

Rockingham General Hospital

Nurse Practitioner - Emergency Services

APPLICATION SUMMARY SHEET

Additional Clinical Practice Guidelines (CPG)

Introduction

In November 2006 the Western Australian Department of Health and the Office of the Chief Nursing Officer endorsed the following text for use by rural and remote Nurse Practitioners and Nurse Practitioner - Emergency Services (in designated areas) as their Clinical Practice Guideline:


Brown, A.F.T. and Cadogan, M.D. 2006. *Emergency Medicine Emergency and Acute Medicine: Diagnosis and Management* (5th Ed), Hodder Arnold, London.

NP's working in the Emergency Department (ED) at Rockingham General Hospital (RGH) will use the above text to assist them in the assessment, diagnosis and management of a range of patients that fall within their specified Scope of Practice.

NP's will have the delegated authority to request all plain X-rays, excluding those outlined under Guideline Limitations. Multiple X-rays of same limb, ie. hand / wrist / forearm, may be requested / authorised when clinically appropriate.

The NP may work autonomously within their scope of practice, as well as in collaborative practice with other health care providers. However, at any stage where the NP deems the case to be outside their scope of practice, or where non-accidental injuries (NAI) are suspected, the NP will consult with an EP / ED SMO.

These recommendations for practice are guidelines only and do not indicate an exclusive course of action or serve as a definitive mode of patient care. Variations that take into account individual circumstances, clinical judgement, scope of professional practice and patient choice, shall be considered. Users are strongly recommended to confirm by way of independent sources that the information contained within the guidelines is correct.

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Revisions		Endorsed by	Clinical Practice Committee	
This version	June 2009	References	(See last page of document for references extra links) Equip Links: ACHS V4 - Function 1Continuum of Care Criterion 1.1; 1.1.1; 1.1.2; 1.1.5; 1.1.6; 1.1.8; 1.2.1; 1.3; 1.5; 1.5.1; 1.4; 1.5.5;	
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Medications

NP's working within the RGH ED will prescribe schedule 2 and 4 medications solely for the treatment of patients that fall within the scope of practice as outlined in this document. NP's will refer to the following texts for guidance:

- Australian Medicines Handbook current version (currently 2008)
- Antibiotic Therapeutic Guidelines current version (currently Version 12 2003)
- The Australian Immunisation Handbook NHMRC current version (currently 2009)
- eMIMS - current version (currently 2007)
- Paediatric Drug Doses, Royal Children's Hospital current Version (currently 2008)

Scope of Practice

The following pages detail the scope of practice for the NP working at RKDH Emergency Services in relation to the text as outlined above, however, the NP may function collaboratively with the EP / ED SMO in the management of patients both inside and outside the NP's scope of practice.


Section 1 General Medical Emergencies

Page 31-31 Chest Pain

Presenting Complaint	Inclusion Diagnosis	Comments
Chest pain: <ul style="list-style-type: none"> - minor trauma related - made worse by movement and breathing - localised on palpation - normal ECG 	Musculoskeletal and chest wall pain	Patients with potentially cardiac related symptoms are to be redirected to usual ED care +/- NP in team.

Page 36-41 The Breathless Patient (adult)

Presenting Complaint	Inclusion	Comments
Systemically well patients with mild SOB, wheeze, talking in sentences, not using accessory muscles, normal conscious state, SpO ₂ of > 94%, HR <100/min	Acute Asthma (mild)	Patients with hypoxia, previous ICU admissions or those identified as 'brittle' asthmatics prone to sudden deterioration are to be redirected to usual ED care +/- NP in team.
Patients ≤ 50 yrs presenting to ED with mild SOB, cough, sputum or change in sputum colour if chronic, not using accessory muscles, normal conscious state, SpO ₂ > 94% on air, HR 100/min, +/- fever	Community Acquired Pneumonia (mild PSI Class I or II)	Patients with a CURB 65 score of 2 – 5 are to be redirected to usual ED care +/- NP in team.

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P82-87 Acute Arthropathy

Presenting Complaint	Inclusion	Comments
Red, hot 'angry' single, isolated joint pain	Gouty Arthritis	Patients with fever or symptoms suggestive of septic arthritis are to be discussed with an EP / ED SMO
	Pseudogout	
	Osteoarthritis	

P87 Allergic or Immunological Conditions

Presenting Complaint	Inclusion	Comments
Clumping, itchy, maculopapular, blanching rash with no systemic features	Urticaria (No multi-system involvement)	Patients with any airway signs and symptoms or angioedema are to be redirected to usual ED care +/- NP in team.

