

### President's Letter

Mary Ellen Wilson, RN BA BS CEN



In 1992, NYSCENA strove to accomplish the goals set up in the five-year strategic plan. NYSCENA continues to represent emergency nurses across New York State by serving as a resource for chapters and individual members. The state council

committees continue to grow, become stronger and network with other organizations. Our state conference in Albany, despite the kazoos, presented a very successful and enlightening educational offering for our membership.

In 1993, NYSCENA will continue to represent all emergency nurses. Together, we will strive towards obtaining a sense of commonality. It is my personal hope that NYSCENA will become even more proactive. We need to provide progressive leadership by networking with the chapters and

individual members. As emergency nurses we need to work together to address the many challenges that are still facing emergency health care in New York State.

The Council has several goals for 1993:

1. NYSCENA will continue to serve as a resource to chapters and members.
2. NYSCENA will continue to strengthen the various committees and encourage active participation by the membership.
3. NYSCENA will continue to develop measures to increase membership.
4. State and chapter activities will continue to be published in the state newsletter. The newsletter will continue to endeavor to fulfill the needs of the membership with articles on clinical practice and issues pertaining to emergency nursing.
5. Our state conference, "Setting the Pace", will be held April 30 - May 1, 1993, in Rochester, NY. This conference is planned to meet the needs of all emergency nurses. ❖

### The Adirondack Chapter: A Special Practice Environment

Marylou Killian, RN CEN

What do The Saratoga Race Track, Beech Nut, Russell Sage College, The New York State Assembly, Card Brothers, Proctor's Theater, Hunter Mountain, The Hudson Train Station and General Electric all have in common?

The nurse who would provide emergency care in these regions is a nurse represented by the Adirondack Chapter of ENA.

This is quite remarkable when you look at the area that is included in the Adirondack Chapter. Places that we practice vary in size, organization and mission. Communities we serve include rural areas, cities and seasonal tourist spots. Even our experience, education, professional roles and age vary dramatically.

So how are we similar? All of us have been affected by hospitals in our chapter closing or having to cut back on services. We are continually faced with new regulations that impact emergency nursing practice. Sharing our knowledge and expertise has the potential to make a difference in health care.

The primary goal of the Adirondack Chapter for 1993, is to pool the combined ideas and talents of our membership to advance emergency nursing in the region. In anticipation of working toward this goal we sent out a membership survey in November, 1992. The results of the survey will be used for planning upcoming Chapter activities.

(Continued on page 2)

Submit articles, comments or suggestions to:  
Susan Strauss, RN CEN  
CCRN, Editor  
167 Hooker Avenue  
Poughkeepsie, NY



## Remember, Cobras Can Bite!

Mary Ellen Wilson, RN BA BS CEN  
1993 NYSCENA President

Emergency nurses in New York State continue walking a tightrope with ED overcrowding. Gridlock is still a critical problem in emergency departments across the state. Admitted patients are being held for hours and some, even days. Patient care is delayed waiting for available in-house rooms. There appears no way to stop those ambulances that keep arriving at the door.

Certainly, the temptation to divert is uppermost in any ED charge nurse's mind. Trying to manage patient care in gridlock situations is an absolute nightmare for all concerned. Juggling stretchers and maintaining patient care standards is frustrating at best.

As emergency nurses, we know that it is sometimes very dangerous trying to handle the overwhelming number of cases in our overflowing emergency departments. However, we must be aware that we are operating under the standards set by the Federal Combined Omnibus Budget Reconciliation Act (COBRA). The Omnibus Budget Reconciliation Act (OBRA) and COBRA were passed by Congress to prevent inappropriate patient transfers and denial of care.

COBRA requires that any hospital receiving Medicare funds must evaluate all emergency

patients to determine if there is an emergent condition. If an emergent condition is found, the hospital must provide immediate care. For emergency nurses, this means that each person who applies at your front desk must be charted in as a patient. Each patient should have vital signs taken and recorded. Each patient needs to be assessed in a timely fashion and a brief history should also be documented.

