The Emergent Care ClinicThe Emergent Care Clinic is a fast-paced, 20-bed, free-standing, acute care facility. The Emergent Care interdisciplinary team includes registered nurses (RN), practical nurses (PN), unlicensed assistive personnel (UAP), physicians, advanced practice registered nurses (APRN), and other collaborative care team members. The facility is located in an urban area and is open for business 24 hours a day, 7 days a week.

**Management of Care**

The first action of the charge nurse for the day shift in the Emergent Care Clinic is to prepare the assignments for the day shift. In addition to the charge nurse, three RNs, one PN, and two UAPs are scheduled from 7 am to 7 pm.

Which client should the charge nurse assign to the PN?

A 20-year-old female who complains of pain to the right lower leg with swelling after tripping on the sidewalk.

Mr. Jackson, the 45-year-old male client reporting left arm pain and gastrointestinal upset, is assigned to an RN. It is most important for the RN to admit Mr. Jackson to which room in the Emergent Care Clinic?
A room with a continuous cardiac telemetry monitor.

The RN admits Mr. Jackson to a clinic room and connects him to the continuous cardiac telemetry monitor so that his heart rhythm can be monitored in the room and at the nurse' station.

**Management of Care: Delegation**

The UAP assists the RN in getting Mr. Jackson admitted.

Which tasks should the RN delegate to the UAP?

Enter the obtained vital signs in the medical record.

Place a bedside commode in the room.

The UAP obtains Mr. Jackson’s vital signs and reports the results to the RN. Reported vital signs for Mr. Jackson are as follows:
T 98.8° F
P 94 beats/min
R 30 breaths/min
BP 158/88 mmHg

Which action should the RN delegate to the UAP next?

Apply a continuous pulse oximeter monitor to the client.

The UAP applies the continuous pulse oximeter to Mr. Jackson's finger. The client's Oxygen saturation is 90%. The RN applies an automated blood pressure cuff to assess his BP every 15 minutes.

**Reduction of Potential Risk**

Mr. Jackson also reports dull, aching pain from his left shoulder radiating to his left arm. He states the pain comes and goes, and he rates the pain as 5 on a pain scale of 0 to 10. The RN applies electrodes from the ECG machine to obtain a tracing of Mr. Jackson's heart function and then analyzes Mr. Jackson's ECG strip, which shows a normal sinus rhythm.

Which prescription should the RN plan to implement first for Mr. Jackson?

Oxygen at 4 liters per nasal cannula.

Which inquiry is most important for the RN to make first?

List of current prescription and over-the-counter medications.

Mr. Jackson informs the nurse that he does not take any prescription medications and is not now on any over-the-counter medications or vitamin supplements. He says that he just returned from a long business trip overseas. Furthermore, he states that he has had no previous health problems.

After oxygen is applied to Mr. Jackson, his oxygen saturation improves to 96% with respirations of 22. The RN draws blood for laboratory analysis, starts an IV saline lock, and calls the UAP to prepare the client for a 12 lead ECG.

After the RN receives Mr. Jackson’s laboratory results, which data is most important to report to the primary healthcare provider (HCP)?

Serum potassium 3.0 mEq/L.

Fingerstick glucose 180 mg/dL.

**Management of Care: Establishing Priorities**

The RN notes that Mr. Jackson is now having occasional premature ventricular contractions (PVCs). The primary HCP prescribes a potassium supplement and sublingual nitroglycerin. Potassium chloride 40 mEq PO Stat is prescribed. The supply is potassium chloride 20 mEq per tablet. The charge nurse notes that Mr. Jackson's primary RN has pulled four tablets from the automated medication delivery system.

The primary RN gives the correct dose of the medication. After being treated with the potassium and nitroglycerin, Mr. Jackson rates his pain as a 0 on a scale of 0 to 10. His vital signs are stabilized, and his oxygen is discontinued. The RN teaches him about signs and symptoms of electrolyte imbalance and the importance of staying hydrated while traveling. Mr. Jackson is discharged with a referral to a cardiologist for an outpatient stress test later that afternoon.

