

	TITLE: NURSING CARE IN CASUALTY	REV NO. 0	GRH TC- 29/2010
	NURSING PROTOCOLS	DATE: 01.07.2010	
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GUIDELINES FOR NURSING CARE IN CASUALTY

Competence level of nurses posted at casualty

1. Confident to handle patients from all departments
2. Must have clinical acumen to assess that the patients condition is deteriorating
3. Must work using knowledge, speed, efficiency and judgment
4. Must anticipate the usual requirements during procedures.
5. Must know the location/stock of consumables.
6. Must be aware of all PATIENT CARE AND TREATMENT PROTOCOLS
7. Must be courteous, polite and professional in their conduct.

Sl No.	Activity	Remarks
1	Administration of medications as per guidelines	<ul style="list-style-type: none"> - Rule of the thumb – 6 Rights - Right dose, right time, right patient, right route, right method, right nurse - Administering of test doses for certain drugs
2	Provision of required equipments and its attachments for the patients	SN coordinates with SN of other wards and attenders. Equipments in Casualty are ECG machines, Suction machine, Mini pulseoximeter, Portable lights and Plaster saw.
3	Carry out the stat orders for patients visiting / under observation patients	
4	Preparing patient wise reports for shift change and appraising the same to the incoming staff	Done at the start at and at the end of the shift.
5	Preparation of patients for the procedures	<ol style="list-style-type: none"> a) Keeping all the consumables ready for the procedure b) Follow pre procedure orders c) Informed consent if needed it to be taken / verified d) Inform the patient and by-standers if needed
6	Coordinating with the x-ray dept	<ol style="list-style-type: none"> 1. Doctor raises an X-ray requisition 2. SN informs the X-ray Department 3. SN accompanies the patient to the X-ray room and assists the X-ray staff if necessary. 4. SN shifts the patient back to casualty after the X-ray.
7	Stock taking and maintenance of consumables/inventory	To check for incongruity/replace the stocks as early as possible.
8	Maintaining confidentiality of patient information	
9	Providing prescriptions to patients	As per Doctor's orders
10	Safe custody of medications at appropriate places	- Drugs / consumables placed in the casualty table in a safe place.
11	Getting ready the dressing trolley as and when required,	<ul style="list-style-type: none"> - Dressing sets (as per the patient numbers) - Suturing sets, cut down sets, suture removing sets (as on need basis)



	and assisting during the dressing procedure	<ul style="list-style-type: none"> - Solutions – Betadine, peroxide, saline, CuSO4, spirit, tincture - Ointments - betadine, silverex - Dressing bin – big (gamgee pads, bandages, cotton balls) - Small (gauze pieces, cotton balls) - Un-sterile bandages - Basin, Mackintosh, Stainless Steel kidney trays - Scissor - Adhesive plaster, Micropore - Splint - Torch - Gloves - Cheattle forceps - Local anesthesia
12	Safe discarding of biomedical waste AS PER PROTOCOL	
13	Responsibility of Blood and its products	<p>Coordinating with the laboratory for the receipt/issue of blood</p> <ol style="list-style-type: none"> 1. Doctor writes the blood transfusion instruction in patient file and in the requisition form. 2. Requisition form is sent to laboratory with a note from the ward about the constraints (how soon the blood is to be administered) 3. Status of availability is informed to the wards by the laboratory technician 4. laboratory technician hands over blood to ward sister 5. Cross check of the donor / patient and cross match forms. <p>Blood transfusion protocol is adhered to</p> <ul style="list-style-type: none"> - Any pre-medication is given if ordered - Explain blood transfusion procedure and the time that will be taken - Explain benefits/risks and transfusion reactions - Transfusion at the rate that has been prescribed by the treating doctor. - Discarding the blood bag as per biomedical waste disposal norms.
14	Coordinating with the lab for the lab reports and collection of samples	<ol style="list-style-type: none"> 1. Doctor raises a laboratory requisition form 2. Lab is informed regarding the investigation. 3. Nurse collects the blood/sample. 4. Sends the sample along with Lb requisition form. 5. Lab staff submit the reports to the ward and makes an entry in the register
15	Following I V line protocol	As per INTRAVENOUS ACCESS PROTOCOL
16	Universal precautions to be adhered to; As per PROTOCOL	
17	Accompanying the patients in the likely event of patient being shifted by ambulance.	
18	Inter-office communication (wards/OT/) regarding patients/consultants/DMOs/nurses/paramedical staff/out-source employees.	
19	Shifting/handing over the charge to the ward nurse prior to admitting a patient to the ward/ICU/OT.	