

***Emergency
Nurse Practitioner
Health Management
Protocol***

for the

***Management of acute
episodic presentations
in the adult population***

Redland Hospital

Service Overview:

The Emergency Department of Redland Hospital provides a 24 hour, seven day a week adult and paediatric emergency health service. The department is supported by specialist medical and nursing staff.

Our service exists to provide better health and well being to our community. Our department is committed to providing emergency care that is timely, evidence based and results in the best possible outcomes for our patients.

The department has a strong commitment to developing a multi-disciplinary team approach to providing emergency care.

Our department works collaboratively with the medical, surgical, mental health, paediatric and women and birthing services to provide care for patients from presentation to discharge.

We enjoy positive partnerships with other services including Division of Community and Primary Health, Division of Allied Health, Aged Care, Queensland Police and Ambulance, and non government and community organisations. We value innovation and support changes to practice to ensure efficiency and high quality performance.

Disclaimer

This document has been established to provide a framework for the clinical practice of the emergency nurse practitioner. The guidelines reflect the specific scope of practice of both the position and the skills and specialty knowledge of the current incumbent.

This guideline should not to be considered exhaustive or be used in exclusion of other relevant references, policies and clinical guidelines. It does not replace the need for professional and clinical judgement according to specific clinical requirements that may or may not be included in this document.

Plan for Dissemination, Implementation, Review and Evaluation

- The approved emergency nurse practitioner health management protocol will held in a repository by the Office of the Chief Nursing Officer
- A copy of the approved health management protocol is to be held by the pharmacy for identification / signatory purposes
- Staff directly related to the practice of the nurse practitioner will be informed of the health management protocol
- This health management protocol will be reviewed and evaluated on a regular basis through a local multidisciplinary team to ensure that it meets the needs of the patients and the appointed nurse practitioner/s
- Formal review and evaluation of the health management protocol is required every two years. Interim updates to the Office of the Chief Nursing Officer (OCNO) are required annually (or earlier if there is a population change or change in practice) to ensure that they remain current with best practice

Scope of Practice Statement

Environment

- The nurse practitioner works autonomously and collaboratively within the multi disciplinary team of the Emergency Department
- The nurse practitioner has the expertise to support referral to other health care professionals
- Clinical consultation with persons seeking acute health care may be made autonomously and/or in collaboration with senior medical staff, primarily based in the Emergency Department
- The nurse practitioner works within a multidisciplinary team inclusive of medical, nursing and allied health staff, as well as other health care professionals

Process of Care

Patient Assessment

- Obtains relevant health history
- Performs an appropriate physical examination
- If the assessment reveals that the care the patient requires is beyond the scope of the nurse practitioner the patient will be referred to a medical officer.
- Identifies health risks
- Applies crisis intervention when indicated

Diagnosis & Development of a Treatment Plan

- Formulates appropriate differential diagnosis based on clinical findings
- Identifies individual requirements to access health data from relevant persons
- Identifies individual requirements to access health care services to support the implementation of acute care
- Priorities are established, and a mutually acceptable plan of care is devised to maximise the health potential of the individual. This includes, though is not limited to:
 - Ordering appropriate diagnostic tests
 - Prescribing appropriate pharmacological agents
 - Identifying non-pharmacological interventions
 - Establishing patient education opportunities
 - Treatment plan is based on evidence based best practice

Implementation of Treatment Plan

- Interventions are based upon priorities
- Treatment is individual and specific to the situation
- Treatment is based on scientific principles, theoretical knowledge and clinical expertise

Intervention

- Accurately conducting and interpreting diagnostic tests
- Prescribing pharmacological agents
- Prescribing non-pharmacological therapies
- Making appropriate referrals to other health care professionals and community agencies
- Providing relevant patient and/or family health promotion/restoration education

Follow Up

- The nurse practitioner is responsible for follow up and evaluation of appropriate episodic acute health care issues
- Referral pathways may include community agencies / local medical officer (LMO) / specialist services

The nurse practitioner is responsible and accountable for making professional judgements about when the patient's condition is beyond their scope of practice, and for initiating consultation with the senior medical officer and other members of the health care team.

