



**ENT Emergency Care Team
ENT and Maxillofacial Surgery Department,
Monklands Hospital**

Operational Policy

Graeme McGibbon
Ward Manager / Service Co-ordinator
August 04 (v1.0)

Table of Contents

Staffing ENT Out of Hours	<i>Page 3</i>
The Enhanced Nursing Role	<i>Page 3</i>
Care of Inpatients in ward 9.....	<i>Page 3</i>
Management of ENT Emergencies.....	<i>Page 3</i>
Core Skills.....	<i>Page 4</i>
Telephone Advice.....	<i>Page 5</i>
Treatment Pathways.....	<i>Page 5</i>
Clinical Audit.....	<i>Page 5</i>
ENT ECT Clinical Records	<i>Page 5</i>
Care of Children in ENT	<i>Page 5</i>
Patients Who Require Medication	<i>Page 6</i>
Manpower Planning	<i>Page 6</i>
References	<i>Page 7</i>
<i>Appendix One: Out of Hours Referrals</i>	<i>Page 8</i>
<i>Appendix Two: Clinical Record Sheet</i>	<i>Page 9</i>

ENT Emergency Care Team
ENT and Maxillofacial Surgery Department, Monklands Hospital
Operational Policy

Staffing ENT Out of Hours

In response to the challenges created by the working time directive, six experienced ENT nurses (1.00 WTE G Grade and 4.64 WTE F Grades) within the department have undergone a period of advanced speciality training. As of the 4th August 2004 they will form the ENT Emergency Care Team, adopting an enhanced nursing role when on duty between the hours of 21.00 to 09.00 Monday to Sunday. There will be one member of the team on duty each night based in ward 9, Monklands Hospital.

The ENT medical rota will also be changed from this date. There will be no resident medical staff overnight (between the hours of 21.00 - 09.00). Instead there will be a strengthened middle grade rota on call from home. This will consist of two Staff Grades, two SPRs and three SHOs.

The Enhanced Nursing Role

Those nursing staff participating in the ENT Emergency Care Team will have five main areas of responsibility.

1. Care of inpatients in ward 9

The primary function of the nurses performing the enhanced role will, in the main, remain the planning, evaluation and delivery of nursing care to inpatients within the department. As senior ward nurses it is expected that they will take charge of their shift. These nurses will not be expected to adopt the role of the SHO or that of an advanced specialist practitioner (although opportunities for those who wish to develop this role may be available in the future subject to funding and training).

The role of nursing staff in identifying and caring for ill patients overnight will not change. However, the level of experience and training of the nurses in post will allow for additional prep work to be done. This will include cannulation and taking appropriate bloods / ordering appropriate investigations. This should improve care and outcomes by speeding up the decision making process enabling treatment to begin quickly once medical staff arrive. In addition, The nursing staff will also be able to resolve a number of ENT problems for inpatients without medical intervention (under agreed treatment pathways), for example, re-packing a nose and dealing with tracheostomy problems.

The Hospital Emergency Care Team (HECT) will be utilising the Modified Early Warning System (MEWS), which is already in place in the department. Patients who become acutely ill out of hours will be referred to the HECT team. This will be done in accordance with the referral pathway as detailed in the HECT operational policy. Inpatients who experience a deterioration of their ENT condition will be assessed by ENT nursing staff and, where appropriate, referred to the ENT middle grade on call.

2. First line management of emergency admissions

The management of emergency referrals forms the main purpose of ENT Emergency Care Team. This is not a new initiative, a number of other departments throughout the country are running similar schemes in a more limited form. The main emphasis of this role is to screen emergency ENT referrals under agreed treatment pathways, offering a range of treatment options. As senior nurses, it is expected that they will use initiative and exercise a degree of clinical judgement when dealing with these patients.

Following examination and treatment the ENT ECT nurse can;

- Admit the patient to Ward 9
- Discharge the patient with a review appointment
- Discharge the patient
- Refer to HECT Team
- Refer to Middle Grade on call.

Patients who present with ENT problems out with the scope of the project will be referred to the middle grade on call. All patients referred from A/E will be stabilised prior to transfer.

Agreement has been reached with the HECT team, that should a patient be admitted to ward 9 by the ENT ECT nurse, medical staff from the HECT team will attend to write up the drug kardex and IV fluids. This will be arranged through the HECT team co-ordinator. The ENT out of hours referral pathway is detailed in appendix one.

The enhanced nursing role can only be provided by ENT nursing staff who have successfully undergone an agreed programme of training and reach competence in the skills taught. The skills included in the training programme are becoming commonly recognised as core ENT nursing skills both used in outpatients and an inpatient context.

A mixed Competency framework has been utilised based on the “novice to expert model” as well as existing competencies recommended by Action on ENT and the NHS Modernisation Agency.