The penalties can be quite stiff if COBRA guidelines are not followed. Your hospital can be suspended from participating in Medicare programs. Physicians can be personally fined \$50,000 for each COBRA violation. Under the law, patients may file a civil suit against the emergency nurse as well.

What is the solution? Documentation is essential. As a recent article in the August issue of the *Journal of Emergency Nursing* stated, "Emergency nurses need to function as responsible and prudent health care providers would function under the same or similar circumstances". Therefore, you document thoroughly and "do the best you can." It is important to remember those COBRA guidelines before thinking about diversion of ambulances. ❖

Emergency nurses in New York State continue walking a tightrope with ED overcrowding.

*(Adirondack - continued from page 1)*

We also are trying to have our officers, committee members and liaisons to other organizations come from diverse areas of our Chapter.

**Adirondack Chapter Officers for 1993 are:**

**President:** Marylou Killian, RN CEN  
c/o St. Peter's Hospital  
Emergency Department  
315 S. Manning Blvd.  
Albany, NY 12208

**President-elect:** Mary Goyette, RN CEN  
78 Wineberry Lane  
Ballston Spa, NY 12020

**Immediate Past President:**  
Dayle Griffin, RN CEN  
c/o Albany Medical  
Center Hospital  
Emergency Department  
New Scotland Ave.  
Albany, NY 12208

**Secretary:** Joanne Cook, RN CEN  
PO Box 233  
Roxbury, NY 12474

**Treasurer:** Betty Tollner, RN CEN  
8 Queen Ann Road  
Amsterdam, NY 12010

If you have any questions about our chapter feel free to contact one of our Officers. ❖

New York State Council News is published quarterly. The opinions expressed in this newsletter are not necessarily those of the New York State Council of the Emergency Nurses Association.

President	Mary Ellen Wilson
President-elect	Mary Ann Wylie
Secretary	Michelle Silliker
Treasurer	Patsy Ballard
At-Large Board Members	Barbara Kirby
	Susan Strauss
Past President	Gwen Williams



## Southern Tier Chapter of ENA

*Cathy Convoy, RN CEN*

The Southern Tier Chapter of ENA began in 1975 and encompasses the counties of Broome, Chenango, Tioga, Delaware and Otsego. There are currently eleven hospitals in the five county region. Two of the hospitals are designated as level two trauma centers.

The hospitals located in the Southern Tier are:

### **Broome County**

Lourdes Hospital  
Binghamton General Hospital  
Wilson Regional Medical Center  
Ideal Medicenter Walk-in Clinic  
The Hospital in Sidney

### **Chenango County**

Chenango Memorial Hospital

### **Delaware County**

Delaware Valley Hospital  
Delhi Hospital

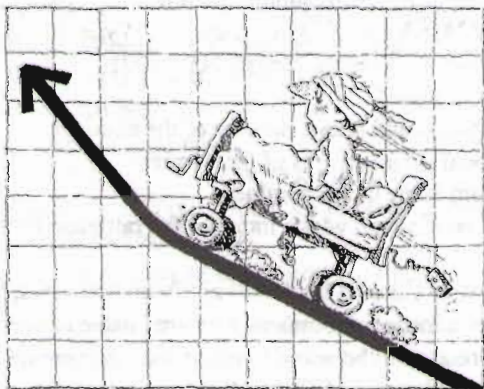
### **Otsego County**

Mary Imogene Bassett Hospital  
A.O. Fox Hospital  
Margaretville Hospital

Of the approximately 120 emergency nurses in the area, approximately one quarter are ENA members. Several of the chapters original members are still active in the chapters' growth. Chapter members have been active on both the state and the national committees. Delegates who represent the Southern Tier have attended the National ENA General Assembly since 1979.

