



EMERGENCY  
MEDICINE

## Emergency Nursing Orientation Programme Competency Workbook for Irish Emergency Departments



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## Staff Member Details

Name		
Staff Number		
NMBI PIN		
Clinical Skills Facilitator	Name	
	Contact Details	
	Signature	
Preceptor/Mentor 1:	Name	
	Contact Details	
	Signature	
Preceptor/Mentor 2:	Name	
	Contact Details	
	Signature	
Start date		
Completion date		
Copy sent to Nursing Administration/HR	Yes/No	

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## Acknowledgement

The Orientation Programme in Emergency Nursing has been developed by the Clinical Skills Facilitator subgroup of the Emergency Nursing Interest Group (ENIG) / National Emergency Medicine Programme to support the development of a skilled and knowledgeable nursing workforce for Emergency Departments and Injury Units in Ireland.

The National Emergency Medicine Programme acknowledges the commitment of the group in designing a programme that meets the current and future needs of the nursing workforce.

A special word of thanks to the Emergency Departments of Cork University Hospital and the Mercy University Hospital, who permitted their Orientation Programme to be used as the template from which this programme has been developed

## **Aims of Orientation Programme**

- For the Registered Nurse (RN) to gain knowledge, experience & confidence in skills specific to emergency nursing.
- To provide the RN with a defined framework of expectations and standards which they will achieve and/or work within during their initial period in the department.
- To continue the familiarisation process of the RN with nursing practices in the department.
- To provide a framework within which the nurse can expect to be assessed during interviews with allocated preceptor/mentor.
- To form part of continued education throughout the RNs career and serve as a platform for lifelong learning.

## **Objectives of Orientation Programme**

- To facilitate the nurse in identifying the skills & competencies that they need to achieve
- To complete this orientation workbook within agreed timeframe.
- To provide the RN with an Emergency Nursing assessment framework.
- To standardise practice.

## General Introduction

Welcome to the Emergency Department Team – we hope you enjoy working with us.

This Emergency Nursing Orientation Programme is underpinned by the Nursing and Midwifery Board of Ireland (NMBI) *Code of Professional Conduct and Ethics for Registered Nurses and Midwives (2014)* and the *Scope of Nursing and Midwifery Framework (2015)* and these documents are considered mandatory reading for all nurses registered with NMBI. These can be accessed on [www.nmbi.ie](http://www.nmbi.ie)

This document is a record of the completion of the nursing orientation programme in the Emergency Department (ED)

**The RN is responsible for the following;**

- The maintenance of this record during his/ her period of orientation and to ensure it is completed by the relevant staff.
- The safe keeping of this document, which must be available at all times while on duty.
- Returning this completed workbook at the end of the agreed induction period to the Clinical Skills Facilitator/CNM3.
- This document will remain the property of the hospital
- This document will be held in the personnel file of the RN in the Human Resource Department (HR)/ Office of the Director of Nursing.
- Both the RN and the mentor/preceptor need to initial and date each section being signed off.
- A copy of this document should be retained by the RN and will form part of the RNs personal portfolio of continuing education and development.

## Code of Professional Conduct and Scope of Nursing and Midwifery Framework

Regardless of the complexity of care being provided by an RN in the ED, the NMBI Code of Professional Conduct and Ethics provides a framework within which to deliver cares to patients in Irish healthcare setting.

The Code is based on five principles. They govern:

- Respect for the dignity of the person
- Professional responsibility and accountability
- Quality of practice
- Trust and confidentiality
- Collaboration with others.

Each principle underpins the Code's ethical values and related standards of conduct and practice and guides the relationships between nurses, midwives, patients and colleagues. The ethical values state the primary goals and obligations of nurses and midwives. The standards of conduct and professional practice follow on from these values and show the attitudes and behaviours that members of the public have the right to expect from nurses and midwives. The trio of principles, values and standards of conduct are of equal importance and should be considered in association with each other." (NMBI, 2014)

The Scope of Nursing and Midwifery Framework should also be utilised as a support during the orientation period in conjunction with the aforementioned Code of Professional Conduct and Ethics. Many factors contribute to determination of scope of practice and include competence; responsibility, accountability and autonomy; continuing professional development; support for professional nursing and midwifery practice; delegation and supervision; practice setting; collaborative practice; expanded practice and emergency situations.

