Title: **EMERGENCY DEPARTMENT PROTOCOLS**

Responsibility: ED Registered Nurse (RN)

Purpose of Guidelines: Emergency Services protocols shall be initiated by the primary nurse, charge nurse, or triage nurse when a patient presents with the following categories: acute neurological deficit, altered mental status, vaginal bleeding, wheezing / difficulty breathing, chest pain, hypotension/orthostasis, multiple trauma, hypoglycemia, elevated temperature with cough, or SBP<90/MAP<65 with presence of suspected infection.

To provide guidelines for nursing interventions to enhance efficiency and consistency of nursing care prior to physician evaluation of emergency department patients.

Procedure:

1. Acute Neurological Deficit (sensory motor deficit, hemiparesis, facial droop)
   a. Supplementary oxygen, monitor, pulse oximetry, NIBP
   b. IV or NS at keep open rate. Draw labs for stroke panel prior to initiating NS
   c. Finger stick and blood glucose
   d. EKG
   e. CT of head
   f. If obtunded, airway, management, intubation precautions and preparation
   g. Stroke alert called

2. Altered Mental Status
   a. Supplementary oxygen, monitor, pulse oximetry, NIBP
   b. IV of NS at keep open rate. Draw labs for CBC, Chem 8, PT / PTT, INR, Cardiac enzymes, Tox Screen prior to initiating NS
   c. Finger stick blood sugar
   d. EKG
   e. CT of head if signs of head injury or cerebral edema
   f. If blood sugar < 60, give 50 ml of 50% Glucose IV x 1
   g. Narcan 2 mg IV x 1

3. Vaginal Bleeding if pregnant or bleeding is extensive (changing pad once an hour and dizzy)
   a. Supplementary oxygen, monitor, pulse oximetry, NIBP
   b. IV of NS at keep open rate. Draw labs for CBC, BHCG, hold blood for PT / PTT, INR, Type & Screen
   c. Orthostatic vital signs
   d. Prepare for pelvic exam

4. Wheezing / Difficulty Breathing
   a. Supplementary oxygen, monitor, pulse oximetry, NIBP

b. First aerosol treatment of Unit Dose Proventil/albuterol
c. Chest X-ray
d. IV of NS at keep open rate

5. Chest Pain
   a. Supplementary oxygen, monitor, pulse oximetry, NIBP
   b. IV of NS at keep open rate. Draw troponin and run POC if able prior to initiating NS
   c. EKG
   d. 1 Nitroglycerine 0.4 mg sublingual every 5 minutes x 3 if blood pressure is > 100 systolic and no signs of inferior wall infarct
   e. 1 Baby Aspirin unless allergic to aspirin
   f. Initiate Acute Coronary Syndrome protocol

6. Hypotension
   a. Supplementary oxygen, monitor, pulse oximetry, NIBP
   b. IV of NS at keep open rate. Two IV starts preferable if able. Draw labs for CBC, Chem 8, hold for PT / PTT, INR, Cardiac Enzymes,
   c. Orthostatic vital signs
   d. EKG if cardiac symptoms

7. Hypoglycemia
   a. Supplementary oxygen, monitor pulse oximetry, NIBP
   b. IV of NS at keep open rate.
   c. Finger stick blood glucose
   d. If blood sugar < 60, give 50 ml of 50% Glucose IV x 1 if symptomatic.
   e. Food tray if stable and asymptomatic, awake and passes swallow study

8. Elevated Temperature with Cough (Temperature > 101 F)
   a. Pulse oximetry, NIBP
   b. Draw labs for CBC, Blood culture x 2 (at 15-minute intervals if drawing from the same extremity)
   c. Sputum specimen for culture and sensitivity, gram stain
   d. Initiate Pneumonia protocols

9. Sepsis-SBP<90 or MAP<65 and/or suspected infection
   a. Sepsis Lab set: Lactic acid, CBD, Chem 8, Mag, Phos, serum cortisol, Type and Cross, Blood Cultures x2 sets (at 15-minute intervals if drawing from the same extremity)
   b. Sputum for culture and sensitivity
   c. Urine Reflux test
   d. Initiate Sepsis Protocol
   e. Initiate 2 IVs with Normal Saline
   f. Chest C-ray

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