The training programme was a mix of structured learning and supervised clinical practice. Supervision during practical experience was provided by ENT consultants, Registrars, Senior House Officers and the ENT Clinical nurse Specialist.

Core skills include;

The Ear:

1. Performing an Ear Exam,
2. Identifying an Abnormal Ear,
3. Ear Toilet,
4. Suction Clearance,
5. Ear Irrigation,
6. Packing an Ear,
7. Removal of Foreign Body Ear.
8. Use of PGD in Treating Ear Problems.

The Nose:

1. Nasal Exam,
2. Abnormal Nose,
3. Nasal Toilet,
4. Insertion of Nasal Packs,
5. Removing Nasal Splints,
6. Removal Foreign Body Nose.
7. Use of PGD in Treating Nasal Problems.

The Throat:

1. Identify and Treat Tonsillitis
2. Identify and Drain Peri-Tonsillar Abscess
3. First Change of Tracheostomy Tube,
4. Management of Voice Prosthesis,
5. Removal Foreign Body Base Tongue,
6. Use of PGD in Treating Throat Problems.

General Skills:

1. IV Therapy
2. Cannulation and Venopuncture
3. Immediate Life Support
4. History Taking & Respiratory / Cardiac Assessment
5. Early Warning System (eg MEWS)
6. Awareness of Principles in Ordering X-rays
7. Awareness of the Principles of Fluid Management
8. Audit Process / Data Collation
9. Basic Computer Skills

3. Provide telephone advice to patient, carers and other health professionals

This aspect of the role is already an accepted part of work within the speciality and it is common practice to provide information, particularly to patients and carers by telephone. Recently this has been extended to include other health care professionals including A/E, GP's and other wards / departments. This first line contact provides an opportunity for nursing staff to reduce unnecessary referrals to the department.

It may be necessary for the nurse to visit other clinical areas within Monklands Hospital to provide assistance and advice. This is unlikely to be routine but has been built into the manpower plan to ensure adequate staffing.

4. Development of treatment pathways / supervision of staff

The development of treatment pathways is essential to ensure safe practice and continuity of service. The cohort of nurses performing the enhanced nursing role will be responsible for the development and modifications to treatment pathways. This will be completed within a structured clinical framework with ultimate approval resting with ENT consultants.

As the post holders become more confident and competent in their role they will be in a position to supervise and mentor other staff within the speciality working towards core skills. Looking towards other projects currently underway this may not only be nursing staff (including practice nurses and ward nurses) but also AHP's, such as, Speech and Language Therapists and Physiotherapists.

5. Clinical audit and data collation

Clinical audit is an essential part of all clinical practice and the post holders will be active in the collection of audit data. A clinical audit tool has been developed with the assistance of the department of clinical effectiveness. This will address all local and national standards that need to be met to ensure clinical effectiveness. In addition, it will highlight areas of protocol, training and treatment pathways that require updating. This will be computer based to allow instant feed back of the project and advanced data analysis. Data collected will be based on the clinical record (appendix 2).

ENT ECT Clinical Records

All nursing staff have a duty to maintain accurate clinical records as set out in the NMC Guidelines of Records and Record Keeping (2004). To facilitate this a comprehensive clinical record sheet has been developed (appendix 2) which will be completed by the ENT ECT nurses for each patient they treat. This will also form the basis of the clinical audit data.

This record sheet will not exclude the ENT ECT nurses from recording information directly into the patient case notes or A&E card. The clinical record sheet will be filed in the patients casenotes on discharge.

Care of Children in ENT

The ENT department carries out paediatric elective surgery one week out of every month. In addition, all paediatric ENT emergencies are seen within the department at Monklands Hospital. Paediatric nursing cover (RSCN) is provided by Wishaw to cover all elective lists.

Many of the core skills ENT ECT Nurses have are transferable to children and these nurses have an important role in the initial screening and treatment of children attending the unit. The limits to what the nursing staff can achieve, however, will be reached much sooner and in these cases the patient should be referred to the middle grade on call.

If the middle grade does not require to attend the normal referral pattern should be followed (appendix 1).

It had been agreed with senior medical staff that any immediate life threatening emergencies that involve children should be referred to the HECT team where anaesthetic and / or A&E medical staff will respond.

If an arrest call is required the nurse should dial 2222 and state "Paediatric Cardiac Arrest".

Children attending the department as emergencies will follow the same pattern as adults entering via A&E where they will be stabilised and prepared for transfer to the ward for specialist assessment, treatment and possible admission.

The department is continuing develop joint training initiatives with the Paediatric unit at Wishaw. Nursing staff will continue to develop skills ensuring the best care possible is available for children attending the department. The paediatric service in Lanarkshire is currently under review. Any future developments will occur with this in mind.