The chapter encompasses rural and urban areas. Our membership has every variation of emergency nursing. We have seen the same changes in health care occur across the country. We have seen the closing of rural hospitals, the consolidation of more urban hospitals and the evolution of hospital satellite clinics.

We are very proud of our chapter and it's accomplishments since its inception in 1975. We look forward to the chapter's continued growth and evolution. ❖



## In the news . .



*Mike Gilbertson, New York State EMS Director, congratulated Barb Kirby, RN CEN EMT, on receiving the ENA EMS Award.*

Congratulations to Barbara Kirby, RN CEN EMT, who received the 1992 NYSCENA EMS Award at the annual EMS Awards Banquet held November 14, 1992, in Albany, New York. Ms. Kirby is the Assistant Head Nurse in the Emergency Department of Community General Hospital in Syracuse, NY. She has been actively involved in ENA for many years. Her ENA activities include 1992 Central New York Chapter President, 1992 member-at-large of the State Council Board of Directors, Chairperson of the Nurse Manager Special Interest Group and is the NYSCENA representative to the New York State EMS Council.

Ms. Kirby's EMS activities include member of the Central New York Regional EMS Council, member of the Eastern Section EMS Council, member of the Onondaga County Audit Committee for Emergency Medicine and a firefighter for the Kirkville Fire Department.

NYSCENA is proud of Barbara's many accomplishments and believes her to be a role model for the EMS community and her peers as an expert in emergency nursing. ❖



The newsletter of the New York State Council of ENA currently has a circulation of 1800, is published quarterly, and reaches all ENA members within New York State. NYSCENA accepts paid advertisements for products or services that relate to emergency nursing within New York State. Ads are subject to committee approval prior to publication. Advertisements must be camera-ready and reducible.

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1/8 page (3" x 2") . . . . \$40

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## Critical Incident Stress Debriefing

*Kathleen Lunney, RN BSN CEN  
Berrnadette Oakes, RN CEN*

**W**hat is a critical incident? It is any incident faced by emergency services personnel that causes them to experience unusually strong emotional involvement: mass casualty, suicide of a co-worker, death of a child, etc.

Critical incidents may cause emergency service personnel to experience intense stress which, if unresolved, could result in physical or emotional symptoms that interfere with their work and personal lives.

Critical Incident Stress Debriefing (CISD) teams are designed specifically to address the special personalities, job and family related stressors and the support needs of emergency services personnel. These teams are comprised of a partnership of mental health professionals and peer support personnel who are drawn from the police, fire, EMTs, emergency nurses, dispatch, disaster management and other emergency service organizations. Most CISD teams also invite selected members of the clergy to participate on the team. The major functions of the CISD team are:

1. Prepare emergency personnel to manage their job related stress.
2. Assist emergency personnel experiencing the negative effects of stress after exposure to an unusually stressful event.

In addition CISD team members actively participate in stress education and prevention programs. They recognize that family education and support programs are an integral part of the team effort. The CISD team serves as a resource and referral network for emergency personnel who need more support than can be provided by the debriefing.

Kathy Lunney, RN, nurse manager of Corning Hospital's emergency department presented an overview of CISD to the Mark Twain Chapter. As a member of the Tri-County Critical Incident Intervention Program, she discussed the effects of cumulative stress, utilization of stress management techniques and the activities of the local debriefing teams. The presentation pointed out that as emergency care providers, we are always dealing with the needs of others and frequently do not address our own physical and emotional needs. Emergency nurses need to talk about the emotional toll that comes from dealing with human tragedy and take advantage of stress management resources.

The Mark Twain Chapter has contributed to the Tri-County Critical Incident Intervention Program and has voiced willingness to help sponsor a training program in our region. We are extremely fortunate in our area to have the Mark Twain Chapter of ENA, the Southern Tier Regional EMS Council and the support of many emergency service providers. We value our emergency service providers and want to keep them healthy, happy and on the job. We are interested and committed to the reality of a training program in 1993. ❖

## Tidbits

### Nurse Of Distinction

Two members of the NYSCENA have been named The Nurse of Distinction by their hospitals:

*Fran Sikso, Albany Memorial Hospital*

*Mary Ann Wylie, Arnot Ogden Medical Center*

Both of these women have been true leaders in the New York State Council of ENA. We join with their hospitals in congratulating them.