This Health Management Protocol is for the management of acute episodic presentations in the adult population (13 years and above).

Critically Unstable

- The nurse practitioner will assist with the management of these conditions in collaboration with a senior medical officer

Such as persons presenting with

- Threatened airway
- Respiratory arrest
- RR < 5 or >36
- SaO₂ < 90 % FiO₂ R/A
- Cardiac arrest
- PR < 40 or >140
- Systolic BP < 90
- Sudden fall in GCS > 2 points
- Repeated or prolonged seizures

Life Threatening

- The nurse practitioner will assist with the management of these conditions in collaboration with a senior medical officer

Including presentations such as

- Anaphylaxis
- Burn > 15%
- Hypovolaemia
- Poisoning
- Acute myocardial infarction
- Pancreatitis
- Haemorrhage
- Perforated bowel
- Pulmonary oedema
- Diabetic ketoacidosis
- Hypoglycaemia
- Meningitis
- Status epilepticus
- Eclampsia
- Severe asthma
- Epiglottitis
- Ectopic pregnancy
- Spinal injuries

Limb, Organ or Person at Risk

- The nurse practitioner will assist with the management of these patients in collaboration with a senior medical officer

Including presentations such as

- Acute angina
- Acute glaucoma
- Torsion of the testis
- Antepartum haemorrhage
- Limb neurovascular injury
- Persons behaving in a dangerous or threatening manner
- Acute psychiatric presentations

Acute

- Patients who present with an acute condition will be managed by the nurse practitioner. Consultation with a senior medical officer will occur as required

Including presentations such as

- Hypertension
- Acute abdominal pain
- Biliary colic
- Epididymitis
- Febrile
- Fractures (Complex)
- Menorrhagia
- Pre-eclampsia
- Pelvic inflammatory disease
- Bronchiolitis
- Pneumonia
- Suspected risk of self harm

Sub Acute

- Patients who present with a sub acute condition will be managed by the nurse practitioner. Consultation with a senior medical officer will occur as required.

Including presentations such as

- Localised infection
- Upper respiratory tract infections
- Ophthalmological conditions
- Gastrointestinal disorders
- Orthopaedic Injuries
- Soft tissue injuries
- Minor trauma
- Dermatological conditions
- Foreign body removal
- Situational crisis/mental health presentations

Non Acute

- Patients who present with a non acute condition will be managed by the nurse practitioner. Consultation with a senior medical officer will occur as required

Including presentations such as

- Wound dressings
- Splinting
- Reviews

REFERRAL:

As nurse practitioners do not have access to a MBS provider number they are unable to refer a patient to a private specialist independently. At Redland Hospital Emergency Department the nurse practitioner is able to refer patients for public specialist review after discussion with the senior medical officer as per the existing department practices.

The nurse practitioner will refer to a medical officer in the following situations

- Persistent signs and symptoms despite treatment
- Symptomatic or laboratory evidence of previously unidentified decreased or decreasing function of any vital organ or system
- Signs of recurrent or persistent infection
- Any atypical presentation of a common illness or unusual response to treatment
- All potentially life threatening situations
- When a patients condition deteriorates unexpectedly
- When further clinical input is required to safely manage a patient

Appendix A

Diagnostic Medical Imaging

Radiology
All plain film radiology
Ultrasound

Nurse practitioners may request plain film diagnostic radiography as relevant to the patient condition being assessed / treated.

Appendix B

Pathology

Nurse practitioners may request pathology tests as relevant to assist with planning patient treatment. Nurse practitioners working for Queensland Health are set up as 'Requesters' on the Auslab system. The Auslab 'Nurse Practitioner Configuration Request Form' is completed and sent to:

The Manager, Queensland Health Pathology Services along with a letter from the District Manager (or delegate) confirming the nurse is employed in the District as a nurse practitioner.

