# **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 heplock, 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**

**SA Adler** 

**Emergency Nursing Guide:** 

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