P91-98 Skin Disorders

Presenting Complaint	Inclusion	Comments
Systemically well patients presenting with rash, bites or itch	Herpes Zoster	Patients with fever, have a purpuric rash, are immuno-compromised or have atypical symptoms are to be discussed with an EP / ED SMO
	Herpes Simplex	
	Impetigo	
	Scabies	
	Insect bites	
	Parasites	
	Contact dermatitis	
	Viral Exanthems	
Chicken pox		

Section V Toxinology Emergencies

P182 –186 Toxinology

Presenting Complaint	Inclusion	Comments
Systemically well patients with localised mild to severe pain and erythema	Spider bites	Patients with any signs of systemic involvement or requiring antivenom are to be referred back to usual ED care +/- NP in team.
	Poisonous fish (No signs of cardiovascular collapse and systemic toxicity)	
	Bee and wasp stings (No anaphylactic reaction)	

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Section V11 Surgical Emergencies

P217 Neck Injuries

Presenting Complaint	Inclusion	Comments
Ambulatory patients, <65yrs post minor mechanism injury, delayed onset of neck pain, and no focal midline cervical neck tenderness	Neck sprain	Patients with serious mechanism of injury (MOI), multiple injuries, neurological signs or focal midline cervical bony tenderness are to be referred back to usual ED care +/- NP in team.

P242-245 Head Injury:


Presenting Complaint	Inclusion	Comments
Post head injury with no LOC (GCS 15) and minor mechanism or injury	Mild (conscious) head Injury GCS15	Patients with multiple injuries, a history of loss of consciousness, altered conscious state (GCS <15), ETOH / drug involvement, on anticoagulant therapy or a history of seizures are to be referred back to usual ED care +/- NP in team.

P249-252 Minor Burns and Scalds

Presenting Complaint	Inclusion	Comments
Superficial, partial thickness burns < 15% (or < 10% in children), or 1% full thickness burn.	Full thickness burn <1% or partial-thickness burns under 10% in children and 15% body surface area in adults.	Circumferential burns, those involving the perineum, or burns from strong acid / alkaline solutions such as hydrofluoric acid and sodium hydroxide are to be redirected to usual ED care +/- NP in team.

P266-266 Acute Abdomen

Presenting Complaint	Inclusion	Comments
Systemically well patients with suprapubic pain, frequency, dysuria +/- haematuria	Cystitis	Patients with fever, vomiting or flank pain are to be discussed with an EP / ED SMO

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Section V111 Orthopaedic Emergencies

P274-280 Injuries to the shoulder and upper arm


Presenting Complaint	Inclusion	Comments
Low impact MOI with no high risk features and with localised pain/trauma	Fractured clavicle	Dislocations are to be discussed with an EP / ED SMO
	Acromioclavicular dislocation	
	Dislocated shoulder	
	Fractured humerus	
	Fractured scapula	Patients with associated rib, pulmonary, spinal column and shoulder injuries are to be redirected to usual ED care +/- NP in team

P281-286 Injuries to the Elbow and Forearm

Presenting Complaint	Inclusion	Comments
Low impact MOI with no high risk features and with localised pain/trauma	Supracondylar fracture of the humerus	All injuries requiring reduction are to be discussed with the EP / ED SMO prior to procedure
	Condylar and epicondylar fractures of humerus	
	Pulled Elbow	All compound, nerve/tendon injuries require EP / ED SMO consultation
	Fracture of the olecranon	
	Fracture of the radial head	
	Fractures of the radial and ulnar shafts	

P286-301 Injuries to the Wrist and Hand

Presenting Complaint	Inclusion	Comments
Low impact MOI with no high risk features and with localised pain/trauma	Colles fracture	NP may perform a Biers block under EP / ED SMO supervision
	Smiths fracture	
	Distal radial fractures in children	All injuries requiring reduction are to be discussed with the EP / ED SMO prior to procedure
	Scaphoid /carpal bone fractures	
	Dislocations of the carpus	
	Fractured / dislocated thumb metacarpal	All compound, nerve/tendon injury injuries require EP / ED SMO consultation
	Ruptured Ulnar Collateral ligament	
	Metacarpal fractures	
	Fracture phalanges	
	Dislocation phalanges	
	Flexor/Extensor tendon injury	
	Digital nerve injuries	
	Fingertip injuries	

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P302-305 Injuries to the Hip and upper Femur

Presenting Complaint	Inclusion	Comments
Low impact MOI with no high risk features and with localised pain/trauma	Neck of femur (NOF) fracture	Non-ambulant patients are to be discussed with EP / ED SMO

P305-310 Injuries to the lower Femur, Knee and upper Tibia

Presenting Complaint	Inclusion	Comments
Low impact MOI with no high risk features and with localised pain/trauma	Supracondylar/condylar fractures of femur	All injuries requiring reduction are to be discussed with the EP / ED SMO prior to procedure
	Fractured / dislocated patella	
	Injury to quadriceps apparatus	All compound injuries require EP / ED SMO consultation
	Tibial condyles fracture	NP will consult appropriately regarding any suspected nerve/tendon injury
	Soft-tissue knee injuries	