Appendix C

Pharmacological Therapy

- Choice of pharmacological therapy must be guided by the Therapeutic Guidelines and Australian Medicines Handbook, within the parameters of the Standard Drug List for Queensland Hospitals and Queensland Health policies and procedures. Any proposed deviation should be referred to the senior medical officer.
- The Consultant/General Practitioner is the lead clinician for the coordination of the patients care and thus any new medications, titration of medications and recommended discontinuation of medications must be communicated to them.
- Nurse Practitioners do not have prescriber numbers and patients must not be disadvantaged financially or otherwise. Patients will be requested to present their prescription at the Redland Hospital Pharmacy. If the patient is unable to do this they will be given a script written by a medical officer with a prescriber number to ensure they are not financially disadvantaged.
- A copy of the approved HMP/DTP must be available in the pharmacy for identification and signatory purposes.

Pharmacological Therapy

1. Antibiotics
2. Analgesics
3. Anaesthetic agents
4. Antiemetics
5. Fluid therapy
6. Immuno-modulation
7. Respiratory
8. Vaccinations / Antivenoms
9. Antispasmodics, Laxatives and Antidiarrhoeals
10. Anti-Histamine
11. Emergency Treatment

1. Antibiotics

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply
Amoxicillin trihydrate	Capsule	AMH section 5.1.8
Amoxicillin trihydrate; with Potassium clavulanate	Tablet	AMH section 5.1.8
Amoxicillin trihydrate; with Potassium clavulanate (Augmentin Duo Forte)	Tablet	AMH section 5.1.8
Cephalexin	Capsule	AMH section 5.1.3
Dicloxacillin sodium	Capsule	AMH section 5.1.8
Doxycycline	Tablets	AMH section 5.1.11
Erythromycin	Tablet or capsule	AMH section 5.1.6
Flucloxacillin	Capsules	AMH section 5.1.8
Metronidazole	Tablet	AMH section 5.1.7
Penicillin: Phenoxymethyl	Tablet	AMH section 5.1.8
Roxithromycin	Tablet	AMH section 5.1.6
Trimethoprim	Tablet	AMH section 5.1.13
Cephalothin sodium	Vial	AMH section 5.1.3
Ampicillin sodium	Vial	AMH section 5.1.8
Benzympenicillin sodium	Vial	AMH section 5.1.8
Cephazolin	Vial	AMH section 5.1.3
Ceftriaxone	Vial	AMH section 5.1.3
Flucloxacillin	Vial	AMH section 5.1.8
Metronidazole	I.V	AMH section 5.1.7
Sofradex (Framycetin, Dexamethasone, Gramicidin)	Ear drop	AMH section 9.1.2
Chloramphenicol 0.5%	Eye drop	AMH section 11.1.3
Mupirocin	Ointment	AMH section 8.3.3
Miconazole 2%	Cream Vaginal Cream	AMH section 17.9.1 AMH section 8.3.1
Probenecid (to increase and prolong plasma levels of penicillins and cephalosporins)	Tablet	AMH section 15.3

2. Analgesics

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply
Paracetamol (Adult)	Tablet	AMH section 3.1
Ibuprofen (Adult)	Tablet	AMH section 15.1.1
Paracetamol 500mgs/Codeine 8mgs	Tablet	AMH section 3.1 and 3.2
Paracetamol 500mgs/Codeine 15mgs	Tablet	AMH section 3.1 and 3.2
Paracetamol 500mg/Codeine 30mg	Tablet	AMH section 3.1 and 3.2
Codeine phosphate	Tablet	AMH section 3.2
Paracetamol suppository	Suppository	AMH section 3.1
Indomethacin	Suppository	AMH section 15.1.1
Indomethacin	Tablet	AMH section 15.1.1
Ketorolac	Injection	AMH section 15.1.1
Oxycodone Schedule 8	Tablet	AMH section 3.2
Morphine Schedule 8	Injection	AMH section 3.2
Fentanyl Schedule 8	Injection	AMH section 3.2
Oxygen/Nitrous Oxide	Gas	AMH section 2.2