### Points Of Clarification

The NYSCENA Open Council Meeting will be held April 29, 1993, from 1 PM until 8 PM, prior to the State Conference. All members are welcome to attend.

In the October 1992 newsletter, it was stated that it "was the first time in our 20-year history that we had a full slate of officers." New York State Council has always had a full slate of officers.

### National ENA's New Address

Effective December 29, 1992: Emergency Nurses Association, 216 Higgins Road, Park Ridge, IL 60068. ❖

## Call for awards

**N**ominations for the New York State Council Emergency Nurses Association Awards are due by March 15, 1993. The following annual awards will be presented at the New York State Conference Awards Banquet, April 30, 1993:

**Anita Dorr Award** – This award is given to an emergency nurse recognized by his/her peers for their knowledge in emergency nursing and for their caring and professional approach to patient care. These qualities reflect the dedication, integrity and commitment of the woman in whose memory the award is given. Anita Dorr was the co-founder of what is now the Emergency Nurses Association.

**Education Award** – This award is presented to the RN-ENA member who has been recognized for excellence in the education of nurses or others in the area of emergency nursing.

**Special Recognition Award** – This award recognizes an individual who has demonstrated a commitment to NYSCENA and has helped promote the ideas of ENA through various special projects and efforts.

Any association member or chapter may submit nominations for these awards. Please submit the following typewritten information by March 15, 1993, to Mary Ann Wylie, RN BSN CEN, 217 Kingsbury Avenue, Elmira, NY 14901.

1. Category of award
2. Name, address and phone number of the nominee
3. Professional achievements of the nominee
4. Curriculum Vitae of the nominee
5. Letter of nomination which includes the rationale for the nomination

New York State Council ENA will notify all nominees, by mail, of their nomination. Nominees who are unable to attend the state conference will be asked to designate a representative to accept the award on their behalf. ❖



## Committees Update . . . Committees Update . . .

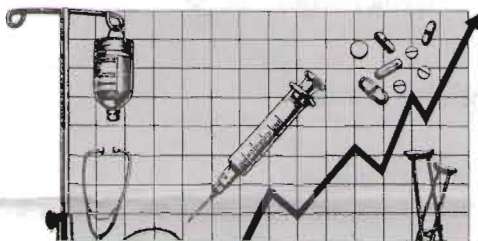
### Conference Committee Report

*Maryanne Balfe, RN*

Plans for the NYCENA "Setting the Pace" Conference have been finalized. Speakers include, Linda Manley, RN BSN CEN, Jan Rogers, MS RNC, Linda Sheets, EDD RNCS CEN, Marlane Ortiz, RN MS CNA, Jane Thomas, RN MS CEN, Susan Strauss, RN CEN CCRN, Robert Strauss, MD FACEP and a representative of the New York State Police.

The conference will be held April 30-May 1, 1993, in Rochester, NY. The deadline for registration is March 29, 1993. There are two tracts available. Changeovers in tracts will not be allowed. Splitting of registration between two people for the conference is also not allowed. If two people wish to attend, each must pay the one-day registration fee.

The 1994 "Setting the Pace" Conference will be held at West Point's Thayer Hotel in West Point, NY on April 22-23, 1994. ❖



### Nurse Practice Committee Report

*Maryann Portoro, RN CEN EMT*

The Nurse Practice Committee has been considering the options for the National Standard Guidelines for Pre-Hospital Nursing Curriculum. We have sent a letter and the curriculum to the State Department of Education. We have asked the Nursing Education Department to review the curriculum and examine the role of the registered nurse in pre-hospital care within the Nurse Practice Act Guidelines. The committee is waiting for their interpretation.

