

Acute Medical Emergencies

A Nursing Guide

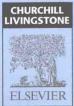
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SECOND EDITION



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Acute Medical Emergencies

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Preface

Nursing on the medical wards is becoming dominated by the increasing number of emergency admissions. The average sized district general hospital takes in upwards of thirty acute medical cases per day. This presents a major challenge to the staff and demands the highest level of clinical knowledge and clinical skill.

Most hospitals are meeting this challenge by concentrating resources in Acute Medical Units to which unselected medical patients of all ages are admitted – to be decanted elsewhere after a period, usually 24 hours, of assessment and intensive treatment. Their success depends on the way in which these very sick patients are handled in the first few, crucial hours after they arrive on the Unit. Much of the initial responsibility for this falls on the nurse, who is faced with a daunting flow of patients in terms of both medical complaints and immediate nursing needs. Pre-admission diagnostic labels vary from the specific – 'acute atrial fibrillation' – to the vague – 'off legs and cannot cope' – and the quality of additional information is often poor. From this onslaught of unselected and undiagnosed cases decisions will have to be made:

- Who needs urgent attention and what should this be?
- Who can move off the Unit?
- Who can go home?

To provide this service effectively, there is an increasing overlap between the roles of the nursing and medical teams and it is now becoming commonplace for nurse practitioners to be involved in the assessment, triage and initial management of acute medical admissions. This is a demanding task that requires a detailed understanding of acute medical illness – to make sense of the clinical features; to prioritise emergency treatment; to follow a rational and logical care plan; and, most importantly of all, to recognise the psychosocial demands that these illnesses place on the patients and their families.

The book targets this area of practice in an attempt to bridge the gap between a pure 'nursing' text and a 'medical guide' to emergency admissions. The book assumes that its readers, while already having expert nursing skills, require additional knowledge derived, in part, from the 'medical model' but which is also firmly rooted in the tradition of needsbased nursing. This book therefore aims to:

· describe the common emergency medical conditions

V PREFACE

- explain the underlying disease mechanisms
- describe the assessment, observations and management in terms of the disease process
- emphasise the critical role of information gathering in the planning of rational care
- relate the nursing care to the underlying disease
- focus on events within the first 24 hours of admission
- use examples from our practice to put the theoretical information into a practical context

(In the text where patients are referred to as 'he' this should be understood to refer to both male and female patients.)

It is our view that the basis for effective patient care in the critical first 24 hours must be a clear understanding by the nurse of the underlying medical condition. Everything else follows on from this: a logical approach to initial assessment; appropriate monitoring: timely and effective emergency care; and the anticipation of potential complications. This book aims to support this process by actively informing nurses' clinical work and by acting as the catalyst in a reflective assessment of their existing practice.

Stockton on Tees 2001

Richard N. Harrison Lynda Daly

Preface to the Second Edition

The Second Edition has been thoroughly revised to incorporate any significant changes in practice and the publication of new guidelines. Two new chapters have been added – an opening chapter that focuses on effective emergency assessment and resuscitation, and a final chapter on the growing threat of emerging new infections and of bioterrorism.

Stockton on Tees 2006

Richard N. Harrison Lynda Daly

Acknowledgements

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The publishers would like to thank Simon M. Whiteley of St James's Hospital, Leeds for the cover photograph.

Abbreviations

primary assessment (Airway, Breathing, Circulation, Disability, Exposure) ACE Angiotensin-converting enzyme ACEI Angiotensin-converting enzyme inhibitor ADH Antidiuretic hormone ADL Activities of Daily Living AED Accident & Emergency Department AIDS Acquired immunodeficiency syndrome ALS Advanced life support ALT Alanine transaminase AMI Acute myocardial infarction AMTS Abbreviated mental test score APPT Activated partial thromboplastin time ASO Anti-streptolysin O AST Aspartate transaminase AV node AVPU Mnemonic for assessing CCF Congestive cardiac failure CCU Coronary Care Unit CCJD Creutzfeldt-Jakob disease CCNS Central nervous system CO2 Carbon dioxide CO4D Chronic obstructive pulmonary disease COPD Chronic obstructive pulmonary disease CPAP Continuous positive airway pressure CPR Cardiopulmonary resuscitation CRP C-reactive protein CSF Cerebrospinal fluid CT Computed tomography CVA Cerebrovascular accident CVP Central venous pressure DC Direct current (counter shock) DIC Disseminated infravascular coagulopathy Diabetic Mellitus, Insulin Glucose Infusion in Acute Myocardial Infarction DKA Diabetic ketoacidosis DNAR Do not attempt	ABCDE	Mnemonic used for	CCDC	Consultant for
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BLS Basic life support DNAR Do not attempt				
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BMI Body mass index resuscitation				resuscitation
BNP B-natriuretic peptide				wood nation
BP Blood pressure ECG Electrocardiogram	BP	Blood pressure		
ECT Electroconvulsive therapy				
CABG Coronary artery bypass EDTA Ethylenediamine tetra-	CABG		EDTA	
grafting acetic acid		grafting		acetic acid

