New Resident and Medical Student Orientation by Core Nursing

Objective:
- Orient new residents and medical students to the emergency department.
- Providing information regarding nursing role and philosophy, as well as emergency department flow.

I. AREAS OF THE EMERGENCY DEPARTMENT

Zones area:
The ED is divided into zones:
- Trauma (aka Zone 1; rooms Resus 1, 2, and 3 plus Med 1)
- ED Green: Critical care medicine and less acute medicine patients
- ED Blue: Critical care medicine and less acute medicine patients
- ED East: Fast track
- “Disposition Pending” area (Zone 4)
- Psychiatric Emergency Services (PES)
- Front and Back Triage areas

Each zone has the potential to serve in whatever capacity is needed. For example if necessary, medicine patients can be seen in the trauma zones, and trauma can be seen in the medicine zone. There will be times that you will see medicine patients on the trauma side. One of our goals as an ED is to see patients in a timely manner, and keep the flow of the ED going. These zones surround the radiology department. In this area there are two x-ray room and two CT scanners.

Back desk/nurse’s station; one location:
The back desk person is the person who will take the blood or fluid specimens that have been drawn and send it down to the lab. Generally, labs on the trauma side will be sent for “trauma labs.” Under this heading the following tests will be provided: CBC, Chem 7, LFT’s (including amylase), coags, fibrinogen, BHCG (for female patients), Blood alcohol level (BAL). When taking blood to the back desk it is labeled with the patient’s sticker (all samples need to be labeled at the bedside and checked with the patient’s name band). The tubes are then placed in a biohazard bag located at the counter. To the right you will find a stack of small post it notes. You will place the sticker with the time the labs are drawn.

The Back Desk/nursing station is located on the trauma side. This location is where the charge nurse is generally located during the shift. Back triage is in this area. Back triage is where basic life support EMS crews, Medic one, Airlift Northwest, transfers, and King County jail patients are received. The back admitting people are in this area. They can schedule follow up appointments in the Aftercare clinic. Additionally, you will find a fax machine used to fax orders and a copy machine.

Staff Assignment Board:
Directly across from the back desk is a grease board that has the names of the staff that will be working during that shift. Here you will find the names of who is working in what area, the name of the charge nurse, back desk persons and MAs. When you start your shift, take the time to find the people that you will be working with for the day and introduce yourself. This is huge in developing an effective working environment.

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“Fish bowl”:
Next to the nursing station is the “fishbowl.” This location is where the trauma team charts and generally where the General surgery and Orthopedic surgery consult residents work.

Break room:
There is a staff break-room located behind the social workers. Feel free to have your meals in this area. There are two refrigerators, and two microwaves. Additionally, there is a bathroom here. The code for the room is 1234 twice. There are also more bathrooms located outside of the break-room, two in ED blue, one outside of zone 4, and one down the hall from zone 4.

Front triage:
Front triage is where most of the general population enters the ED. There it is determined by the triage RN where and when the patient will be seen. Patients are also seen by admitting in this area. This area can be filled to standing room only at times, with period of waiting up to several hours. This again supports the need to see both medical and surgical patients throughout the ED.

II. DRAWING BLOODWORK AND URINE TESTING

The Carts:
The carts in each room are universal. Take some time early on to go through them. This will save you a lot of time in the long run. You will find things like suturing kits, protective eye wear, and all of your lab and IV start stuff. The top right and left drawers and the 3rd right and left drawers have all of your IV and blood drawing items.

A word about drawing labs and starting IV’s:
We as a nursing team realize that many of you have varied experiences regarding drawing blood or starting IVs. We are here to help you learn! Please do not hesitate to ask an RN to help you with such things. It is part of your experience to learn these skills. But nothing burns a nurse out more than to have someone blow the only vein because the person didn’t want to admit they don’t know what they are doing. It may not be the best time to place your first IV during a trauma code, but there will be plenty of other times to let you practice. Children’s IVs and blood draws are done by the nursing staff.
Question: What’s the number one rookie mistake?
Answer: Leaving the tourniquet on.

Add on slips:
You may need to add on lab orders after the initial blood tubes have been sent. This can be done through a computer order. Please discuss this with nursing if you are adding on an unusual test that may not have been sent in the initial lab set (i.e. an Ammonia level has to be sent on ice).

Drawing blood:
Taped to the outside of the fish bowl glass, you will find information on drawing blood. When a trauma comes in we generally use two greens, two purples, and a blue top. As stated earlier, this will be enough tubes to get all of the trauma labs you will need. Additionally, if you suspect that there was a cardiac event involved in the trauma, or chest injury the two green tops will ensure enough blood to add on cardiac labs (troponin, CK, and CKMB). One of the purple tops that you have drawn will go to the dirty utility area where the MA can use the hemacue, and give us immediate hemoglobin results. You
will find in with your blood tubes a pink tube. This is for type and crossing and can ONLY be done by two RNs.

**Drawing trauma labs from an intubated patient:**

When an intubated trauma from the field comes in labs are generally obtained from a femoral stick. Usually we know in advance that such patients are coming in. A person should either be delegated by trauma doc or attending to get these labs. Have the above mentioned tubes ready as well as an ABG syringe. Generally, a 30cc syringe (located I think fourth drawer on right) is used with a 1 ½ inch needle 21G (green hub). Prep the site with chloraprep, and have a 2X2 ready. After brilliantly getting that arterial blood you will raise the syringe, push safety lock on needle and state “Blood up.” You will then hand the syringe of blood to someone behind you, who will be ready to put the blood in the tubes.

