Emergency Severity Index (ESI) - know levels and examples of patients in each level

- Level 1- immediate resuscitation
    - Cardiac arrest, intubation, overdose
- Level 2- emergent: seen within 10 minutes
    - Chest pain
- Level 3- urgent: seen within 1 hour
    - Abdominal pain, gynecological disorders, hip fractures in the elderly
- Level 4- less urgent: seen within 2 hours
    - Laceration, closed extremity trauma, cystitis
- Level 5- nonurgent: seen within 2 hours
    - Simple rash, cold symptoms, minor burns

Know how to triage patients in a mass casualty/disaster situation

o Your exam will state if it is a mass casualty/disaster situation if it is based on the triage color coding categories

Know examples of clients in disaster situation categories (red, yellow, etc)

- RED- immediate
    - Chest wound, airway obstruction, shock, hemothorax, amputations, open fractures, 2-3rd degree burns
- YELLOW- delayed
    - Stable wounds, soft tissue injury, gi disruption, fractures, eyes and CNS injuries
- GREEN- minimal
    - Injuries are minor and treatment can be delayed hours to days; minor burns, sprains, lacerations, PTSD
- BLACK- expectant

Know who is able to triage patients

- RN, NP, EMT, doctors

Manifestations of partial-thickness burn

- Damage to the entire epidermis and parts of the dermis; flash flames, scalds, brief contact w hot object
- Pink to red
- Blisters
- Mild to moderate edema
- No eschar
- Painful
- Heals between 2-3 weeks
- No scarring but minor pigment changes

Know electrolyte abnormalities in burns

- Hyperkalemia
- Hyponatremia

Know your ABCs

- Airway
- Breathing
- circulation

Fluid to utilize in burns

- Lactated ringers

Rule of nines

- Torso: 18
- Back: 18
- Front legs: 9
- Back legs: 9
- Perineum: 1
- Front arms: 4.5
- Back of arms: 4.5

Best way to monitor the cardiovascular system for extensive full-thickness burns (READ BOOK)

- CVP
- ART line

Interventions to utilize during the rehab phase

- Psychosocial support
- Prevention of scars and contractures
- Resume regular activities

Escharotomy

- Incision through the eschar to relieve pressure and improve circulation

Fasciotomy

- Incision through the eschar and fascia used when escharotomy does not improve the conditio

Know what the OEM/OES/FEMA/ARC/DHS is responsible for doing in a disaster

- OEM- office of emergency management (community communication plan)
    - Responsible for mitigation preparedness, response, and recovery programs to ensure the highest quality of care during a disaster
- OES- occupational exposure standards
    - Used to prevent adverse health effects after a workplace exposure
- FEMA-
    - Used when a community determines regional abilites are unable to respond to the incident
- ARC-
    - provides response effoerts that support emergency rescue and recovery missions
- DHS- department of homeland security
    - Used when terrorist activity occurs

Anthrax S/S

- Fever
- Chills
- Chest pain
- Dyspnea
- N/V
- Headache

Anthrax treatment

- Antibiotics
    - Penicillin
    - Erythromycin
    - Gentamycin
    - Doxycycline

Family disaster supply kit/Disaster preparedness (Know slides/book)

- Identification cards & insurance cards & money
- Light source
- First aid kit
- Nonperishable food and can opener
- Tools
- Radio
- Pet supplies
- Warm and clean clothing
- Medications
- Cleaning products
- Writing utensils
- Whistle

Examples of biological weapons of mass destruction

- Smallpox
- Anthrax
- Plagues
- Botulism
- Ebola
- Tularemia

Botulism

- s/s
    - Paralysis of arms, legs, trunk, and respiratory muscles
- how it is spread
    - Inhalation, improperly canned food, contaminated food
- nursing responsibilities
    - Monitor airway, ventilate if indicated

Smallpox transmission

- Contact and droplet

Assessment findings of a respiratory injury as a result of a burn

- Upper-
    - Blisters
    - Edema
    - Hoarseness
    - Difficulty swallowing
    - Copious secretions
    - Substernal and intercostal retractions
    - Total airway obstruction

- Lower-
    - SOB
    - Carbonaceous sputum
    - Wheezing
    - Hoarseness
    - Altered LOC

PPE

- A- highest level of respiratory, skin, eyes, and mucous membranes protection
    - Vapor tight
- B- highest level of respiratory protection but lower precautions for eyes and skin
- C- air purified respirator
- D- typical work precautions and uniform

Heat stroke s/s

- Fever (104 and up)
- Lack of perspiration
- Hypotension
- Tachycardia
- Altered LOC
- Abnormal potassium and sodium levels

Complete airway obstruction s/s

- Cyanosis
- Confusion
- Agitation
- Dyspnea
- Gasping
- Wheezing
- Unconsciousness

Primary/secondary survey

- Primary- rapid assessment of life-threatening conditions
    - Completed systematically
    - Standard precautions
- Secondary- detailed assessment
    - History and physical examination

RACE- fire emergency

- Rescue
- Alarm
- Confine
- Evacuate

Parkland (Baxter) Formula

- 4 mL/kg x % TBSA burned= total fluid requirements for the first 24 hours
- ½ of total in first 8 hrs, ¼ in second 8 hrs, ¼ in third 8 hrs

S/S that fluid resuscitation is working

- MAP above 65
- SPB above 90

- HR above 120
- Urine output 0.5-1mL/hr
- Weight gain
- Moist mucus membranes

Frostbite nursing interventions

- Restore to normal body temperature
- Oral pain medications
- Debridement
- Wound care
- Elevate extremity

Carbon monoxide poisoning causes & s/s

- Causes- house fires, cars in closed garages
- Above 10% carbon monoxide in the blood indicates poisining
- S/S
    - Headache
    - Flushing
    - Decreased visual acuity
    - Decreased cerebral functioning
    - Dyspnea
    - N/V
    - Tinnitus
    - Vertigo
    - Irregular heart rate
    - Hypotension
    - Coma
    - Seizures
    - Death

Superficial burn manifestations

- Second degree burns that lead to damage of the entire epidermis and part of the dermis
    - Pink to red
    - Blisters present
    - Mild to moderate edema
    - No eschar
    - Painful

Preplanning for community disaster

- Take a look at what resources are needed, how many people could be affected, and work with the government on plans and procedures for the future

You will be given a list of patients and have to pick out who can be discharged to free up space for disaster

Inhalation injury nursing priorities/care

- Rapid initial and ongoing assessment
- ABC’s