Patients Who Require Medication

The ENT department has gained approval for a number of Patient Group Directions (PGD). Some of these will be supplied in pre-labelled containers that will allow the patients to take the medication away with them and continue treatment at home. The use of PGD is strictly controlled and can only be used by those who have completed the agreed training and are named within the document. PGD approved to date include;

1. Otrivine 0.1% Nasal Spray
2. Gentisone HC Ear Drops
3. Sodium Bicarbonate Ear Drops
4. Naseptin Nasal Cream
5. Lidocaine Hydrochloride 5% and Phenylephrine Hydrochloride 0.5% Spray
6. Sodium Chloride 0.9%, 500ml IV

It should be noted that children under 12 are excluded from all the PGD

The NHS Lanarkshire symptomatic relief policy has also been approved. This provides nursing staff with the ability to give a limited range of medicines over an agreed period. It is likely this will apply only in specific situations as this has to be prescribed by medical staff.

As stated earlier, patients admitted to the ward overnight that require prescribed medication should be referred to the HECT team (via nurse co-ordinator). It has been agreed that HECT medical staff will completed the medicine Kardex and Fluid Chart.

Manpower Planning

Ward 9 has a number of competing staff pressures including, staffing of step-down beds, freeing up staff to attend emergency referrals and dealing with ward issues. It has been agreed with senior managers that

staffing during the night will comprise of 3 qualified nurses and 1 support worker. The manpower plan suggests this should provide enough staff to facilitate the senior nurse being occupied in the treatment room. Patient safety and safe working environment for ward staff is essential. Any discussion on altering this skill mix at short notice should involve the service co-ordinator or the senior nurse within the ward. It is recognised that this will vary depending on workload.

References

Drug Administration Steering Group, (2004), *"Symptomatic Relief Policy"*, NHS Lanarkshire.

NHS Lanarkshire, (2004), *"Hospital Emergency Care Team, operational policy"*, NHS Lanarkshire.

NHS Modernisation Agency, (2002), *"Action on ENT - good practice guide"*, DOH.

Nursing and Midwifery Council, (2004), *"Guidelines for Records and Record Keeping"*, NMC

Nursing and Midwifery Council, (2002), *"Guidelines for the administration of medicines"*, NMC

Ear, Nose and Throat (ENT) Emergency Care Team – Clinical Record Sheet Ward 9, Monklands Hospital (Appendix Two)

Patient Name Address Unit Number Age / DOB	Details Date: Time: Finish: Inpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Telephone <input type="checkbox"/>	Diagnosis Epistaxis <input type="checkbox"/> Ear Pain <input type="checkbox"/> Sore Throat <input type="checkbox"/> Foreign Body <input type="checkbox"/> Tonsil Haemorrhage <input type="checkbox"/>	Disposal Admitted <input type="checkbox"/> Discharged <input type="checkbox"/> Review <input type="checkbox"/> Date: Location:	IV Access Venflon <input type="checkbox"/> Sodium Chloride 0.9% (PGD) <input type="checkbox"/> IV Fluids (other) <input type="checkbox"/> Antibiotics <input type="checkbox"/>	Referral HECT <input type="checkbox"/> Middle Grade <input type="checkbox"/> A&E <input type="checkbox"/> Time Refer: Time Respond:				
Haematology		Biochemistry		X-Ray		Other		Initial Observations	
FBC <input type="checkbox"/>	Coagulation <input type="checkbox"/>	U+E <input type="checkbox"/>	Chest X-Ray <input type="checkbox"/>	12 Lead ECG <input type="checkbox"/>	BP				
Mono Spot <input type="checkbox"/>	Group & Save <input type="checkbox"/>	LFT <input type="checkbox"/>	Soft Tissue Neck <input type="checkbox"/>	BM <input type="checkbox"/>	Pulse				
	Cross match <input type="checkbox"/>		OPT <input type="checkbox"/>		Temp				
	Blood Gases <input type="checkbox"/>		OM 15 / 30 <input type="checkbox"/>		Resp				
			PA Mandible <input type="checkbox"/>		O ₂ Sat				
					MEWS Score				
Patient Group Directions (PGD) Used									
Otrivine <input type="checkbox"/>	Gentisone HC <input type="checkbox"/>	Naseptin Cream <input type="checkbox"/>	Sodium Bicarbonate <input type="checkbox"/>	Lidocaine Hydrochloride & Phenylephrine Hydrochloride <input type="checkbox"/>					
Presenting Complaint (PC)					History of Presenting Complaint (HPC)				
Past Medical History (PMH)					Medications				

Ear, Nose and Throat (ENT) Emergency Care Team – Clinical Record Sheet
Ward 9, Monklands Hospital

Allergies		Social History (SH)	
Exam: Ear, Nose and Throat		Systemic Enquiry (SE)	On Examination (OE)
		CV	Cardiac
		RESP	Respiratory
		GI	
Possible Diagnosis		Plan	
Name:	Signed:	Date:	