacerbation of asthma

Salbutamol & Ipratropium nebulisers, prednisolone or hydrocortisone and magnesium infusions. In severe cases a salbutamol infusion will be commenced.



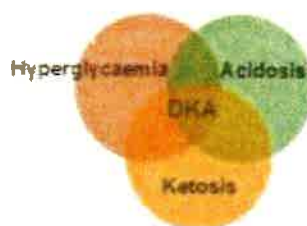
Trauma

Tranexamic Acid, blood products including administration of platelets, fresh frozen plasma, and cryoprecipitate, and calcium gluconate – Please note Intravenous fluids are rarely given.



High potassium

Salbutamol nebulisers, calcium gluconate, 10 units of insulin and 250mls 10% dextrose infusion.



Diabetic Keto-Acidosis

Administration of Intravenous Fluids, Potassium replacement and or glucose and insulin is administered to treat this potentially life-threatening condition.



Stroke / TIA – Aspirin and or Alteplase (thrombolysis treatment).

Pulmonary Embolism - Enoxaparin (clexane) or Alteplase if unstable.

Alcohol Withdrawal – Chlordiazepoxide (Librium) and Pabrinex (VitD).

Paracetamol Overdose – Acetylcysteine infusion (otherwise known as 'Parvolex).

Anti-emetics – Ondansatron 4mg and or Cyclizine 50mg.

Spoke Placements



2nd Year Students 3rd Year Students

Ambulance Service

Same as year 2 plus

Plaster Room

Resus Bleep

Major Trauma Ward

Bereavement Team

Intensive Care Unit Organ Donation

Hospital at night team

Paediatrics

Acute Kidney Injury Nurses

Trauma Specialists

Theatre / Anaesthetics

Stroke Nurse

HALS

Mental Health Liaison

ED – Abbreviations

ABR – Await blood results	HA – Headache
ABX – Abdominal Xray Pneumonia	HAP – Hospital Acquired
AF – Atrial Fibrillation Pregnancy Test	HCG –
AKI – Acute Kidney Injury Healthcare Professional	HCP –
AP – Abdominal Pain Injury	HI – Head
ASP – Aspiration Rate	HR – Heart
BIBA – Brought in by Ambulance Visitor Form	HV – Health
BIBH – Brought in by Helicopter Intravenous Access	IVA –
CAP – Community Acquired Pneumonia Intravenous Antibiotics	IVAB –
COPD – Chronic Obstruction Pulmonary disease Intravenous Drug User	IVDU –
CP – Chest pain Intravenous Fluids	IVF –
CT – Myocardial Infarct	MI –
CXR – Chest Xray	MRI -
C?C – Collapse query cause Midstream Urine Analysis	MSU –
D&V – Diarrhoea and Vomiting Overdose	OD –

DKA – Diabetic Ketoacidosis

O2 – Oxygen

DSH – Deliberate Self Harm

RA – Room Air

ECG – Electrocardiogram
Subarachnoid Haemorrhage

SAH –

EDT – Social Service Referral
Subdural Haematoma

SDH –

ETOH – Excessive Alcohol User
Ventricular Tachycardia

SVT – Sinus

FOF – Found on floor
seen by doctor

TBS – To be

GTD – Go to Doc (Primary Care)
to be booked

TP – Transport

X2222 – Do not resuscitate
Mental Health Patient



Dementia Patient



Working Shift Pattern

Day shifts 07.00 – 19.30hrs (3 days per week)

Night Shifts 19.00 – 07.30hrs (3 shifts per week)

Extra make up shift required every 8 weeks

NB; you should follow your mentor's rota as much as possible.

Uniform Policy

Please adhere to this – Correct uniform must always be worn , including long hair tied up off the shoulders, no acrylic nails must be worn and no false eyelashes. Please keep visible piercings to a minimum of one.

Professionalism & Confidentiality

This must always be maintained.

Sickness and Absence

If you are ill and are unable to come to your placement, please phone into the Emergency Department on Tel; 01772 523442 and ask to speak to the nurse in charge. Please also inform your academic tutor.



