Primary and Secondary Assessment

Care of the Emergency Patient

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Conceptual Focus

- Gas Exchange
- Prefusion
- Thermoregulation
- Interpersonal Violence

Learning Outcomes

- Apply the steps in triage
- Select appropriate nursing interventions
- Recognize life-threatening illness or injury

Scope and Practice of Emergency Nursing

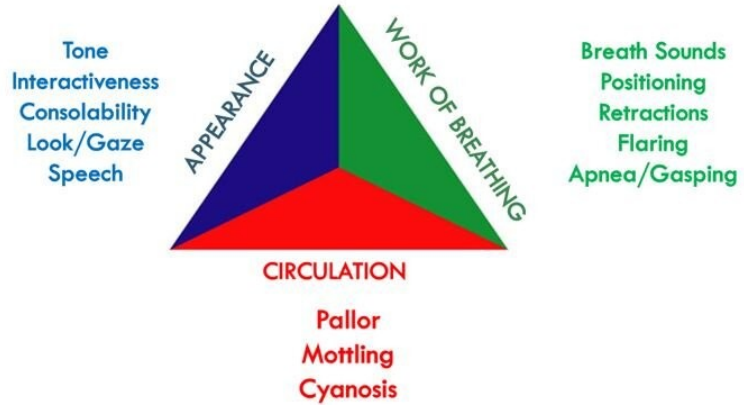
- Recognizing life-threatening illness or injury
- An emergency is whatever the patient or family considers it to be
- The emergency nurse has special training, education, experience, and expertise in

Emergency Nursing

- Triage
  - Process of rapidly determining patient acuity
  - Represents a critical assessment skill
  - The triage system identifies and categorizes so the most critical are treated first.

Initial Assessment

- A systematic process
- Divided into two phases
  - Primary assessment
  - Secondary assessment
- Must follow safety guidelines for protection of patient and staff
- Pediatric assessment triangle

