Day in the life of an emergency nurse practitioner

Emergency nurse practitioners (ENPs) see and treat patients arriving at Morriston and the Princess of Wales Hospital’s Emergency Departments and Neath Port Talbot Hospital’s Minor Injury Unit.

Originally staff nurses or sisters, ENPs have undergone specialist training to gain the knowledge and skills to assess, diagnose and decide on the appropriate course of treatment for patients.

The majority of the training takes place on the job, shadowing and being clinically supervised by senior doctors, consultant nurse and other ENPs. They build up clinical portfolios, take exams and have observed structured clinical examinations to assess their competence. University courses are also available and some of the team have been trained through this route.

Sue Woolford is based at the Minor Injury Unit at Neath Port Talbot Hospital. The unit is clinically led by a consultant nurse and managed by the ENPs. It has a team of a consultant nurse, ENPs, triage nurses, healthcare support workers and receptionists, who work closely with the radiographers, radiologists and pharmacists.

Adults and children over the age of one from Bridgend, Neath Port Talbot and Swansea are treated at the unit for non-life-threatening injuries. These could be minor head, neck or back injuries, limb injuries, broken bones (fractures), dislocations, grazes, wounds and minor burns. The ENPs also see insect, animal and human bites or stings and foreign bodies to eyes, ears and nose.

Picture l-r: emergency nurse practitioners Sue Woolford and Victoria Edwards examine a patient’s x-ray at Neath Port Talbot Hospital’s Minor Injury Unit

As a minor injury service, the type of treatments patients need are normally less complex and quicker to treat than those of the seriously ill patients.
admitted to Emergency Departments. In 2013, 33,443 people from across the ABMU area attended the unit; 94% were seen and on their way home within two hours.

Sue said:

“I absolutely love my job as we are with the patient throughout their time at the unit. There is a great satisfaction in providing the whole package of care, from assessment to discharge. When we first meet the patient we take a full history to find out how the injury occurred and how it is affecting them. This is important as we need to make sure the injuries match the cause. To provide the best course of treatment we need to know exactly what happened to prevent causing further injury.

“A complete history also highlights any signs of child or domestic abuse. When we suspect a case of child abuse, we speak to an emergency department consultant or safeguarding paediatrician in confidence and delicately ask the parents to take their child to be seen in the emergency department or sapphire suite at Singleton. In cases of domestic violence, we offer advice and support to the patient, and if they want us to, refer them onto to someone who can help.

“We also look out for signs of mental distress, especially if it led to their injury. When necessary, we contact the local mental health team. For urgent cases, they come to the department straight away, but if the patient is known to them, they make an appointment to see them.”

Once Sue has established their history, she assesses the patient to determine a diagnosis. She arranges any necessary tests or x-rays and interprets the results herself. Sue then prescribes the relevant treatment including plaster casts, splints, stitches, dressings and bandages. She can reduce a dislocated limb back into place and remove foreign bodies and piercings which are stuck. When she has finished, Sue provides any follow up information; for example, how and when to change dressings or any exercises they can do. She also arranges any follow up treatment with the fracture clinic or physiotherapy service.

If a patient needs their injury reviewed, Sue invites them to the unit’s follow up clinic. For example, when a patient displays symptoms of a fracture but Sue can’t see one on the x-ray, she frequently applies a plaster cast and asks them to see the consultant nurse in clinic. Knee
Injuries are also reviewed as the swelling needs to go down before the injury can be fully assessed.

However, there are some patients who can’t be treated by Sue:

“When patients who do not have minor injuries arrive we aim to redirect them to the appropriate service to prevent as many patients as possible who don’t need the Emergency Department going there. Although we are an injury department, we still have patients who are unwell arriving, so we assess them to determine the best course of action. If they need to be seen at their GP or GP out of hours service that day, we call ahead and make the arrangements. Otherwise we advise them to make an appointment with their GP when there is one available. If a patient who is seriously ill or injured arrives and does need the Emergency Department, we start their treatment whilst waiting for an ambulance to take them. We take bloods and place a cannula to enable medication or fluids to be given quickly.

“We also work closely with the different specialities across the Health Board including orthopaedics, burns and plastics and paediatrics. When we see a patient who needs a specialist, we contact the on-call doctor directly. This doctor is able to tell us when they can see the patient as well as offer advice on how to treat them in the meantime. Every day you learn something new from these cases and we constantly pick up tips for future patients.”

In addition to the minor injury service, the unit runs a deep vein thrombosis (DVT) service for patients referred by their GP. The nurses arrange for the patient to have an ultrasound and ask the resident medical officer (speciality doctor) to see them. If the patient’s results are positive they are prescribed warfarin to dissolve it and stop the blood clotting further, and given an anticoagulant injection. The patient returns daily to have their anticoagulant injection and blood clotting tested until the results show the warfarin working and the injections can stop. They are then referred to the hospital’s anticoagulant clinic and the consultant DVT clinic which is held weekly in the Minor Injury Unit.

During out of hours, an ENP carries a bleep and is the third member of the cardiac arrest team. So if a cardiac arrest arises on one of the wards, they provide support.

Sue said:
“The variety of the role is fantastic; no two days are the same and you never know what you are going to see. The opportunity to work autonomously is great, as you really feel you have achieved something and made an impact on patient care. I believe the unit is so effective because we have a wonderful team here. The ENPs receive a lot support from the consultant nurse, triage nurses, healthcare support workers and receptionists. We all work together to make sure patients receive the best care possible.”

For advice on the right healthcare service for your injury or illness, please visit www.abm.wales.nhs.uk/abmchoosewell.