



Ambulance Nurse

The ambulance nurse acts as the first point of contact for most patients who are brought into the department by ambulance.

This role is generally undertaken by senior members of the team, and a shift with a Practice Development Nurse (PDN) should be completed here prior to working independently.

▼ Ambulance Nurse 1

KEY RESPONSIBILITIES

- Take the handover for every patient that is brought in by ambulance to ED with 15 minutes of arrival
- Stream patients to alternative pathways internally within OUH
- Manage up to 4-5 patients in reverse queue corridor area
- Escalate concerns to the Nurse in Charge/Consultant in charge/Operational Managers as necessary
- Work with the assessment team, second ambulance nurse and SCAS for flow management
- Identify 'high risk' and/or acutely unwell patients and act accordingly
- Liaise with Nurse in Charge for break cover if required

PROCESS

- Take handover from the ambulance crew. Document this on the pre-arrival form on EPR using SBAR
- Perform a set of observations if has not had this completed in the last 15 minutes by ambulance crew
- Direct the crew and patient to the appropriate area

- Consider referral to speciality teams as appropriate – agree with team if they are seeing in ED or ideally in alternative place (if patient clinically safe). Click the 'R' when booked in and add additional information into the 'mouth' icon
- Sign ambulance EPR when you have taken the handover
- Complete CAD once the patient is in a chair or on an ED trolley
- If the patient is in the Ambulance queue under the care of SCAS, the CAD should not be completed until a member of OUH staff had taken over their care

CONSIDER HIGH RISK PATIENT GROUPS

- Silver trauma protocol
- Mental Health (MCA/Security)
- Clinical concern (raised NEWS2)
- Pre-alert step down patients
- 16-18 years olds (consider cause of presentation and if Safeguarding may be indicated)

FLOW INTERACTIONS

- Escalate to Nurse in Charge
- Consultant in charge
- Operational Managers
- SCAS
- Assessment team – prioritise clinical need when required

ADDITIONAL RESPONSIBILITIES

- Managing X 4-5 patients in reverse queue including repeating observations, documentation, initiating treatment, assisting with hygiene needs
- Sunflower room to be reserved for privacy and dignity if possible (hygiene needs, investigations, ECG's, medical assessments)

REVERSE QUEUE CRITERIA

- No confused patients
- No End-of-Life patients
- No patients requiring cardiac monitoring
- Careful consideration of patients requiring oxygen therapy

▼ Ambulance Nurse 2

The Ambulance Nurse 2 is based to work alongside the Ambulance Nurse 1.

The Ambulance Nurse 2 to discuss with Ambulance Nurse 1 deciding whether they have the skill set and experience to take ambulance handovers – conversation at the start of the shift for clarity.

Only one Ambulance Nurse to take handovers at any one time to minimise confusion, errors and maintain patient safety.

KEY RESPONSIBILITIES

- Manage up to 4-5 patients down the resus side corridor (Ambulance Nurse 1 to decide to go to 5 patients based on acuity overall and clinical risk assessment)
- Assist ambulance Nurse 1 with maintaining frequent observations and documentation for all patients in corridor area
- Keep EPR up to date alongside assessment team to maintain accurate department screen
- Ensure patients have wristbands on
- Check trolleys have O2 cylinders at least half full on each trolley
- Always maintain a clean and tidy corridor
- Assist patients with hygiene needs as required
- Assist with transferring patients into assessment for further investigations as directed by Ambulance Nurse 1
- Escalate all concerns/changes to the Ambulance Nurse 1 or Nurse in Charge