ADMITTING AREA NURSING

STATEMENT OF FUNCTION

I. PREFACE

The Admitting Area of MIEMSS is devoted to the initial resuscitation and stabilization of acutely ill and injured patients. Many of these illnesses or injuries are immediately or potentially life-threatening. As a result, nursing care in the Admitting Area must be administered rapidly and expertly. The following statement was prepared in an effort to help nurses and other professional peers within MIEMSS - as well as visitors to MIEMSS - to understand the philosophy and roles of the Admitting Area Nurse.

II. GOALS

The Admitting Nurse functions within MIEMSS as an autonomous member of a multidisciplinary team. The Nurse is responsible for assessing the needs of the patient and family and assisting them with appropriate nursing interventions. Included among the goals of the Admitting Area Nursing Staff are:

1. To provide high quality nursing care during the initial resusitation and evaluation of patients admitted to MIEMSS;
2. To evaluate nursing care via methods currently accepted by MIEMSS Nursing Administration (Nursing Audit and Slater Scale);

3. To provide holistic care for each patient's physical, psychosocial, and spiritual needs through assessment and intervention;
4. To provide continuity of patient care;
5. To establish collaborative practice with the physician staff.

Attaining these goals requires a staff of professional nurses with the authority and autonomy to make decisions regarding patient and family nursing care.

III. PROFESSIONAL NURSING CRITERIA

Nurses in the Admitting Area meet and/or strive to meet the following criteria which define our professional nursing.

1. High-level clinical expertise. Acquiring and perfecting clinical skills requires self-set goals, time, practice, and self- as well as peer evaluation of clinical practice. Time and practice are provided through an extensive 1:1 orientation with a preceptor of at least the Nurse Clinician I level. Responsibility for patient assessment and care is given gradually to the in-coming nurse as her experience and skill increases. Establishing individual goals and evaluating outcomes is a continuous process, fostering self-directed learning. Self- and peer evaluation of clinical practice ensures compliance with MIEMSS and Admitting Area standards of care.

2. Theory-based practice. The organization of nursing knowledge and experience has led to the use of nursing

diagnosis as the basis for planning independent nursing interventions. Utilizing the steps of the Nursing process, Admitting Area nurses assess each patient and derive a nursing diagnosis. Patient care is then planned, implemented, and evaluated with changes made as needed.

3. Authority, autonomy, and accountability. Under the Maryland Nurse Practice Act, the professional nurse is authorized to, and is accountable for, assessing the patient and family, recognizing potential and/or actual problems, planning and implementing care, and evaluating patient and/or family care outcomes. This practice includes both "independent nursing functions and delegated medical functions, and may be performed autonomously or in collaboration with other health team members." Ultimately the Primary Admitting Nurse is accountable to the patient, the patient's family, the MIEMSS nursing administration, and the nursing peer group. Legal accountability for individual nursing actions is imposed by the Nurse Practice Act which defines the scope of professional nursing practice.

4. Education. Admitting Area nurses consider self-directed learning and teaching as integral components of their role. Learning needs are assessed by the individual nurse, goals are established, and methods of meeting those goals are devised and implemented. Admitting Area nurses are involved in formal teaching projects within the Admitting Area, within MIEMSS, with field EMS personnel, and on state

and national levels. Acquiring and sharing knowledge about the care of the critically ill or injured patient is considered a professional responsibility with the goal of decreasing trauma morbidity through the reduction of complications and trauma prevention. To meet this demand, individual nurses develop areas of clinical expertise, perform an in-depth study in the area of special interest and related topics, and share knowledge with other professional colleagues.

IV. ADMITTING AREA NURSING ROLES

An integral concept in all of the roles of the Admitting Area nurse is that of patient advocate. As such, the Admitting Area nurse acts to preserve the patient's rights and dignity and to present the health care system to the patient and family in terms that are easily understood.

Admitting Area nurses provide high quality, aggressive nursing therapy to patients admitted to MIEMSS and to their families. One nurse assumes responsibility and accountability for each patient admitted to the area. The Primary Admitting Nurse assesses the patient and the patient's response to the injury or illness, identifies problems, develops and implements a plan of care, and evaluates the patient's response to the care rendered. An essential component of this care is the initial establishment of a therapeutic relationship with the patient.

The Admitting Nurse also 1) assists with resuscitative procedures, 2) monitors physiological parameters and analyzes

trends, 3) maintains patient comfort, 4) attempts to prevent complications from injuries or immobility, 5) monitors aseptic technique, 6) monitors fluid and electrolyte balance, 7) administers medications and blood component therapy according to Physician's Orders, and 8) plans and coordinates appropriate patient disposition following the admission process.

In addition to the physical care described above, patient and family psychosocial/spiritual care is a priority for Admitting Area nurses. The admission of a patient to MIEMSS following traumatic insult is an unplanned, crisis-precipitating event. This crisis is compounded by such factors as loss of contact with family members during the admission process and perhaps long distances between MIEMSS and the patient's home. Nursing intervention must focus on specific goals to assist the patient and the family to cope with this crisis:

1. To provide the patient and family with concrete realistic information;
2. To identify and encourage already existing support systems;
3. To reestablish contact between patient and family members as soon as possible;
4. To provide access to appropriate, available resources.

Additionally, responsibility for ensuring that the Admitting Area is prepared at all times to accept critically ill or injured patients rests with the Admitting Area nursing staff. When the Admitting Area is advised of a pending admission, an area is specifically prepared for each individual patient based on information communicated.

Finally, the Admitting nurse coordinates the activities of various team members such as radiology, laboratory, blood bank, and consulting medical and surgical services to provide care that is both orderly and timely.