"Since competence is not constant, the individual practitioner is expected to continually re-evaluate their competence when faced with new practice situations. Each nurse and midwife is accountable for their professional actions and, as such, they should refuse delegated or assigned roles or activities if they judge their competence to be limited. If they identify a competence deficit, they should take appropriate measures to gain competence." (NMBI 2015)

**During your time working in the Emergency Department, continued self -assessment of competence is expected. Your mentor/preceptor and your Clinical Skills Facilitator/CNM3 are available to discuss and/or address any skill or knowledge deficits you perceive you may have. The RN should use this orientation programme to establish areas of their practice that they identify as requiring further development.**

## Domains of Competence and Assessment Strategy

The assessment of competencies will be undertaken using the 6 Domains of Competence as set down by the National Nursing and Midwifery Board of Ireland. (2017)

While continued self-assessment will be at the core of this process the NMBI also endorse a completion of a learning log and assessment meetings. Evidence of competence may be gathered in many ways

- By direct observation of the Candidate Nurse's performance throughout the period of adaptation
- By question and answer sessions to assess underpinning knowledge
- By reflective discussions between the Candidate Nurse and the Preceptor/Assessor regarding professional progress
- By testimony from other key qualified nursing staff
- By product evidence, e.g. documented nursing care
- By learning log evidence

(NMBI, 2015)

## NMBI Domains of Competency 2017



## Learning Theory, Nursing Theory and Reflective Practice

Similar to what you may have experienced in your undergraduate nursing studies, the Emergency Nursing Orientation Programme is underpinned by values such as reflective practice & self-assessment. For the purposes of learning & reflective practice in this workbook, a four phase approach has been utilised;

- discussed
- observed
- participated
- demonstrated

You are encouraged to reflect on your clinical experience to enhance your learning though this is not formally assessed.

Should you require it, further detail and explanation of the process will be given by the Clinical Skills Facilitator in your department.

Many skills listed in the document below can be experienced and signed off in the clinical area. However, more rarely experienced clinical scenarios or situations will be discussed with mentor/preceptor/clinical skills facilitator in order to assess knowledge.



## Completing the Orientation Workbook

The Orientation Workbook is designed to support your learning in the clinical environment during your Orientation and beyond. You are **NOT** expected to attain “Demonstrated” on all skills, within your Orientation Period. The items within the workbook demonstrate the wide range of skills that an emergency nurse requires to care for the more common presentations. It takes time to develop competence in all areas of the Emergency Department.

Completing the clinical workbook:

Keep the workbook with you in the clinical area - this facilitates “sign-as-you-go”, saving you time chasing colleagues for signatures.

Who can sign Orientation Workbook assessment?

- Preceptors/Mentors
- Clinical Nurse Manager I, II or III
- Clinical Skills Facilitator
- Nurse who holds Higher Diploma in Emergency Nursing
- Experienced Emergency Nurse – 5 years or more emergency nursing experience
- Registered Advanced Nurse Practitioner (RANP) or Candidate (cANP)
- Clinical Nurse Specialist (CNSp)
- Resuscitation Training Officers
- Doctors of Registrar level or above where they have delivered an education session on a specific topic



## Domains of Competency

### DOMAIN 1: Professional values and conduct of the nurse competences

Knowledge and appreciation of the virtues of caring, compassion, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse.

1.1 Practice safely		
Level	RN Initials and Date	Preceptor /Mentor Initials and Date
Discussed		
Observed		
Participated		
Demonstrated		

1.2 Practice compassionately		
Level	RN Initials and Date	Preceptor /Mentor Initials and Date
Discussed		
Observed		
Participated		
Demonstrated		

1.3 Practice professionally, responsibly and accountably		
Level	RN Initials and Date	Preceptor /Mentor Initials and Date
Discussed		
Observed		
Participated		
Demonstrated		

### DOMAIN 2: Nursing practice and clinical decision making competences

Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem-solving approach to developing and delivering a person-centred plan of care based on an explicit partnership with the person and his/her primary carer.

