

Emergency / Disaster Nursing

Focus on patient prioritization and triage

ED triage vs disaster situation triage

Safety is the first priority!!!!

Triage = prioritization

ABC's = systematic approach!

Cervical spine must be maintained by an RN

Trauma Triad of Death: Hypothermia, acidosis, Coagulopathy

Emergency Situations

Emergency Severity Index (ESI) = evidence based guide to help choose who to assess and treat first

- Rates a client's acuity with a 1 through 5
- If client requires multiple items from the resources then they will be prioritized over those needing the simple interventions
- Resources = tests or procedures that require multiple skilled personnel to complete them
 - Labs (blood, urine), ECG, X-rays, CT-MRI-US, IV fluids, IV or IM nebulized meds, specialty consultation, simple procedure (lac repair, foley)=1, complex procedure (conscious sedation)=2
- Non Resources = simple interventions
 - H&P (including pelvic), POC testing, saline or heparin lock, PO meds, tetanus shot, prescription refills, phone call to PCP, simple wound care (dressing, recheck), crutches, splints, slings

• Level 1: Resuscitation (ESI1)

- Requires immediate lifesaving interventions, are unstable (cardiac arrest, intubated trauma, unresponsive)
- Obvious threat to life or organ
- Needs to be seen immediately
- Requires mobilization of team
- Needs airway management, emergency meds, or other hemodynamic interventions

• Level 2: Emergent (ESI2)

- High risk situations, confused patients, or severe pain or distress (ischemic chest pain – multiple trauma, disruptive psych patient, possible stroke)
- Emergent
- Life threat likely but not always obvious
- High risk, confused, lethargic, disorientated, severe pain or distress

Emergency Nursing Guide

**Lynn Sayre Visser, Anna Sivo
Montejano**



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