P310-318 Injuries to the lower Tibia, Ankle and Foot

Presenting Complaint	Inclusion	Comments
Low impact MOI with no high risk features and with localised pain/trauma	Shaft of tibia fracture	All compound, nerve/tendon injuries require EP / ED SMO consultation
	Fibula fracture	
	Inversion /Eversion ankle injuries	Metatarsal / tarsal dislocations require EP / ED SMO review
	Calcaneum fracture	
	Ruptured Achilles tendon	
	Mid tarsal dislocations	
	Metatarsal Injuries / Tarsometatarsal dislocations	
	Fractures / Dislocation of phalanges of foot	
	Fractures of phalanges of foot	

Section IX Musculoskeletal and Soft-Tissue Emergencies

P320-330 Soft Tissue Injuries (STI)

Presenting Complaint	Inclusion	Comments
Isolated injuries / pain / infections with no high risk features	Lacerations	EP / ED SMO are to be consulted regarding STI's occurring in diabetic patients, those with significant vascular compromise, nerve/tendon injuries and high velocity injuries.
	Bites	
	Puncture injuries – minor	
	Cellulitis	
	Foreign body removal	Pre-tibial lacerations require discussion with an EP / ED SMO prior to closure
	Hand infections	
	Pre-tibial laceration	
	Ingrowing toenail	
	Incision /drainage simple abscesses	

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P330-334 Non-Articular Rheumatism

Presenting Complaint	Inclusion	Comments
Isolated, localised pain with no high risk features	Torticollis	Patients with serious mechanism of injury, neurological signs or focal midline cervical spine tenderness are to be redirected to usual ED care +/- NP in team
	Tennis and Golfers elbow	
	Carpal Tunnel Syndrome	
	Housemaids Knee	
	Frozen shoulder	
	Rotator cuff tear	
	Supraspinatus tendonitis	

P337 Back Pain

Presenting Complaint	Inclusion	Comments
Systemically well, ambulant patients with back pain and no history of trauma.	Mild to Mod Non-Traumatic	Consider red flags: <ul style="list-style-type: none"> - Cancer - Dangerous mechanism - Recent procedures Patients <15 or > 50 yrs., abnormal physical signs, fever or abnormal urinalysis must be discussed with EP / ED SMO

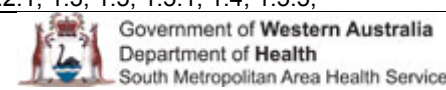
Section X Paediatric Emergencies

P351 – 353 The Breathless Child

Presenting Complaint	Inclusion	Comments
Systemically well children with mild SOB, talking in sentences, wheeze, not using accessory muscles, normal conscious state, SpO2 of > 94%, HR and RR within normal limits for age	Mild Asthma	Hypoxic children, those with previous ICU admissions, 'brittle' asthmatics prone to sudden deterioration, too breathless to talk / feed, or history of apnoeic episodes are to be redirected to usual ED care +/- NP in team
	Mild Bronchiolitis	

P356 Stridor

Presenting Complaint	Inclusion	Comments
Barking cough, not using accessory muscles, no inspiratory or expiratory stridor at rest, normal conscious state, SpO2 >94%, HR and RR within normal limits for age	Mild Croup	Hypoxic children, stridor at rest, too breathless to talk / feed, drooling / dysphagia are to be redirected usual ED care +/- NP in team

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Section XI Obstetric and Gynaecological Emergencies

P394 Women's Medicine Crises

Presenting Complaint	Inclusion	Comments
Presents within 72hrs of unprotected intercourse and requesting morning after pill or requesting advice re. missed OCP	Morning after pill	Patient's alleging sexual assault or where this may be suspected are to be redirected to usual ED care +/- NP in team
	Missed oral contraceptive pill (OCP)	

Section XII ENT Emergencies

P402-404 Traumatic Conditions of the Ear

Presenting Complaint	Inclusion	Comments
Systemically well patients with minor trauma to the auricle, ear canal, known FB or unilateral deafness	Wounds of the auricle	All lacerations and illness/injuries causing deafness must be discussed with an EP / ED SMO
	Foreign body in external ear	
	Perforated eardrum	

P404-408 Non-traumatic conditions of the Ear


Presenting Complaint	Inclusion	Comments
Ear pain +/- discharge +/- URTI	Otitis Externa	Patients with localised mastoid redness and/or tenderness are to be discussed with the EP / ED SMO
	Acute Otitis Media	

P408-409 Traumatic conditions of the Nose

Presenting Complaint	Inclusion	Comments
Post minor MOI with no high risk features, minor epistaxis, blocked nasal passage and localised pain +/- deformity	Fractured nose	Patients with CSF rhinorrhoea, septal haematoma or facial bone / orbit fractures are to be redirected to usual ED care +/- NP in team
Systemically well with visible / suspected FB in the nose or presence of offensive unilateral discharge	Foreign body in the nose	