In partnership with the person, the primary carer and other health professionals, demonstrates the capacity to:

2.1 Assess nursing and health needs		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Discussed		
Observed		
Participated		
Demonstrated		

<b>2.2 Plan and prioritise person-centred nursing care (including selecting interventions based on best evidence and identification of desired goals with the person)</b>		
<b>Level</b>	<b>RN Initials &amp; Date</b>	<b>Preceptor /Mentor Initials &amp; Date</b>
Discussed		
Observed		
Participated		
Demonstrated		

<b>2.3 Deliver person-centred nursing skills, clinical interventions and health activities</b>		
<b>Level</b>	<b>RN Initials &amp; Date</b>	<b>Preceptor /Mentor Initials &amp; Date</b>
Discussed		
Observed		
Participated		
Demonstrated		

<b>2.4 Evaluate person-centred nursing outcomes and undertaking a comprehensive re-assessment</b>		
<b>Level</b>	<b>RN Initials &amp; Date</b>	<b>Preceptor /Mentor Initials &amp; Date</b>
Discussed		
Observed		
Participated		
Demonstrated		

<b>2.5 Utilise clinical judgement</b>		
<b>Level</b>	<b>RN Initials &amp; Date</b>	<b>Preceptor /Mentor Initials &amp; Date</b>
Discussed		
Observed		
Participated		
Demonstrated		

### DOMAIN 3: Knowledge and cognitive competences

Knowledge and understanding of the health continuum, life and behavioural sciences and their applied principles that underpin a competent knowledge base for nursing and healthcare practice.

Demonstrates the capacity to:

3.1 Practice from a competent knowledge base		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Discussed		
Observed		
Participated		
Demonstrated		

3.2 Use critical thinking and reflection to inform practice		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Discussed		
Observed		
Participated		
Demonstrated		

### DOMAIN 4: Communication and interpersonal competences

Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in health care settings.

Demonstrates the capacity to:

4.1 Communicate in a person-centred manner		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Discussed		
Observed		
Participated		
Demonstrated		

4.2 Communicate effectively with the health care team		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Discussed		
Observed		
Participated		
Demonstrated		

## DOMAIN 5: Management and team competences

Using management and team competences in working for the person's wellbeing, recovery, independence and safety through recognition of the collaborative partnership between the person, family and multidisciplinary health care team.

Demonstrates capacity to:

5.1 Practice collaboratively		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Discussed		
Observed		
Participated		
Demonstrated		

5.2 Manage team, others and self safely		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Discussed		
Observed		
Participated		
Demonstrated		

## DOMAIN 6: Leadership potential and professional scholarship competences

Developing professional scholarship through self-directed learning skills, critical questioning/reasoning skills and decision-making skills in nursing as the foundation for lifelong professional education, maintaining competency and career development.

Demonstrates the capacity to:

6.1 Develop leadership potential		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Discussed		
Observed		
Participated		
Demonstrated		

6.2 Develop professional scholarship		
Level	RN Initials & Date	Preceptor /Mentor Initials & Date
Discussed		
Observed		
Participated		
Demonstrated		

## CLINICAL SKILLS

It is assumed that your knowledge base, as taught at undergraduate level, forms the basis for your continued professional development through the orientation programme. The RN assumes ownership of the identification of areas of their own clinical practice that they may need to seek assistance/advice/supervision/further education.

Please note that skills are not listed twice in this section. It is intended that as staff members progress through the different areas within Emergency Nursing that they continually build on their existing skill set and further advance their knowledge and expertise.

Both the RN and the mentor/preceptor must initial/date each section as relevant. The RN may initial a section in the absence of the mentor/preceptor being present and then discuss learning achieved during progress interviews.

\*Please be mindful that certain skills /practices require specific training in order to engage in them.

## CLINICAL SKILLS – General Emergency Nursing

### Communication and Management of Clinical Situations

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Effective communication with peers								
Effective communication with interdisciplinary team members								
Effective communication with Shift Leader & CNMs (including overall knowledge regarding bed booking and patient flow)								
Effective communication with patients & relatives								
Physiological monitoring and identification of deteriorating patients								
Effective escalation of care in the event of patient deterioration								

### Documentation

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Adherence with NMBI guidelines								
Accurate/complete record taking								

### Infection Control & Health & Safety

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Access local infection control policy								
Ability to recognise when a patient may require isolation								
Knowledge of the Personal Protective Equipment (PPE) available within the department								
Adherence with completion of infection control documentation								
Adherence with displaying of appropriate infection control signage								
Familiarisation with current department risk assessments								



Familiarisation with the decontamination unit layout and its potential uses*									
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## Clinical Skills – Majors & Clinical Decision Unit