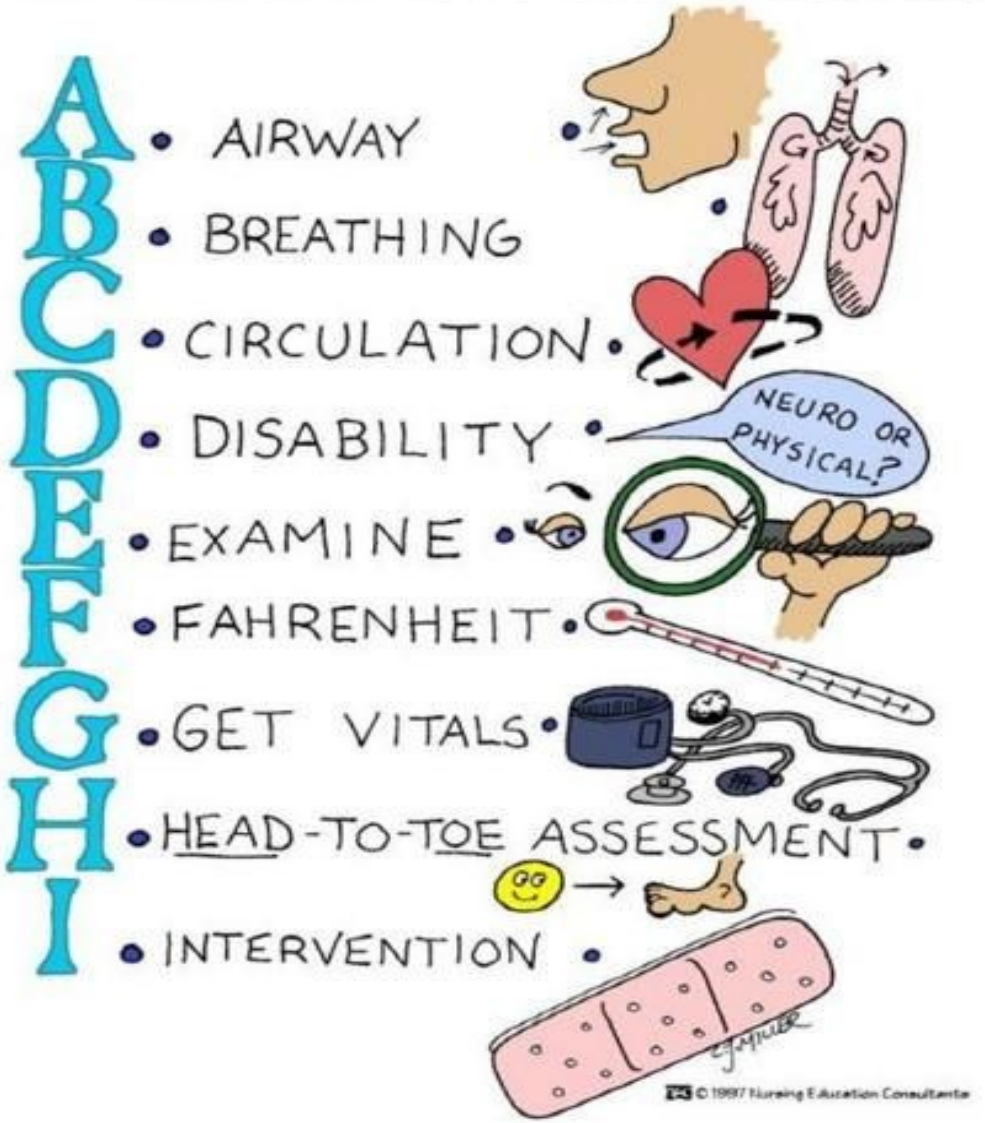


Primary and Secondary Assessment

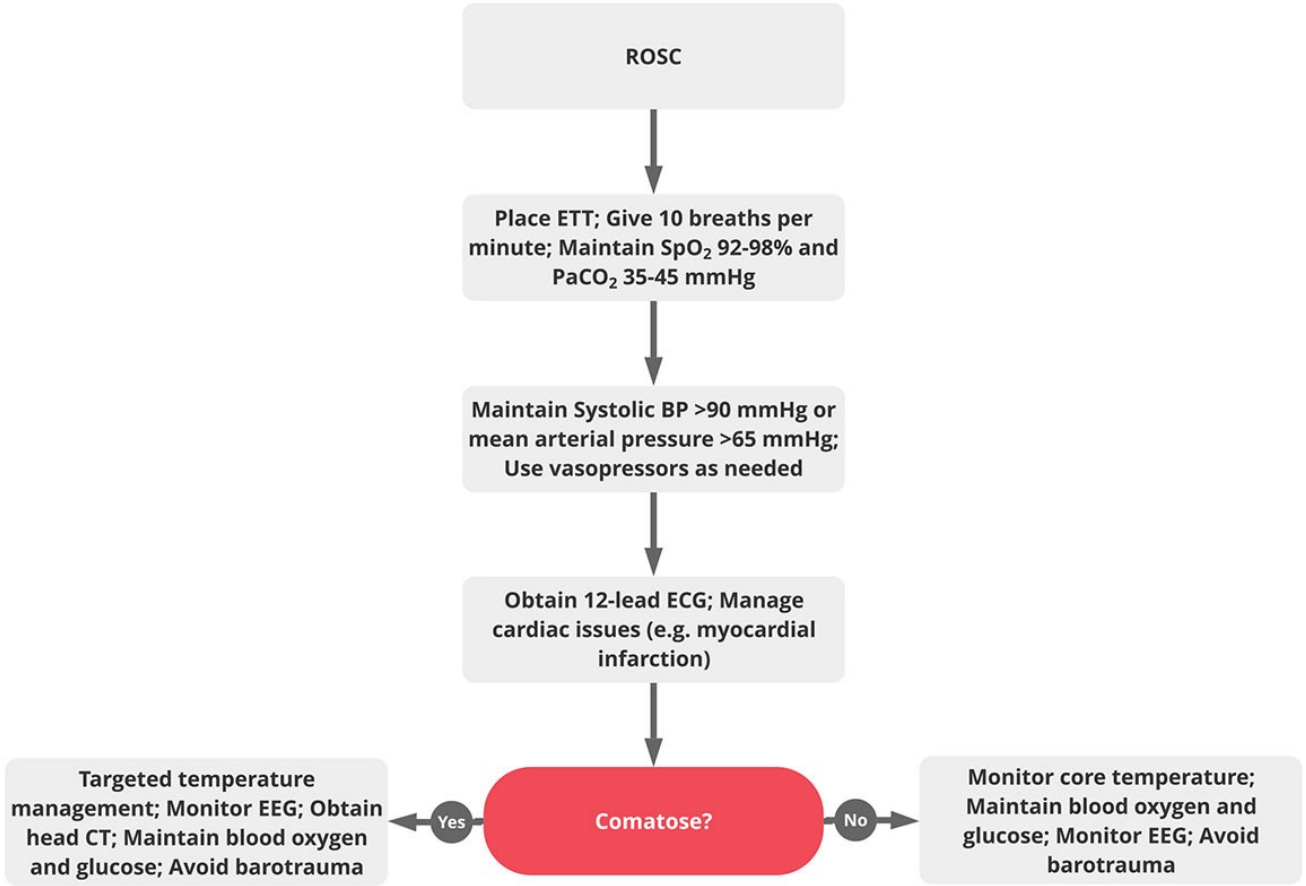
- Primary Phase (ABCDE)
- Ensures that potentially life threating conditions are identified and addressed
- Evaluates
  - Airway with S-spine stabilization
  - Breathing
  - Circulation
  - Disability
  - Exposure

