



EMERGENCY NURSING MORE THAN MEETS THE EYE

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Emergency nursing has become one of the fastest growing specialties in the nursing profession. While popular television shows such as "ER" tend to glamorize the emergency department (ED), some of what we see on TV is true. The role of the nurse in the TV emergency department has progressed from that of a secondary to a primary player, and this transition is even more true in reality. Emergency nursing began during the era of Florence Nightingale, but the specialty practice of emergency nursing has evolved during the past 25 years. By definition, emergency nursing is: care of individuals of all ages with perceived or actual physical or emotional alterations of health that are undiagnosed or that require further interventions.¹

As emergency nursing began, triage was used on battlefields to sort injured or ill patients who were then evaluated in priority order. Field triage methods were then adopted in hospital settings, with triage being an active part of most emergency departments. Early emergency rooms were traditionally one-room treatment areas opening to an outside entrance of the hospital. Most were staffed by a "house" nurse as a potential patient arrived. Physicians were called from their office setting or from home to report to the emergency room to evaluate patients. Early pre-hospital transportation was provided by local funeral homes, offering delivery

service. Emergency nursing simply required good assessment and communication skills, and the ability to be in two places (and often more) at once!

Over the years, the emergency room expanded into multiple rooms, specialty examination areas, and much larger spaces. The term "emergency room" became obsolete as the new term, "emergency department" became standard. The volumes of patients increased as many began coming to the emergency department for primary care. Increasingly complicated cases arrived in the emergency department, requiring specialized training for both nurses and physicians. The field of prehospital care progressed rapidly, and emergency care personnel had to perfect many advanced skills.

Specialty training and networking began with the formation of the Emergency Nurses Association and the American College of Emergency Physicians. Residency training programs in emergency medicine were created to prepare physicians for the newer concept of emergency care delivery. Nursing programs were developed and certification in emergency nursing by the Board of Certification for Emergency Nursing was created to validate nursing competency in emergency care delivery.

I made the decision to become an



emergency nurse as a young graduate nurse 18 years ago. This was actually a lifelong dream, since I had worked as an emergency medical technician in the ED before going to nursing school. I, along with several nursing colleagues with similar experience, applied to work in the ED immediately upon graduation. Much to our surprise, we were told that we needed to begin our careers in other areas of nursing and develop nursing skills. With no other option, my medical-surgical career began. Every day, I would visit the emergency department after a busy shift of administering medications, treatments, and general nursing care. All the chaos I had enjoyed as a technician seemed confusing to me as a nurse, and I was actually glad to be developing my nursing skills in slower-paced environment.

When my six-week med/surg

rotation ended, I transferred to the ED. It was a much needed change, although entering the ED as a nurse was an overwhelming experience. Thanks to many mentors, supportive colleagues, and a sense of humor, I survived orientation and have never looked back. Emergency nursing was, is, and will forever be my true calling.

Having worked in various capacities including staff nurse, nurse manager, department director, and now as an educator and clinical nurse specialist, I have experienced many facets of emergency care. Like most new nursing graduates, I did not see returning to school in my future, but as time passed, the need became clearer. Thanks to the persistence of friends and family, graduate school became a reality and afforded me the opportunity to progress in my chosen field.

The scope of emergency nursing practice encompasses assessment, diagnosis, treatment, and evaluation. Problems are clarified as actual or potential; sudden or urgent; physical or psychosocial. The emergency nurse may practice in a variety of settings beyond the traditional walls of the emergency department. Many nurses are actively involved in prehospital care, either with ground transport or air-medical care. Surface and air transportation nursing incorporates all emergency nursing skills, and adds additional assessment and intervention techniques.

Emergency care has moved beyond the hospital setting as well, to such areas as urgent care, free-standing facilities, theme parks, and industry. Basic emergency nursing skills are common in all of these facilities, and the competent emergency nurse provides optimum patient care. Many nurses find rewarding careers beyond the ED setting, but continue their emergency nursing practice.

Many expect emergency nursing to be highly stressful, chaotic, gruesome, and "action packed." While this is true to a degree, the true emergency nursing picture is one of caring, compassion, reward, and gratification. Patient encounters are episodic, and the emergency nurse provides stability, devoting time to patient interaction, teaching,

listening, and hands-on delivery of care. The outcome of an ED visit is often the basis on which health care delivery is judged, particularly from a customer service perspective. The emergency nurse must possess outstanding interpersonal skills since the patient is generally not scheduled, and may not want to be in the emergency care setting.

Emergency nursing requires organization, sensitivity, patience, and flexibility. One must be able to deal with trauma one minute, a cardiac condition the next, a sick child the next, and delivering troubling news to family the next. Emergency nursing demands a firm respect for human life, and a keen sense of awareness. Some describe this specialty area as requiring five senses, plus the sixth sense: intuition. Above all, emergency nursing requires a true love for your chosen profession.

As with any nursing field, continuing education is a must. There are many programs that prepare emergency nurses for the challenges they face, and professional organizations such as the Emergency Nurses Association offer multiple educational opportunities and networking sessions to expand the emergency nurse's knowledge base.

One of my most humorous experiences in the ED was caring for an elderly female patient with a fractured hip. She told me that she had fallen while going down her steps, but then I noticed something moving under the cover and found, much to my surprise, a white miniature poodle! The patient asked me to check her "baby" first, as she had fallen on the dog. The dog's

right front leg was obviously broken. Another nursing colleague and I splinted the dog's leg and allowed her a few minutes with her "baby" before taking her to surgery. Several weeks later, she sent an article published in the local newspaper about the excellent care her dog had received in the ED! This is just one of hundreds of stories about life in the ED that I could recount.

I challenge you to an exciting opportunity, a fun-filled career, and a rewarding adventure in the field of emergency nursing.

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REFERENCE

1. Newberry, Lorene, ed. *Sheeby's Emergency Nursing Principles and Practice*. 1998 St. Louis: Mosby. pp. 3-5.

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