### Airway & Spinal Immobilisation

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Indicators of patency								
Airway interventions <ul style="list-style-type: none"> <li>• Pharyngeal suctioning</li> <li>• Head tilt/chin lift manoeuvre</li> <li>• Jaw thrust manoeuvre</li> </ul>								
Indications/Contraindications of basic airway adjuncts Measurement & insertion <ul style="list-style-type: none"> <li>• Oropharyngeal Airway</li> <li>• Nasopharyngeal Airway</li> </ul>								
Management of a choking adult patient (discussion)								
Management of a patient with actual/suspected spinal injury as per hospital policy								

### Breathing

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Assessment of breathing “look, listen, feel” <ul style="list-style-type: none"> <li>• Rate (bradyopnoea, tachypnoea, apnoea)</li> <li>• Use of accessory muscles</li> <li>• Pallor</li> <li>• Cyanosis</li> <li>• Abdominal breathing</li> <li>• Depth of breathing</li> <li>• Chest movement</li> <li>• Stridor/Wheeze/Grunting/Quiet</li> <li>• Palpate/Percussion</li> </ul>								
Assessment of a patient with acute dyspnoea								
Oxygen Therapy <ul style="list-style-type: none"> <li>• Non re-breather mask</li> <li>• Nasal prongs</li> <li>• Venturi mask</li> </ul>								
Assisted Ventilation								

<ul style="list-style-type: none"> <li>• Bag Valve Mask Device</li> </ul>								
Use of inhalers/spacer device/peak flow								
Use of nebulisers <ul style="list-style-type: none"> <li>• use of air driven machine versus O<sub>2</sub></li> <li>• use of various nebuliser accessories for use with NIV therapy</li> </ul>								
Use of Non-invasive ventilation therapy (awareness of indications/contraindications) <ul style="list-style-type: none"> <li>• BiPAP</li> <li>• CPAP</li> </ul>								

## Circulation

Clinical Skill	Discussed (Initials/Date)	Observed (Initials/Date)	Participated (Initials/Date)	Demonstrated (Initials/Date)
<ul style="list-style-type: none"> <li>• Assessment of circulation</li> <li>• Pulse rate, rhythm, quality</li> <li>• Skin assessment</li> <li>• Capillary Refill Time</li> <li>• Completion of vital signs in accordance with NEWS protocol</li> <li>• Ability to commence cardiac monitoring</li> </ul>				
Wound assessment and control of bleeding <ul style="list-style-type: none"> <li>• Cleansing and irrigation techniques</li> <li>• Pressure dressings/Elevation/Floseal®</li> </ul>				
Wound closure materials (discharge advice and/or removal) <ul style="list-style-type: none"> <li>• Paper sutures</li> <li>• Suture materials</li> <li>• Staples</li> <li>• Skin glue</li> </ul>				
Management of an amputated digit including appropriate documentation				
Limb assessment <ul style="list-style-type: none"> <li>• Colour/Movement /Sensation</li> <li>• Assessment of peripheral pulses</li> <li>• Range of motion</li> <li>• Warmth</li> </ul>				
Understanding and completion of mandatory haemovigilance training governed by legislation				
Documentation of fluid balance				
Basic cardiac monitor rhythm strip interpretation				
Awareness of indications for performing an ECG				

Demonstrate ability to perform an ECG in accordance with local policy								
Awareness of why specific blood tests are ordered								
Care of intravenous cannula and knowledge of care bundles								
Management of burns <ul style="list-style-type: none"> <li>• First aid treatment</li> <li>• Analgesia</li> <li>• Dressings</li> <li>• Recognition of severity of burns</li> <li>• Fluid management as necessary</li> </ul> Escalating care in the event of airway involvement or full thickness burns								

## Disability

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Assessment of neurological status								
Use of Glasgow Coma Scale/AVPU tool								
Completion of gross motor and sensory checks when appropriate *								
Application/Removal of Cervical Collars*								
Awareness of indications for performing Capillary Blood Glucose test								
Awareness of potential causes of acutely altered mental state								
Ability to identify nursing care priorities for a patient having a seizure								
Assessment of pain <ul style="list-style-type: none"> <li>• P-Provocative or Palliative</li> <li>• Q-Quality</li> <li>• R-Region/Radiation</li> <li>• S-Severity</li> <li>• T-Timing</li> </ul>								
Use of pain assessment tools <ul style="list-style-type: none"> <li>• Visual Analogue Scale</li> <li>• Numeric Analogue Scale</li> </ul>								
Management of pain <ul style="list-style-type: none"> <li>• Use of non-pharmacological methods (ice, elevation, splinting)</li> </ul>								

