GETTING INTO RESUS…….

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EMERGENCY NURSE PRACTITIONERS IN NZ

- Typically:
  - Lower acuity injuries or illness
  - Uncomplicated presentations
  - Triage 3,4,& 5
  - Complex injuries / illness that require early diagnosis & referral to specialties

- Achieved:
  - Reduced LOS
  - Good patient satisfaction
  - Good clinical care

COMPARISON TO OTHER COUNTRIES

- Australia, UK, USA, Europe
- Acknowledged wide variety of titles
- Acknowledged wide scope of qualifications & skills
- Acknowledged wide variety of job descriptions

- Comparison was difficult

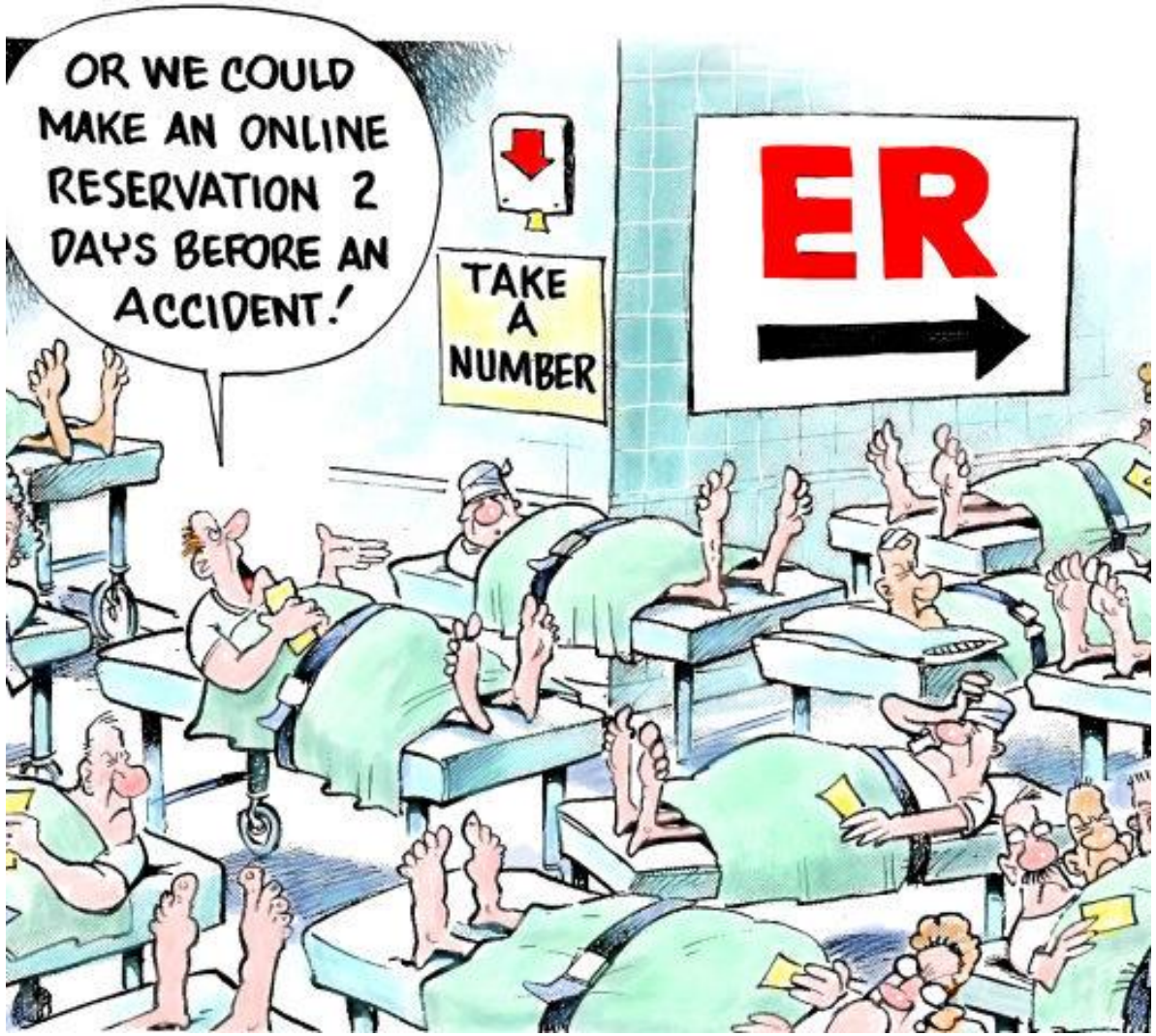
IT'S ALL ABOUT ME……..