EMD	Electromechanical	ITU	Intensive Therapy Unit
	dissociation	i.v.	Intravenous
ENT	Ear, Nose and Throat		
EPAP	Expiratory positive airway	JVP	Jugular venous pressure
	pressure		
ERCP	Endoscopic retrograde	KCCT	Kaolin cephalin clotting
	cholangio-pancreatogram		time
EWS	Early Warning Score	KCI	Potassium chloride
		10.1.01	
FBC	Full blood count	LFT	Liver function test
FFP	Fresh frozen plasma	LP	Lumbar puncture
	r	LTOT	Long-term oxygen
GBH	Gamma-hydroxybutyric	2701	therapy
CDII	acid	LVF	Left ventricular failure
GCS	Glasgow Coma Score	211	Dest vertileum minute
GI	Gastrointestinal	MCV	Mean corpuscular volume
GKI	Glucose-potassium-insulin	1,10,	(size of the red cell)
ORI	infusion	MDAC	Multiple-dose activated
GTN	Glyceryl trinitrate	MIDITO	charcoal
CIIV	Gryceryr amarate	MDMA	3,4-Methylenedioxymeth-
Hb	Haemoglobin	IVILDIVIZI	amphetamine
HbA _{1c}	Glycated haemoglobin	MDTB	Multi-drug-resistant
HBeAg	Hepatitis B e antigen	MIDID	tuberculosis
HBsAg	Hepatitis B surface antigen	MEWS	Modified Early Warning
HBV	Hepatitis B virus	WILVVO	Score Score
HCO ₃	Bicarbonate	MRC	Medical Research Council
HCV	Hepatitis C virus	MRI	Magnetic resonance
HDU	High Dependency Unit	IVIIXI	imaging
HIV	Human immunodeficiency	MRSA	Methicillin-resistant
THV	virus	MINSA	Staphylococcus aureus
LIONIV		MSU	Mid-stream urine
HONK	Hyperosmolar non-ketotic diabetic coma	MTS	Mental test score
HR	Heart rate	1/11/3	Wiental test score
HUS		NADOI	M acotul n
HUS	Haemolytic uraemic	NAPQI	N-acetyl-p-
	syndrome	NG	benzoquinoneimine
ICD	Invalantable and income	NIDDM	Nasogastric
ICD	Implantable cardioverter- defibrillator	MIDDM	Non-insulin-dependent
ICD		NITY	diabetes (i.e. Type II)
ICP	Intracranial pressure	NIV	Non-invasive ventilation
IDDM	Insulin-dependent diabetes	NSAIDs	Non-steroidal anti-
INID	mellitus (i.e. Type I)	NIVITA	inflammatory drugs
INR	International normalised	NYHA	New York Heart
TDAD	ratio (test of clotting)		Association
IPAP	Inspiratory positive		

IPAP Inspiratory positive 此为试证way pressure 主整PDF可访问。www.ertongboo

PACI	Partial anterior circulation	SARS	Severe acute respiratory
	infarct		syndrome
PCI	Percutaneous coronary	SCD	Sudden cardiac death
	intervention	SHO	Senior House Officer
pCO_2	Carbon dioxide level (partial pressure)	SRSV	Small round-structured virus
PCR	Polymerase chain reaction	SSRI	Selective serotonin re-
PE	Pulmonary embolism		uptake inhibitor
PEA	Pulseless electrical activity		1
PERL	Pupils are equal and react	TACI	Total anterior circulation
	to light		infarct
PFR	Peak flow rate	TB	Tuberculosis
рН	A measure of acidity (low	tds	Three times a day
F	pH – high acidity)	TIA	Transient ischaemic attack
PND	Paroxysmal nocturnal	TIPS	Transjugular intrahepatic
1110	dyspnoea	*****	portosystemic shunt
pO_2	Oxygen level (partial		1 /
F - 2	pressure)	U&E	Urea and electrolytes
p.r.n.	As required	UTI	Urinary tract infection
PT	Prothrombin time		Selection 2
PVC	Polyvinyl chloride	VF	Ventricular fibrillation
8 3 8		VHF	Viral haemorrhagic fever
qds	Four times a day	V/Q	Ventilation perfusion
quo	rom mines a day	17.2	(isotope lung scan)
RR	Respiratory rate	VT	Ventricular tachycardia
rt-PA	Recombinant tissue	V 1	ventire and therry cardia
II-IA	plasminogen activator	WCC	White cell count
	plashimogen activator	WKS	Wernicke-Korsakov
C A	Cincatulal made	VVNS	
5A node	Sinoatrial node		syndrome

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