<ul style="list-style-type: none"> <li>• Mode of drug administration (consider novel techniques)</li> <li>• Ensure mechanism of pain informs type of analgesic administered</li> </ul>								
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### Environment / Exposure

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Skin assessment								
Temperature assessment & management								
Pressure area care								

### End of Life Care

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Advanced Care Directives								
Breaking bad news								
Informing the Coroner								
Liaising with Gardai								

### Condition Specific Pathways & Protocols (in accordance with local practice & most up to date hospital policy)

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Diabetic Ketoacidosis								
Chest pain								
Cellulitis								
Symptom Triggered Alcohol Detoxification								
Head Injury								
Stroke								
Hip Fracture								
Delirium								
Absconding patient								

Sepsis								
NICE head injury guideline knowledge								
Massive Transfusion Protocol								
Falls assessment								
End of Life Care								

**This list is not intended to be exhaustive but rather an example of various pathways/protocols that may be in existence in your department**

## CLINICAL SKILLS – Minors, Procedures & Ambulatory Care

### Procedural Sedation Suite

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Knowledge of checklist completion required for this area								
Knowledge of team member skills required for safe sedation								
Awareness of level of monitoring required for patients during sedation								
Knowledge of pharmacological agents used during sedation including indications, contraindications and reversal agents								
Knowledge of recovery process post sedation								
Assist with reduction of a joint dislocation								
Knowledge of various immobilisation techniques and devices post reduction								

### Musculoskeletal

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Application of slings <ul style="list-style-type: none"> <li>• Triangular bandage</li> <li>• Collar &amp; Cuff</li> <li>• Polysling®</li> </ul>								
Application of splints <ul style="list-style-type: none"> <li>• Buddy strapping</li> <li>• Zimmer splint</li> </ul>								

<ul style="list-style-type: none"> <li>• Mallet splint</li> <li>• Thumb spica</li> <li>• Wrist splints (with/without thumb extension)</li> <li>• Thomas' splint</li> <li>• Donway splint</li> <li>• Knee brace</li> <li>• Air boot</li> </ul>								
Application of back-slabs <ul style="list-style-type: none"> <li>• Volar</li> <li>• Ulnar gutter</li> <li>• Scaphoid</li> </ul>								
Removal of casts								
Bi-valving of casts								
Measurement/Fitting/Instruction provision <ul style="list-style-type: none"> <li>• Crutches</li> <li>• Walking Frame</li> </ul>								

## Ear Nose & Throat

Clinical Skill	Discussed (Initials/Date)	Observed (Initials/Date)	Participated (Initials/Date)	Demonstrated (Initials/Date)
Assess Visual Acuity (VA) using Snellen Chart				
Perform eye irrigation <ul style="list-style-type: none"> <li>• Consider type of contaminant</li> <li>• Consider type of irrigation fluid</li> <li>• Demonstrate use of Morgan lens</li> </ul>				
Administration of topical medication to eye in accordance with hospital policy				
Knowledge of how to apply an eye patch & what conditions require use of an eye patch				
Management of patient with epistaxis <ul style="list-style-type: none"> <li>• Consider aetiology</li> <li>• Consider where patient should be most appropriately managed and observed while in the ED</li> </ul>				

## Opportunistic Learning - Adult Emergency Nursing

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	

## Clinical Skills – Paediatric Emergency Nursing

Why treat children differently?

1. Anatomical
2. Weight
3. Physiological
4. Psychosocial

### General Paediatric Area Orientation

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Awareness of daily required equipment and safety checks								
Awareness of interdisciplinary team members specific to ED and their potential roles in the care of children in the ED <ul style="list-style-type: none"> <li>• An Gardai Siochana</li> <li>• Medical Social Work</li> <li>• Child and Adolescent Mental Health Services</li> <li>• In-house speciality teams</li> </ul>								
Awareness of admission practices <ul style="list-style-type: none"> <li>• Bed booking (including patient flow)</li> <li>• Communication with wards</li> </ul>								
Ensure familiarisation with Children First Policy Briefing that you were given on induction to the ED								
Orientation to Paeds Specific Documentation/Charts that have not been discussed during induction								

### Airway & Spinal Immobilisation

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Indicators of patency								
Airway interventions <ul style="list-style-type: none"> <li>• Head tilt/chin lift ( sniffing and neutral) manoeuvre</li> <li>• Jaw thrust manoeuvre</li> <li>• Demonstrate the differences between adult and paediatric airway interventions</li> </ul>								
Awareness of indicators/severity of respiratory distress in accordance with ICTS discriminators								
Management of a choking child (discussion)								
Discuss basic principles of Cervical Spine Stabilisation in Paediatrics								