The Nurse Practice committee is reviewing many pressing issues in emergency nursing for 1993. We would like to know what policies, protocols and standards you are implementing in your emergency department on the following topics:

- Immunizations for the Pediatric Patient
- EMS Trauma Transfer Protocols
- TB Regulations
- Disaster Implementation
- Violence in the Emergency Department
- Prevention and Follow-up Care of Needle Sticks
- Restraint Devices
- Streamlining Care of the Chest Pain Patient

Some of these topics will be discussed at the open meeting of the Nurse Practice Committee April 29th in Rochester. Please bring your policies, forms and ideas! ❖

### Government Affairs Committee Report

*Vi Ayalon, RN MS CEN*

The committee reviewed recent legislation on national and state issues. The following legislative items are of interest to NYSCENA:

#### National

##### 1. Anticrime Legislation – HR 3371

This bill allocates one billion dollars for the treatment of gunshot wounds. The bill has the support of the AMA. However, there is no agreement yet in Congress.

##### 2. Trauma Systems Issues

The Trauma Center Revitalization Act (PL 102-321) and Trauma Care Center Alien Compensation Act of 1991 (S1306) were passed into law thanks to lobbying efforts. This Public Law creates \$100 million in grant money for trauma centers stressed as a result of drug related violence.

##### 3. Nursing Agenda

Congress passed HR 5673, a bill to reopen the Agency for Health Care Policy and Research for three years. Clinical guidelines are available by calling 1-800-358-9205.

#### State

##### 1. Mandatory Bicycle Helmets

This legislation was defeated. However a few counties passed their own mandatory helmet regulations. One of these counties is Rockland. This committee urges support of future legislation in mandating the use of bicycle helmets.

##### 2. New York Health Plan

This bill A-8912 is being researched by the committee for possible endorsement or amendments.

##### 3. Third Party Reimbursement for Nurse Practitioners

Legislators are looking for "Proof" that health cost will be decreased by nurse practitioners being reimbursed. Without documented research demonstrating decreased cost, there is slim hope of this legislation being passed.

#### Other

We have been asked by the American Heart Association to write a letter to President Clinton to support funding for cardiovascular disease, the number one killer of men and women. NYSCENA members at the council meeting were given a sample letter and state stationery. All NYSCENA members are encouraged to write letters and send them to: President Clinton, 1600 Pennsylvania Avenue, Washington, DC 20500. For a sample letter, contact your chapter delegate. ❖





## The Clinical Side - Intussusception

Jeannette Barth, RN BSN  
North Shore University Hospital

**I**ntussusception is a telescoping of a portion of the bowel into a distal segment. It is the most common cause of intestinal obstruction between the ages of three months and six years. The cause is unknown in 95 percent of cases. The other 5 percent may be an inverted Meckel's Diverticulum or a complication of Henoch-Schonlien purpura, an acute vasculitis usually associated with streptococcal or viral infections. If not treated, intussusception results in infarct and gangrene of the bowel and can be fatal.

Intussusception usually presents with sudden severe paroxysmal pain. Between spasms, which are usually accompanied by straining, the child will act normally. Some children present with an altered mental status and may be irritable or lethargic. Intussusception maybe a complication of gastroenteritis. It is important to note any

change in the character of the pain. Bloody mucous on rectal exam or passing of "current jelly" stools is strongly suggestive of intussusception. Palpation of the abdomen may reveal a tender sausage shaped mass.

In the past three months, three cases of intussusception have presented to the pediatric area of our emergency department.

Of the three cases, only one presented with all the classic symptoms. One of the patients presented only with vomiting and guaiac positive stool. The third patient presented with abdominal pain, vomiting and guaiac negative stool.

