

I am an emergency room nurse!

I am an emergency nurse. If you can make that statement, then this article has been written about and for you.

Emergency departments throughout the United States are having an emergency! In the last 10 years, ED visits may have increased as much as 175%,* and yet it is well known that approximately 50% (a low figure) are nonemergencies. This trend will continue and an estimated 4% to 10% annual increase is currently anticipated. With the aforementioned thoughts and figures, I would like to ask the following questions:

1. As an emergency nurse, how are you being educated to accept what is one of the most interesting and challenging jobs in the hospital?
2. Has anyone on your administrative staff made it their business to be assured that you have competent training to handle the multiplicity of complaints received daily from patients?
3. Is your administrative staff aware of the policies of the hospital and the health resources of the community?
4. Does the administration know the medicolegal implications inherent in our present hospital role?

It is essential that the nurse selected for employment in an emergency department be knowledgeable in all fields of medicine—pediatrics, psychiatry, urology, and neurology—and all aspects of trauma. You name the service, the patient will arrive! The nurse must also have empathy and a thorough understanding of the social and economic problems of each human being. I was asked recently to moderate a program entitled, "Postgraduate Facilities Available for Educating the Emergency Room Nurse." I wrote letters to a variety of agencies that should have this information available. To my dismay, the answers were almost uniform: "There is very little available regarding facilities for educating the emergency nurse." So what should we as emergency nurses do about this situation?

First we must have a genuine concern for our pa-



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tients and a sincere desire to make our services one of the best in medicine.

We should demand superior equipment—not surplus equipment from some other department in the hospital.

We should have the necessary space to do our work efficiently.

An ongoing in-service program should be initiated in all emergency departments with adequate time for all personnel to attend.

Administration should realize that just as coronary, respiratory, and intensive care personnel need specially designed training programs to perform their functions efficiently, so also do ED personnel. You might say that unless we in emergency medicine are competent, the patient may never arrive at one of these highly specialized units.

Emergency nurses are anxious for further educa-

*Statistics based on records of E.J. Meyer Memorial Hospital and Buffalo County Hospital, Buffalo, New York.

tion. This was evidenced when the emergency nurses in the metropolitan area and in Buffalo, New York, recently formed their own organization. The dual purpose of the organization was to implement an educational program and establish better communications among the hospitals in the area. Eighty-seven nurses joined immediately. These nurses give, of their own volition, one night a month for a program designed to meet their needs.

Having no funds, the program director has used the fine art of persuasion to get the best qualified speakers to lecture without financial reimbursement. These physicians, lawyers, nurse clinicians, and law enforcement officers have responded with enthusiasm. They actually believe that by helping us they will benefit in their own fields of endeavor.

Nurses have donated from their personal financial resources to provide postage, refreshments, transportation, etc.; hospitals have made space available for meeting areas; physicians have contributed the money to buy stationery. Western New York Hospital Association has assisted with publicity. Since the first contact with the patient is made in the emergency department, various services have benefited by using our mailing list.

Admittedly, this will not solve the dire need for an educational program on a national scale that is more definitive to our needs.



Anita Dorr confers with Dr. James Mills, an early president of the American College of Emergency Physicians at a past ACEP symposium.

Hopefully, this article will stimulate other areas to institute similar organizations and eventually coordination will result in a well-rounded educational format for the ED staff. We hope so—we have an emergency!

—Anita M. Dorr, RN, 1970