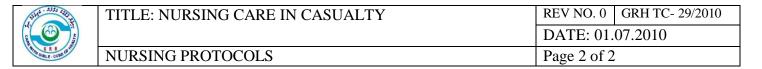
	TITLE: NURSING CARE IN CASUALTY	REV NO. 0	GRH TC- 29/2010
		DATE: 01.07.2010	
SARLE - CURE OF HE	NURSING PROTOCOLS	Page 1 of 2	

## GUIDELINES FOR NURSING CARE IN CASUALTY

## Competence level of nurses posted at casualty

- 1. Confident to handle patients from all departments
- 2. Must have clinical acumen to assess that the patients condition is deteriorating
- 3. Must work using knowledge, speed, efficiency and judgment
- 4. Must anticipate the usual requirements during procedures.
- 5. Must know the location/stock of consumables.
- 6. Must be aware of all PATIENT CARE AND TREATMENT PROTOCOLS
- 7. Must be courteous, polite and professional in their conduct.

S1	Activity	Remarks	
No.			
1	Administration of medications	- Rule of the thumb – 6 Rights	
	as per guidelines	- Right dose, right time, right patient, right route, right method, right	
		nurse	
		- Administering of test doses for certain drugs	
2	Provision of required	SN coordinates with SN of other wards and attenders.	
	equipments and its	Equipments in Causalty are ECG machines, Suction machine, Mini	
	attachments for the patients	pulseoximeter, Portable lights and Plaster saw.	
3	Carry out the stat orders for patients visiting / under observation patients		
4	Preparing patient wise reports	Done at the start at and at the end of the shift.	
	for shift change and appraising		
	the same to the incoming staff		
5	Preparation of patients for the	a) Keeping all the consumables ready for the procedure	
	procedures	b) Follow pre procedure orders	
		c) Informed consent if needed it to be taken / verified	
		d) Inform the patient and by-standers if needed	
6	Coordinating with the x-ray	Doctor raises an X-ray requisition	
	dept	2. SN informs the X-ray Department	
		3. SN accompanies the patient to the X-ray room and assists the X-	
		ray staff if necessary.	
		4. SN shifts the patient back to casualty after the X-ray.	
7	Stock taking and maintenance	To check for incongruity/replace the stocks as early as possible.	
	of consumables/inventory		
8	Maintaining confidentiality of pa	atient information	
9	Providing prescriptions to	As per Doctor's orders	
	patients	As per boctor's orders	
10	Safe custody of medications at	- Drugs / consumables placed in the casualty table in a safe place.	
10	appropriate places	- Drugs / consumables placed in the casualty table in a safe place.	
11	Getting ready the dressing	- Dressing sets (as per the patient numbers)	
11	trolley as and when required,	- Dressing sets (as per the patient humbers) - Suturing sets, cut down sets, suture removing sets (as on need basis)	
	troncy as and when required,	- Suturing sets, cut down sets, suture removing sets (as on need dasis)	



	and assisting during the	- Solutions – Betadine, peroxide, saline, CuSO4, spirit, tincture		
	dressing procedure	- Ointments - betadine, silverex		
	dressing procedure	- Dressing bin – big (gamgee pads, bandages, cotton balls)		
		- Small (gauze pieces, cotton balls)		
		- Un-sterile bandages		
		- Basin, Mackintosh, Stainless Steel kidney trays		
		- Scissor		
		- Adhesive plaster, Micropore		
		- Splint		
		- Torch		
		- Gloves		
		- Cheattle forceps		
		- Local anesthesia		
		Local anoshiosa		
12	Safe discarding of biomedical waste AS PER PROTOCOL			
13	Responsibility of Blood and its	Coordinating with the laboratory for the receipt/issue of blood		
	products	1. Doctor writes the blood transfusion instruction in patient file and in		
		the requisition form.		
		2. Requisition form is sent to laboratory with a note from the ward about		
		the constraints (how soon the blood is to be administered)		
		3. Status of availability is informed to the wards by the laboratory		
		technician		
		4. laboratory technician hands over blood to ward sister		
		5. Cross check of the donor / patient and cross match forms.		
		Blood transfusion protocol is adhered to		
		- Any pre-medication is given if ordered		
		- Explain blood transfusion procedure and the time that will be taken		
		- Explain benefits/risks and transfusion reactions		
		- Transfusion at the rate that has been prescribed by the treating doctor.		
		- Discarding the blood bag as per biomedical waste disposal norms.		
14	Coordinating with the lab for	1. Doctor raises a laboratory requisition form		
	the lab reports and collection	2. Lab is informed regarding the investigation.		
	of samples	3. Nurse collects the blood/sample.		
		4. Sends the sample along with Lb requisition form.		
		5. Lab staff submit the reports to the ward and makes an entry in the		
1.5	E 11 ' 1371' / 1	register		
15	Following I V line protocol	As per INTRAVENOUS ACCESS PROTOCOL		
16	Universal precautions to be adhered to; As per PROTOCOL			
17	Accompanying the patients in the likely event of patient being shifted by ambulance.			
18	Inter-office communication (wards/OT/) regarding patients/consultants/DMOs/nurses/paramedical			
10	staff/out-source employees.  Shifting/handing over the charge to the ward nurse prior to admitting a patient to the ward/ICU/OT.			
19	Smiting/nanding over the charge	e to the ward nurse prior to admitting a patient to the ward/ICU/O1.		