Barium enema is both diagnostic and therapeutic and achieves reduction in up to 75 percent of cases. Barium enema reduction was achieved in two of the three patients presenting to our emergency department. ❖

## Conflict management And "Setting the Pace"

### "Says Who!!!"

The ED is a high stress environment. Callousness, frustration, anger and tantrums are daily experiences. Patients, emergency care givers, administrators and private practitioners all have needs that must be met now.

Susan Strauss, RN CEN, and Robert Strauss, MD FACEP will be giving a presentation on managing conflicts at the upcoming "Setting the Pace" 1993 Conference. Here are a few of their responses to questions that were posed to them.

### What will the emergency nurse learn in your session?

We will explore the common causes of communication breakdown in a high stress ED environment and teach practical methods of resolving conflicts.

### How?

Active participation is the best way to learn and retain information. Course registrants will actually observe and participate in interactive sessions to learn successful responses to conflict.

### Give us some examples.

An angry private physician, Dr. Vesuvius, blows his stack again at the Nursing Station. You walk up, get his attention and say: "I really want to talk to you about this over here . . ." and walk to another more private area. He can stand

and yell at no one or come with you. The movement itself will decompress the situation and now you have control, eliminating the disruption.

An angry mother walks up to you and says: "It's criminal! My child has been waiting 25 minutes to be seen. You ought to have more staff here." A typical response might be to "blame the blamer" and say: "We've been taking care of very sick people, if you would quit interrupting us we could get to you sooner." A better response would be: "Yes, it's frustrating to wait when your child is ill, I will take care of her in \_\_\_ minutes."

### How do you go from the classroom setting to real life and use these skills?

People are cautious about trying new behaviors and stick with the old ones. Experimenting in the practice sessions with techniques that work to resolve conflicts will provide some confidence to use them. When you use these techniques in the "Heat of Battle," your friends, family, and colleagues won't think you're doing something weird, rather they will be pleased that the situation was handled effectively.

*This promises to be a fun and enlightening session.* ❖

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The ED is a high stress environment. Callousness, frustration, anger and tantrums are daily experiences.

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## Making Interhospital Transfers Easier

Laura Balmer, RN BS CEN  
 Arnot Ogden Medical Center, Elmira, NY

Arnot Ogden Medical Center is an area Level II Trauma Center, serving six counties in Upstate New York. Since receiving our Trauma Center designation, we have seen an increase in transfers of acute care patients. These transfers occur 24 hours-a-day and organizing their care becomes a problem. Notes with brief histories were tagged on bulletin boards and were frequently forgotten.

A transfer worksheet was developed to help organize information. This worksheet can be used for both the medical and the trauma transfer. The report is then posted at the nurse's station and the information is reviewed by the trauma surgeon and the appointed primary nurse.

The worksheet can also be used by the transferring hospital to organize the chart information prior to transfer and therefore facilitate the transport.

Use the sample provided (below) as a reference for devising a form for your own hospital. ❖

PATIENT TRANSFER WORKSHEET

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 ACCEPTING M.D.: \_\_\_\_\_ TRANSFERRING M.D.: \_\_\_\_\_  
 CONTACT R.N.: \_\_\_\_\_ SURGEON NOTIFIED: \_\_\_\_\_  
 TRAUMA: YES/NO \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_  
 PATIENT NAME: \_\_\_\_\_

HISTORY

MECHANISM OF INJURY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

L.O.C. YES/NO \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_  
 \_\_\_\_\_

D.T.: \_\_\_\_\_ G.C.: \_\_\_\_\_  
 VITAL SIGNS: \_\_\_\_\_ RHYTHM: \_\_\_\_\_

TREATMENT RENDERED: \_\_\_\_\_  
 IV: \_\_\_\_\_  
 IMMOBILIZATION: \_\_\_\_\_  
 DIAGNOSTICS: LABS: \_\_\_\_\_  
 X-RAYS: \_\_\_\_\_  
 CT: \_\_\_\_\_