3. Anaesthetic agents

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply
Lignocaine 1%	Injection	AMH section 2.5.1
Lignocaine 1% with Adrenaline 1:100,000	Injection	AMH section 2.5.1
Lignocaine 2%	Injection	AMH section 2.5.1
Oxybuprocaine	Eye drop	AMH section 11.5.3

4. Antiemetics

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply
Metoclopramide	Tablet	AMH section 12.3.1
Metoclopramide hydrochloride	Injection	AMH section 12.3.1
Prochlorperazine maleate	Tablet	AMH section 12.3.1
Prochlorperazine maleate	Injection	AMH section 12.3.1

5. Fluid therapy

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply
Sodium Chloride 0.9%	Intravenous Fluid	Written order in ED only not to exceed 2 litres
Electrolyte Replacement Powder	Powder for reconstitution	Pack 10, requires script for the purpose of hospital pharmacy processes

6. Immuno-modulation

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply
Hydrocortisone 1%	Cream	AMH section 8.1.1
Hydrocortisone	Injection	AMH section 14.5.2
Prednisolone	Tablet	AMH section 14.5.2

7. Respiratory

Generic Name	Form	Indication, Dose Schedule and Duration of Drug Supply
Salbutamol	Solution	AMH section 19.1.1
Salbutamol	MDI	AMH section 19.1.1
Ipratropium – Bromide	Solution	AMH section 19.1.2

8. Vaccine and Immunoglobulin

Generic name	Form	Indication, Dose Schedule and Duration of Drug Supply
Diphtheria tetanus toxoid (Adult ADT)	Injection	AMH section 20.1
Tetanus Immunoglobulin	Injection	AMH Appendix A Immunoglobulins
RH Anti (D) immunoglobulin	Injection 250 i.u only	AMH Appendix A immunoglobulins, for the use in RH (D) negative females who have experienced bleeding the first trimester of pregnancy

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9. Antispasmodic agent, Laxatives and Antidiarrhoeals

Generic name	Form	Indication, Dose Schedule and Duration of Drug Supply
Sodium Phosphate Fleet Enema	Squeeze Bottle	AMH section 12.4.3
Sodium Citrate 450mg, sodium laurel sulfoacetate 45 mg, sorbitol 3125 mg, sorbic acid - Microlax enema	Squeeze Bottle	AMH section 12.4.3
Paraffin liquid	Liquid	AMH section 12.4.1
Hyoscine Butylbromide	Tablet	AMH section 12.2
Hyoscine Butylbromide	Injection	AMH section 12.2
Loperamide	Tablet	AMH section 12.5.1

10. Anti Histamine

Generic name	Form	Indication, Dose Schedule and Duration of Drug Supply
Promethazine	Tablet	AMH section 12.3.2
Promethazine	Injection	Written order in ED AMH section 12.3.2

11. Emergency Treatment

Generic name	Form	Indication, Dose Schedule and Duration of Drug Supply
Adrenaline	Injection	AMH section 1.1 Written order in an Emergency situation only
Glucose 50%	Injection	AMH section 10.1 Written order in an Emergency situation only
Glucagon	Injection	AMH section 10.1.3 Written order in an Emergency only
Benztropine	Injection	AMH 16.2.2 Written order in an Emergency only for acute dystonic reaction

References:

Australian Medicines Handbook. <http://amh.hcn.net.au>

Queensland Health and Royal Flying Doctor Service, 2007. 5th Edition. *The Primary Clinical Care Manual*, Queensland Health, QLD.

Queensland Health Standard Drug List (SDL)
<http://www.health.qld.gov.au/qhcss/mapsu/documents/sdl.pdf>

Therapeutic Guidelines: Analgesia. <http://etg.hcn.net.au>

Therapeutic Guidelines: Antibiotics. <http://etg.hcn.net.au>

Health Management Protocol Development, Review & Approval

Effective Date:	
Review Date:	
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