## Breathing

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Assessment of Breathing: Look, Listen, Feel <u>1.Effort</u> <ul style="list-style-type: none"> <li>• Rate</li> <li>• Intercostal/Subcostal/Suprasternal/Sternal recession</li> <li>• Inspiratory/Expiratory Wheeze</li> <li>• Grunting/Stridor</li> <li>• Accessory Muscle</li> <li>• Nasal Flaring</li> <li>• Gasping</li> </ul> <u>2.Efficacy</u> <ul style="list-style-type: none"> <li>• Assessment of</li> </ul> <u>3.Effects</u> <ul style="list-style-type: none"> <li>• Heart Rate</li> <li>• Skin Colour</li> <li>• Mental Status</li> </ul>								
Exceptions to the case <ul style="list-style-type: none"> <li>• Exhaustion</li> <li>• Cerebral Depression</li> <li>• Neuromuscular conditions</li> </ul>								
Use of inhalers/spacer device/peak flow								
Discuss adherence to relevant local/national policy and guidelines in relation to respiratory conditions eg; Asthma								
Use of Non-invasive ventilation therapy (awareness of indications/contraindications) <ul style="list-style-type: none"> <li>• BiPAP</li> <li>• CPAP</li> </ul> Humidified High Flow O2								

## Circulation

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Assessment of circulation <ul style="list-style-type: none"> <li>• Pulse rate, rhythm, quality</li> <li>• Recording Apex beats per minute</li> <li>• Central Capillary Refill Time</li> <li>• Completion of vital signs in accordance with PEWS protocol</li> <li>• Ability to commence cardiac monitoring</li> <li>• Blood Pressure monitoring in children</li> </ul>								

Fluid management (method of administration and type of fluids) <ul style="list-style-type: none"> <li>• Bolus</li> <li>• Maintenance</li> </ul>								
Understanding of mandatory Haemovigilance training governed by legislation								
Assessment of renal function <ul style="list-style-type: none"> <li>• Urinary output <ul style="list-style-type: none"> <li>• Infant Parameters</li> <li>• Child parameters</li> </ul> </li> </ul>								
Care of intravenous cannula and guidelines of topical local anaesthetic agents available								

## Disability

Clinical Skill	Discussed (Initials/Date)	Observed (Initials/Date)	Participated (Initials/Date)	Demonstrated (Initials/Date)
Assessment of neurological status				
Use of Paediatric Glasgow Coma Scale/AVPU tool				
Awareness of indications for performing Capillary Blood Glucose test and preferred site of choice				
Use of pain assessment tools <ul style="list-style-type: none"> <li>• Visual Analogue Scale</li> <li>• Numeric Analogue Scale</li> <li>• FLACC Analogue Scale</li> <li>• Wong Baker Scale</li> </ul>				
Management of pain <ul style="list-style-type: none"> <li>• Use of non-pharmacological methods (ice, elevation, splinting)</li> <li>• Mode of drug administration (consider novel techniques)</li> <li>• Ensure mechanism of pain informs type of analgesic administered</li> <li>• Challenges of pain management in the non-verbal child</li> <li>• Benefits of non-nutritive sucking/sucrose during painful procedures for neonatal patients</li> </ul>				

## Environment /Exposure

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Skin assessment								
Rash identification <ul style="list-style-type: none"> <li>• Blanching Rash</li> <li>• Non Blanching Rash</li> <li>• Urticarial Rash</li> <li>• Purpuric Rash</li> <li>• Petechial Rash</li> <li>• Vesicular Rash</li> </ul>								
Temperature assessment & management								

## Condition Specific Pathways & Protocols (in accordance with local practice & most up to date hospital policy)

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	
Ability to identify nursing care priorities for a patient having a seizure/fit/collapse								
Metabolic Disorders <ul style="list-style-type: none"> <li>• DKA</li> <li>• Hypoglycaemic child</li> </ul>								
Allergic Reaction /Anaphyaaxis								
Abdominal pain								
Diarrhoea/Vomiting/Oral Rehydration Therapy								
Head Injury								
Respiratory illness <ul style="list-style-type: none"> <li>• Croup</li> <li>• Bronchiolitis</li> <li>• Asthma</li> </ul>								
Cardiac Disorders <ul style="list-style-type: none"> <li>• Cardiac Failure</li> <li>• SVT</li> </ul>								
Foreign Body								
Otitis Media								
Sepsis								
Burns								
Sickle cell								