FAMILY: \_\_\_\_\_  
 MODE OF TRANSPORT: \_\_\_\_\_ ETA: \_\_\_\_\_  
 CONSENT FOR MINOR: \_\_\_\_\_



## Calendar of Events

### FEBRUARY

- 12-13 Annual State President's Meeting, San Diego, CA
- 14-15 ENA Leadership Symposium, San Diego, CA
- 18 Genesee Valley Chapter Executive Committee Meeting
- 20 CEN Examination – NYC, Albany, Rochester, special testing sites
- 28-1 NYSNA Legislative Workshop, Albany, NY

### MARCH

- 10 Trauma Coordinators Meeting, Tarrytown, NY
- 18 Genesee Valley Chapter Executive Committee Meeting

### APRIL

- 14-17 National Federation of Specialty Nursing Organizations, *Nurse in Washington Internship*, Washington, DC
- 15 Genesee Valley Chapter Executive Committee Meeting
- 29 NYSCENA Open Council Meeting, Holiday Inn South, Rochester, NY
- 30-1 NYSCENA Annual Conference *Setting the Pace 1993*, Holiday Inn South, Rochester, NY

### MAY

- 5-12 Nurses Week

## Silent Witness: A Book Review

Mary Ellen Wilson, RN BA BS CEN

Recently, I had the opportunity to read a fictional manuscript entitled *Silent Witness* by Mary Germano. The publisher, Pinnacle Books, has a scheduled publication date of January 1993. *Silent Witness* is a suspense mystery very much in the Mary Higgins Clark genre although with a medical twist.

This story is about a heroine's efforts to uncover a plot concerning murder and unscrupulous company takeovers. And there is a side story that is of interest to emergency nurses. Though emergency nursing is not mentioned per se, much of the action in the manuscript takes place around a trauma center. Trauma care is depicted so well that the lay reader can readily relate to the medical and political aspects of trauma care as they are presented throughout the story. Anyone interested in trauma medicine will enjoy this novel.

Although I was requested by the author to review the manuscript, I found myself unable to put the book down. *Silent Witness* is well written, accurate in medical details and a good suspense story. For an enjoyable read, look for *Silent Witness* in your bookstores. ❖

(Please complete this survey and mail to NYSCENA—see address on this newsletter)

### Safety in the Emergency Department

1. Have you ever been struck or physically threatened by a patient?

YES  NO

If yes, how did you react: \_\_\_\_\_  
\_\_\_\_\_

If no, what would your reaction be: \_\_\_\_\_  
\_\_\_\_\_

2. If struck by a patient would you consider pressing charges?

YES  NO

3. Do you have security guards stationed in the immediate vicinity of the ED?

YES  NO

If yes, are they armed with guns? \_\_\_\_\_

If no, would you like security guards stationed in the immediate vicinity of the ED? \_\_\_\_\_

Armed? \_\_\_\_\_

4. Do you believe a metal detection device should be installed in your ED?

YES  NO

5. Can you identify potentially violent patients prior to violent behavior?

YES  NO

6. Should a nurse be able to institute physical restraints while seeking physician orders?

YES  NO

7. Which type of patient do you feel is the highest risk for violent behavior?

(Use numbers 1-7; 1 for highest risk, 7 for lowest)

- A Family member \_\_\_\_\_
- B Head Injured \_\_\_\_\_
- C Metabolic Disorder \_\_\_\_\_
- D Organic Brain Syndrome \_\_\_\_\_
- E Overdose \_\_\_\_\_
- F Psychiatric \_\_\_\_\_
- G Substance Abuser \_\_\_\_\_

8. In what patients are the use of chemical restraints (Haldol, etc.) appropriate? (Use 7 A-G from above)

A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_ F \_\_\_\_\_ G \_\_\_\_\_

9. Do you believe your ED handles violent/potentially violent patients well?

YES  NO

10. If you have a personal experience you would like to share with NYS ENA, please write it on a separate sheet of paper, attach it to this survey when mailing and place a check on this line. \_\_\_\_\_

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