- Advanced Clinical Practitioner in Emergency Medicine in UK
- Major Trauma Centre
- Progressively expanding scope of practice, experience & competence
- Lead 'clinician' in episodes of care

- Credentialing and Accreditation
- Royal College Emergency Medicine CPD / ePortfolio

CASE STUDY

- 70’s male
- Driver of a car, single occupant
- Drove into road sign post
- Speed unknown- road limit 60mph
- Seat belt on, airbag deployed



AMBULANCE ARRIVAL

- On arrival of ambulance (double tech crew):
- Unresponsive
- Maintaining airway, supported respirations
- Immediately extricated
- “Scoop & Run”
- Approximately 5-10 minutes from hospital

PRIMARY SURVEY

- Airway:
  - Nil foreign bodies
  - Nil fluid matter
  - Nil blood
  - Nil facial trauma

- Nil action

- BUT

- Intubation in my mind due to level of consciousness

PRIMARY SURVEY

- **B**reathing:
  - RR 6, supported
  - SaO^2 70's on 15L Oxygen
  - Bruising to chest from seat belt & further marks left chest
  - ↓ chest expansion to left
  - Nil breath sounds to left
  - Dullness on percussion
  - Crepitus to left rib wall
  - Trachea deviated to right
  - Confirmed left haemothorax & rib fractures
- RSI & Intubation
- Sedation: Etomidate (0.3mg/kg)
- Paralytic: Rocuronium (1mg/kg)
- Hypovolemia concern
- Chest x-ray
- Prepared for Chest drain
- Large IV access (bloods)
- Massive Transfusion Policy
- Discussed Tranexamic Acid
- Informed / requested ICU

PRIMARY SURVEY

- Circulation:
  - P 120's, irregular
  - BP unrecordable
  - CRT 5 seconds
  - Abdo: not distended, some bruising
  - Pelvis: unable to assess
  - Long bones: no obvious injury
  - No external blood
- Cardiac monitor: AF
- No ECG at this time
- Pelvic splint
- Emergency O Negative blood

PRIMARY SURVEY

- **B**reathing:
  - Massive haemothorax
- Chest drain insertion

PRIMARY SURVEY

- **D**isability:
  - Unresponsive
  - Pupil small but reactive
  - BSL 14.2mmols
- Nil action

PRIMARY SURVEY

- Exposure:
  - Nil blood
  - Right ankle grossly deformed and cold, dusky foot
- Relocation of ankle

WHAT NEXT?

- Stiff drink
- Trauma CT
- Request ECG
- Discussed further with ICU & Orthopaedics
- Conversation with wife
- Returned to ECG!! AMI
- ‘Chatted’ to medical team

- Not allowed
- Admission & steps of care
- PMH, Quality of life, recent events

SO WHAT DID I ACTUALLY DO?

- Took the lead role
- Delegated
- Primary Survey & Resuscitated patient
- Interventions: RSI & Intubation, Chest drain, Relocation
- Ordered diagnostic investigations: CXR & CT
- Rapid decisions: Activated Massive Transfusion & Urgent O neg
- Communications with Specialists: ICU / Orthopaedics / Medical
- Communications with family

- Senior with me
- Doctors & Nurses
- Delegated when appropriate
- Ensured continuation

END RESULT

- Teamwork
- Collegial support
- Respected & Accepted
- Competent
- Knew my limitations

RECOGNISING YOUR POTENTIAL AND SKILLS