*Side note:* In the carts you will see vacutainers of two colors. One is red and the other blue. The red vacutainers are used to transfer the blood from the syringe to the tubes. The blue vacutainers are used to transfer blood to tubes when doing IVs. Also there are in the left second drawers clear plastic needle tips; these are used to transfer the blood from the syringe to the ABG syringe. In this day and age there is ABSOLUTELY no reason for anyone to be stuck by a needle. Always use the safety devices.

**Serial Hemoglobins:**

Depending on the incident that we are treating, serial hemoglobins need to be drawn. There are a variety of ways to this. One method is to use a blue butterfly with a 3CC syringe. After drawing the blood, transfer it to a pediatric purple tube, label and take to the back desk to have the result obtained via the hemacue.

Pediatric tubes: Pediatric tubes require far less blood than standard blood tubes. These are great when we are working with children and or have a difficult patient to draw from. Pediatric tubes are located in two places. Top left drawer in the back are the pedi blue tubes. Note that there are two blues. One is a solid blue and the other is a lighter blue. The lighter blue has an inner chamber and requires less blood to fill. Blue tubes need to be filled to the top. In the right top drawer back left corner you will find the green and purple tubes.

**Urine:**

There are two things that are done with a patient’s urine. One is to perform a urine tox for drugs and the other is to check for blood. First of all if you obtain urine from a patient by either a urinal/bedpan of Foley, place it in a urine specimen cup (found in the carts) and label it. If there is no name and an RN enters the room and you want a UTOX, and all there is a specimen cup of urine with no name; sorry it can’t be run.

UTOX need to be done by an RN or MA only. The reason for this is because in a few short weeks you will be gone, and that test may end up used as evidence. That quality control is important to maintain.

Testing for blood in urine is done by using the urine dip strips. Usually found by the sinks. Ask how to read them. Once it has been determined that patient has 1+ blood or more in the urine, then it will need to go to the lab for quantifying the specimen. In the cart right hand side, 3rd drawer are the supplies to obtain that specimen. Ask how to draw it from the urine cup, label it and then send to the lab.
III. C-COLLARS AND EQUIPMENT

Miami J-collars:

Often time patients that have been in an accident will come in with a C-collar for cervical spine stabilization. If this has been the kind of accident that probably will not require the patient to wear the collar for an extended period of time, do not change these collars out for the Miami J-Collars that we have in the ED. They are about one hundred dollars apiece and there is no sense in charging the patient or the hospital if it will only be worn for a few hours. If however, it is felt that the collar will need to be worn because of a highly likely cervical injury, then by all means switch them to a proper fitting Miami J.

Miami J-collars need to be fitted properly to be effective. If the collar is up under their nose, not much stabilizing is occurring. There are sizing cards for you to have at the back desk, bottom drawer near the triage spot. Generally as a rule, men are “shorts” or “smalls” and women are “average” or “regular.” This is based on the patient’s neck height and not body size. If it has been determined that the patient warrants being in a collar, then remember two people will be needed. One to stabilize the neck, and the other to remove the previous collar from the field (throw it away) and the other person to place the new collar.

Backboards, Splints, and Other Pre-hospital Equipment:

Do not cut the backboard straps (even the plastic ones!). Please keep the straps attached to the backboard (BB), or hook them together as a group (if you remove them from the BB). All backboards are placed in the Shower/Decontamination Room off the Ambulance Ramp entrance to be cleaned by the Medical Assistants. Other items like Hare, Sager, and vacuum splints are placed in the equipment storage room.

Recycling:

Miami –J collars, blood pressure cuffs, and pulse ox cables are recycled. In each room you will find bins to place these items in. Additionally, saline plastic bottles that are used for irrigation are recyclable. There is a green bin at the back desk.
IV. IT TAKES A TEAM

ED etiquette:
When a “rolling party” is called, which is requesting that full spines be maintained while a board is being removed, please go. If you are the person to pull the back board, then you are the person to take the back board to the dirty utility room near the sliding doors by the ramp, on the left.
When you do suturing, please clean up your mess. And always take care of your sharps.
If you do a procedure on a patient, such as putting in a Foley, use the Doppler machine to check for pulses, etc. please cover the patient back up when done. And then clean up your mess.
Please wear your name badge so it can be seen by staff and patients. Please take the time to introduce yourself at the start of the shift, and find out the names of the people you will be working with.
Please introduce yourself to the patient. They have so many people see them while they are being seen; they need to know who you are and what your role is.
If you are going to irrigate a wound, please talk to your nurse. There are many different ways this can be done without drenching the patient and the patient’s bed.

Nursing Role and Philosophy:
The role of the emergency department nurse is a unique one. We naturally are there to provide skilled medical care to the patients. Additionally, as Harborview is a teaching hospital, we are there to help guide the residents in their learning. As you have read in the past several pages some of the logistical aspects that can be shared by nursing, there is also the experience of caring for such patients that is available to you as well.
Please realize that many of the nurses that you will be working with have been nurses for many years. Take the time to listen to them. If they tell you that this patient is getting worse, take the time to ask what they see and discuss it.
We are very fortunate to work in an environment that is collaborative. We recognize that everybody has something to share. Please keep this in mind while working with the emergency department staff.
From all the staff at Harborview emergency department, may your stay be one that is positive and full of growth.

Katie Purdom, RN BSN
and the ED Nursing Staff