P409-411 Non-Traumatic conditions of the Nose

Presenting Complaint	Inclusion	Comments
Minor nasal bleeding	Epistaxis- Minor	Patients with profuse bleeding, >65 yrs, those with a bleeding diathesis or on anticoagulant therapy are to be redirected to usual ED care +/- NP in team

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P412-414 Non-Traumatic conditions of the Throat

Presenting Complaint	Inclusion	Comments
Sore throat +/- fever	Tonsillitis	Pt's with suspected quinsy, trismus, any airway signs and symptoms, oesophageal foreign bodies, conditions causing drooling, dysphagia or dysphonia, immuno-compromised patients or those with a history of febrile convulsions are to be discussed with an EP / ED SMO
	Foreign body in the pharynx	
	Swallowed foreign body	

Section XIII Ophthalmic Emergencies

P417-423 Traumatic conditions of the Eye

P423-426 Conditions affecting the Eyelids

P426-429 The painful, red Eye


Presenting Complaint	Inclusion	Comments
Systemically well patients post injury / illness of the eye	Conjunctival foreign body	Patients with reduced visual acuity, significant corneal damage and suspected penetrating eye injuries require EP / ED SMO review
	Corneal foreign body	
	Corneal abrasion	
	Flash burn	
	Acute conjunctivitis	

Section XIV Maxillofacial and Dental Emergencies

P434-440 Traumatic conditions of the Face and Mouth

P440-442 Non-traumatic conditions of the Mouth

Presenting Complaint	Inclusion	Comments
Systemically well patients post injury to the face / mouth	Lacerations	Pt's with multiple injuries, lip lacerations breaching the vermilion border and full thickness lacerations of the tongue >1cm through the tongue edge are to be discussed with an EP / ED SMO
	Tooth injuries	
	Fractured mandible	
Systemically well patients presenting with toothache +/- facial swelling	Toothache	Patients with any respiratory symptoms, dysphagia, trismus or submandibular pain and swelling are to be redirected back to usual ED care +/- NP in team
	Dental abscess	

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Guideline Limitations

The scope of nursing practice is determined by the context in which the NP is authorised to practice and by the education and experience obtained.

The following limitations apply to the endorsed NP guideline:

- Reference to the prescription and administration of Schedule 8 medication in any protocol is outside of the scope of practice of an NP
- Medical imaging that may NOT be requested / authorised by NP's at RGH ED include:
 - **Skull, spinal and abdominal x-rays**
 - Pelvic x-rays in males and females < 45 years
 - Specialist radiology procedures, eg. CT and Ultrasound
 - X-rays of more than one limb or body region
- NP's will adapt the guidelines (where required) to comply with the local policies and procedures of RGH.
- This expanded CPG is suitable for use by NP's who have ≥ 6 months ED NP experience post registration.
- NP's with < 6 months ED NP experience post registration may practice autonomously only within the original RGH ED, DoH approved CPG's, and are authorised to follow originally approved medical imaging guidelines:
 - Injury – Open Wounds
 - Injury – Wrist / Forearm
 - Injury – Ankle
 - Minor Head Injury
 - Plain X-rays of ankle, foot, wrist, forearm, and soft tissues to exclude foreign bodies.

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- Western Australian Country Health Service (2007). Application Summary Sheet: Additional Clinical Practice Guidelines

Endorsement:

The following members of the RGH ED NP Clinical Practice Guideline Development Panel have endorsed this document:

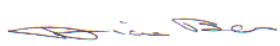
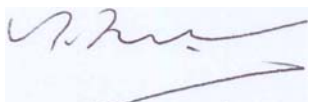

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- Dr Steve Grainger, Emergency Physician ED RGH
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- Ms Selina Sowerby, Nurse Practitioner, ED RGH
- Ms. Michelle Attard, Nurse Practitioner, ED RGH

References:


- Fremantle Hospital & Health Service (2008). Nurse Practitioner (Emergency Services): Clinical Practice Guideline
- Western Australian Country Health Service (2007). Application Summary Sheet: Additional Clinical Practice Guidelines

Extra Links:

- Rockingham General Hospital (2006). Application for Designation: Nurse Practitioner – Emergency Services
- Rockingham General Hospital (2006). Nurse Practitioner – Emergency Services Clinical Practice Guideline: Minor Head Injury
- Rockingham General Hospital (2006). Nurse Practitioner – Emergency Services Clinical Practice Guideline: Injury - Ankle
- Rockingham General Hospital (2006). Nurse Practitioner – Emergency Services Clinical Practice Guideline: Injury – Wrist / Forearm
- Rockingham General Hospital (2006). Nurse Practitioner – Emergency Services Clinical Practice Guideline: Injury – Open Wounds

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