Psychosocial Problem including self-harm								
UTI								
Meningitis								
Abdominal Pain								
Vaccination/Immunisation schedule								
Limping Child								
Intellectual Disability								
End of Life Care								

## Opportunistic Learning Paediatric Emergency Nursing

Clinical Skill	Discussed (Initials/Date)		Observed (Initials/Date)		Participated (Initials/Date)		Demonstrated (Initials/Date)	

## **Continued Professional Development (CPD) in the ED**

- In-service Education opportunities will be communicated to you in numerous ways. Please review your messages/emails/texts from the Clinical Skills Facilitator regularly. Notifications may also be posted on the staff notice board.
- It is imperative that you as the practitioner maintain your competency and assume ownership of your own professional development. You should maintain your own accurate and up-to-date CPD portfolio for your own records.

“Since competence is not constant, the individual practitioner is expected to continually re-evaluate their competence when faced with new practice situations. Each nurse and midwife is accountable for their professional actions and, as such, they should refuse delegated or assigned roles or activities if they judge their competence to be limited. If they identify a competence deficit, they should take appropriate measures to gain competence. Each nurse or midwife is responsible for identifying concerns about their competence and, under the Nurses and Midwives Act, 2011, they must maintain their “professional competence on an on-going basis” (Government of Ireland 2011, Part II 87(1) yet to be enacted as at date of publication September 2015). Competence can be achieved by engaging in continuing professional development.” (p16, NBMI, 2015)

## Interview Records

Using the Domains of Competence, discuss and record clinical progress to date recording the reference number for the applicable domains of competence. Entries may be recorded by RN on orientation, CNM or experienced RN colleague following discussion. All entries to be signed by RN on orientation and CNM/experienced RN (as decided locally)

### Commencement Interview

This is a record of the initial interview in the Emergency Department. Both the Preceptor and the RN need to sign this document at the interview. The RN is welcome to maintain a copy for their portfolio.

Signed : \_\_\_\_\_ (Preceptor)

Signed : \_\_\_\_\_ (RN)

Date: \_\_\_\_\_











## Final interview

This is a record of the final interview in the Emergency Department. Both the Preceptor and the RN need to sign this document at the interview. The RN is welcome to maintain a copy for their portfolio.

Signed : \_\_\_\_\_ (Preceptor)

Signed : \_\_\_\_\_ (RN)

Date: \_\_\_\_\_

## References

Nursing and Midwifery Board of Ireland (NMBI)

- Code of Professional Conduct and Ethics for Registered Nurses and Midwives (2014)
- Scope of Nursing and Midwifery Framework (2015)

Health Service Executive, Induction Guidelines and Checklists (2017)

Mercy University Hospital (2015) Area Specific Work Orientation Plan for Emergency Department – 6th ed. Mercy University Hospital Cork

Mercy University Hospital (2016) Work Orientation Plan for Registered Nurses (General Wards) 6th ed. Mercy University Hospital Cork

Benner (1984) From Novice to Expert: Excellence and power in clinical nursing practice. Addison-Wesley

Steineker and Bell (1979) Stages of achievement. The experiential taxonomy: A new approach to teaching and learning (2<sup>nd</sup> Ed)

The following Emergency Department Induction / Orientation Programmes were reviewed during the development of the Orientation Programme

Cork University Hospital (November 2016, 5<sup>th</sup> ed.)

Mercy University Hospital

Tallaght Hospital (February 2017)

Our Lady of Lourdes Hospital (June 2015)

University Hospital Galway

University Hospital Limerick

Wexford General Hospital

Naas General Hospital

## ENIG Clinical Skills Facilitator Group

Sinead O Neill	Valerie Small	Louise Mc Donagh	Jackie Forrest
Elaine O Farrell	Ruth McElroy	Joanne Doherty	Helen Magnier
Diarmuid Nolan	Ruth Greene	Eoin McGinn	Caitriona McGarrell
Fiona McDaid	Pamela Woods	Lorraine Reynolds	Caoimhe Fitzsimons
Aoife Feeney	Moira Wynne	Liz Whelan	Lisa Donaghy
Ann Scanlon	Margaurita O Brien		