

Emergency room

[Health & Medicine](#), [Nursing](#)



Emergency Room Emergency Room Describe how the Nursing Process is used in the ER setting compared to In-Patient units. In the ER, the nursing process is not predictable and therefore needs quick thinking. The nurses are required to make immediate decisions while they ensure that they pay attention to detail. The nurses are required to be cautious and observe very strict guidelines against transmission of diseases. The ER settings work for 24 hours a day and the nurses are expected to work in irregular hours. In the in-patient units, it is different since the nurse is not expected to make immediate decisions. The nurse has all the time to assess the patient before making a decision. In most cases nurse in the in-patient units do not work during irregular hours (Burgess, 2014).

2. What type of documentation is used in the ER? Compare it to that used in the In-Patient setting.

In the ER, documentation focuses on addressing acute symptoms through use of ICD-10-CM codes. This is different from documentation that is used in the in-patient setting since it does not involve coding. In the in-patient unit documentation is done in paper format or electronically but without coding (Burgess, 2014).

3. What are the legal issues involved in the ER? Compare and contrast them to those operating in the In-Patient care areas.

In the ER, there are several legal issues involved. One of them is determination of how emergent a situation is for the patient since some situations can be deceiving and accurate decisions have to be made. Another common legal issue is ensuring that patients are screened and treated appropriately while keeping them informed of the treatment being

given. The legal issues arising from in-patient unit are less compared to the ER. The patients in in-patient unit need to have informed consent of the treatment they receive (Burgess, 2014).

4. How is client safety and privacy maintained in the ER where there are open areas with clients, families and various personnel coming and going? Safety and privacy of the patient can be maintained by ensuring that there is always a technician to help the patient at any given time and that there is no displayed information on the patient that other people can see. The client can also be provided privacy through use of curtains to cover his bed area. Through use of curtains around his bed area, only restricted people can intrude his personal space.

5. What are the protocols related to communication/interaction/client access re: EMS personnel, Law Enforcement, Security, Agency technicians such as Lab, X-ray, and Imaging, etc.

The protocols related to communication include ensuring protection of the information that the patient gives for purposes of medical records. Such information should be treated with a lot of privacy and should be secured. The technicians should not share a patient's information by any chance and should ensure that the patient is aware of the results (Burgess, 2014).

6. How is consent handled when an ER client is unable to give consent and family is not at hand?

In such a situation, the nurses and physicians are allowed to carry out the procedure on the patient without any consent to save his or her life. The patient will then be told about the procedures carried out when he is conscious and can understand.

References

Burgess, A. (2014). Essential Documentation Elements: Quality Tool for the Emergency

Department Nurse. *Advanced Emergency Nursing Journal*, 36 (2), 199-205.