Title: EMERGENCY DEPARTMENT PROTOCOLS

Responsibility: ED Registered Nurse (RN)

Purpose of Guidelines: Emergency Services protocols shall be initiated by the primary nurse of 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

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% Glucose IV x 1
   g. Narcan 2 mg IV x 1

3. Vaginal Bleeding
   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 Proventyl (1/2 Unit Dose for children under (6) with peak flows pre and post treatment.

5. Chest Pain
   a. Supplementary oxygen, monitor, pulse oximetry, NIBP
   b. IV of NS at keep open rate. Draw labs emergency Cardiac panel 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. Draw labs for CBC, Chem 8, hold for PT / PTT, INR, Cardiac Enzymes, Tox Screen prior to initiating NS
   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% Glucose IV x 1 if symptomatic.
   e. Food tray if stable and asymptomatic

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)
   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
   b. Sputum for culture and sensitivity
   c. Urine Analysis and Culture
   d. Initiate Sepsis Protocol

Reviewed by: Greg Shannon, MSN, RN, Staff Development Coordinator