- Secondary Phase (FGHI)
- Done after primary exam and primary threats addressed
- Evaluates
  - Measurement of VS
  - Pain Assessment
  - History
  - Head to Toe
  - Posterior surface inspection
- AMPLE history
  - Allergies, medications, PMH, Last meal, events

EMERGENCY TRAUMA ASSESSMENT



Cardiac Arrest and Targeted Temperature Management



Death in the Emergency Department

- Must recognize importance of hospital rituals in preparing the bereaved to grieve
- Determine if patient could be candidate for non–heart beating donation
- Medical examiner

Gerontologic Considerations: Emergency Care

- **Elderly are at high risk for injury—**
  - Decreased visual acuity and peripheral vision
  - Hearing loss
    - Especially to high frequency sounds
  - Pre-existing disease and medication use
  - Dementia and cognitive impairment

Heat Exhaustion

- Prolonged exposure to heat
- Occurs when the body is unable to cool itself
- Symptoms may be vague
- Fatigue, nausea, vomiting, extreme thirst
- Treatment……..

HEAT STROKE

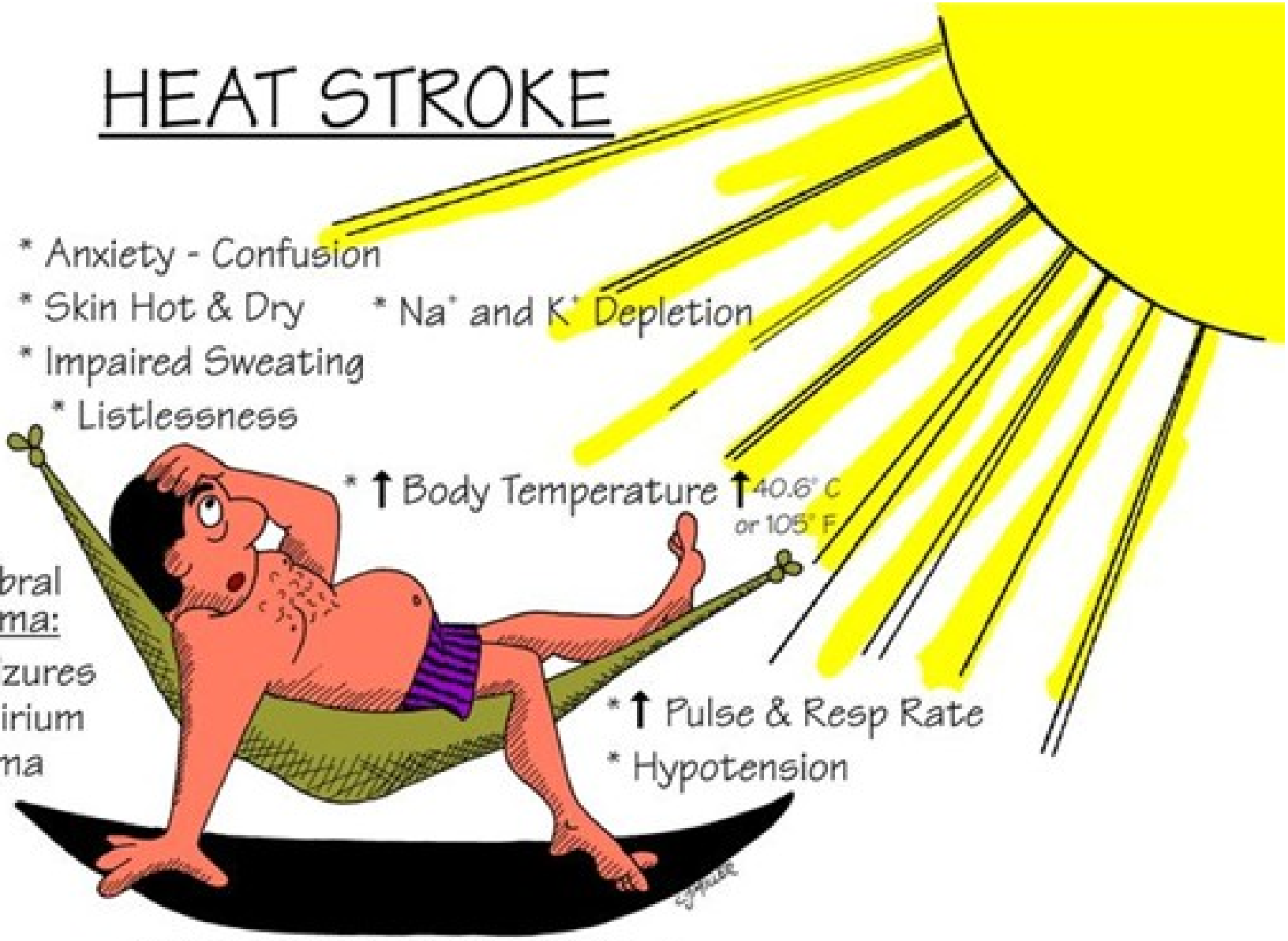
* Anxiety - Confusion
* Skin Hot & Dry
* Impaired Sweating
* Listlessness

* Na⁺ and K⁺ Depletion

* ↑ Body Temperature ↑ 40.6° C or 105° F

Cerebral Edema:
* Seizures
* Delirium
* Coma

* ↑ Pulse & Resp Rate
* Hypotension



(Management - Cooling, Rest, Fluid & Electrolyte Support.)

Heat Stroke

- Shivering: Increases core temperature, complicates cooling efforts, treated with IV chlorpromazine
- Aggressive temperature reduction until core temperature reaches 102º F (38.9º C)
- Monitor for signs of rhabdomyolysis, myoglobinuria, and disseminated intravascular coagulation

Frostbite Injury

- Damage to the skin from freezing
- Superficial frostbite
- Treatment

(Courtesy Cameron Bangs, MD. From Auerbach PS, Donner HJ, Weiss EA: *Field guide to wilderness medicine*, ed, 2, St. Louis, 2003, Mosby.)

Frostbite Injury

- Injured tissue is friable
- Rewarming requires medical control
- Thawing frozen tissue is extremely painful
- Deep frostbite

(Courtesy Cameron Bangs, MD. From Auerbach PS, Donner HJ, Weiss EA: *Field guide to wilderness medicine*, ed, 2, St. Louis, 2003, Mosby.)

Hypothermia

- Mild hypothermia (93° to 95°F [33.9° to 35°C])
- Moderate hypothermia (86º to 93.º F [30º to 33.9º C])
- Severe hypothermia (<86º F [30º C])
- Death usually occurs when core tem is <78º F (25.6º C)

Hypothermia

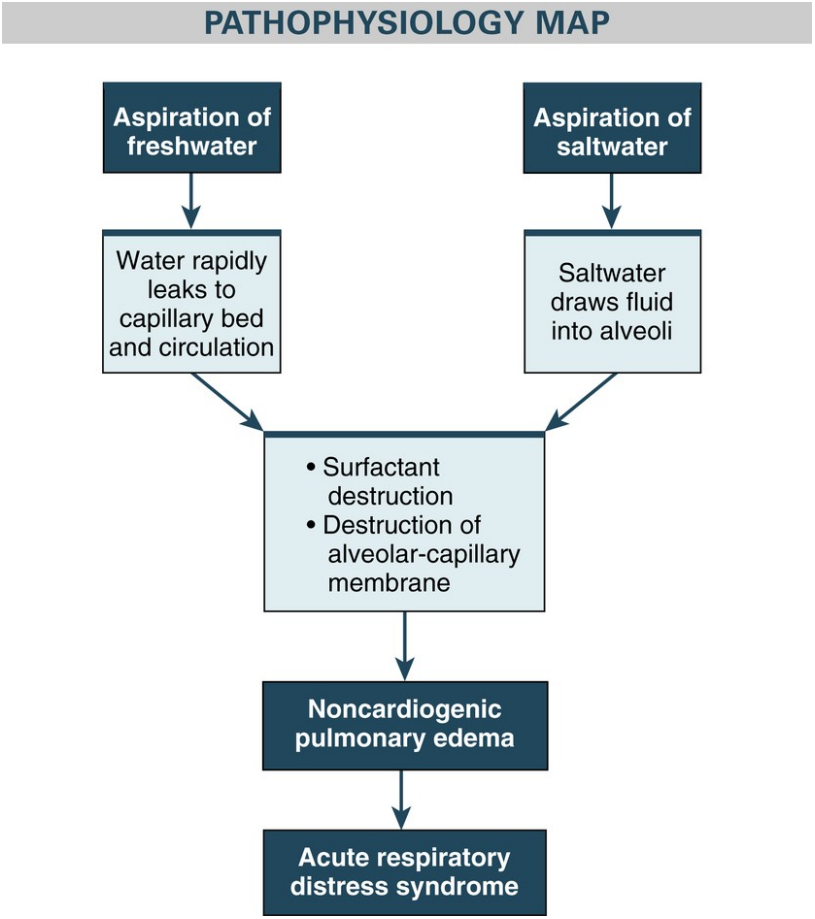
- Treatment of hypothermia
- Mild hypothermia: Passive or actıve external rewarming
- Moderate to Severe hypothermia: Active core rewarming
- Rewarming should be discontinued once the core temperature reaches 95º F (35º C)
- Warm patient to at least 90º F (32.2º C) before pronouncing dead

Submersion Injury

- Person becomes hypoxic due to submersion in water
- Drowning: Death from suffocation after submersion in water
  - Immersion syndrome occurs with immersion in cold water, which leads to stimulation of the vagus nerve and potentially fatal dysrhythmias
  - Near-drowning: Survival from potential drowning

Submersion Injury

- Treatment of submersion injuries
- Initial evaluation: ABCD
- Mechanical ventilation
- Observe for minimum of 4 to 6 hours
- Delayed pulmonary edema (secondary drowning): Delayed death from drowning due to pulmonary complications



Violence

- The acting out of emotions of fear and/or anger
- Emergency Departments are high-risk areas for workplace violence
- Family and intimate partner violence
- Human trafficking

Questions?
Discussion time