**Management of Care: Leadership**

The next day, the nurse manager of the clinic plans a staff meeting with the nurses and UAPs to communicate some changes in the scheduling protocol for the clinic.

Which method for scheduling the staff meeting allows for the best continuity of care for the clients and the best communication between management and employees?

Schedule two meeting times during the day to allow the nurses and UAPs to attend one of the sessions and maintain continuity of care in the clinic.

The nurse manager conducts the meetings and presents two different protocols for scheduling. The staff nurses and UAPs vote on the two different options.

The nurse manager demonstrates which type of leadership by allowing the nurses and UAPs to vote on the staffing protocol?

Participative.

The participative style of leadership is usually the most effective, but there may be times when other styles are more appropriate.

In which situations should a directive leadership style be used by the charge nurse?

When dealing with a mass casualty situation.

When implementing policy changes at an organizational level.

**Psychosocial Integrity: Communication**

During the staff meeting, the nurse manager asks the nurses and UAPs to provide feedback about the daily operations of the clinic. One of the full-time RNs states, “I am always assigned the most challenging clients in the clinic, and it isn’t fair.”

How should the nurse manager respond?

“I hear your concern. Please elaborate on that.”

After hearing the RN’s response, the nurse manager schedules a one-on-one meeting with the RN to investigate the issue. After the meeting, one of the PNs tells the nurse manager that there is reason to believe one of the nurse practitioners is stealing narcotics.

What action should the nurse manager take first?

Have the PN describe the situation to include specific observations of the nurse practitioner’s behavior.

When asked about the specifics of the accusation, the PN states that the nurse practitioner was observed taking out five pre-filled vials of morphine from the automatic drug dispenser and placing them in her pocket. The nurse manager investigates and determines that five vials of morphine sulfate were removed from the automatic drug dispenser using the nurse practitioner’s login identification (ID), but no clients had prescriptions for morphine on this shift.

Which approach should the nurse manager use to confront the nurse practitioner?

Privately meet with the nurse practitioner and inform her that she was observed placing narcotics in her pocket.

The nurse practitioner admits to stealing the narcotics. The nurse manager accompanies the impaired nurse to the employee assistance program office. After counseling, the impaired nurse voluntarily admits herself to a drug rehabilitation unit.

Just before the change of shift, Billy Young, a 6-year-old boy, is brought to the clinic by his grandmother, Ms. Washington. The charge nurse asks Ms. Washington what happened to Billy. The grandmother states that Billy fell out of his swing and that she thinks he broke his arm. The charge nurse observes Billy holding his right arm, but he is not crying and is currently playing with a toy car.

Which action should the charge nurse take first?

Ask the grandmother if she is Billy’s legal guardian.

Billy’s grandmother states that she is the child’s legal guardian, and she gives her consent for him to be treated. The RN asks Ms. Washington if she has any proof of legal guardianship for Billy. Ms. Washington shows the charge nurse her custody papers for Billy. The charge nurse assigns a male RN with 5 years pediatric experience to care for Billy.

Under which circumstance can healthcare personnel treat a child even when the legal guardian cannot be contacted?

When the child is experiencing a life-threatening condition.

Billy’s grandmother states that she has had custody of him since he was a baby and his biological mother visits him about once a month. In the examining room, the RN helps Billy take off his shirt and notices that he has bruises in multiple stages of healing on his back. The nurse asks Billy how he got the injuries, and Billy says, “I don’t know.” The grandmother states, “He falls a lot.”

Which action should the RN take first?

Continue with the nursing assessment.

The nurse completes the rest of the assessment and notices what appear to be cigarette burns on the back of Billy's legs. Billy does not cry when his injured arm is assessed. The nurse assigns a UAP to stay with Billy while he notifies the primary HCP.

**Management of Care: Advocacy**

The HCP calls the grandmother out of the room to ask her a few questions while the RN interviews Billy alone. When asked again about his injuries, Billy says his mother gets mad sometimes when he is not good. Billy says he tells his grandmother, but she doesn't do anything. When the RN reports Billy's statements to the HCP, the HCP states, "I have known this family for a long time, and I do not believe what the child is saying.”

Which action should the RN take?

Request that the HCP withdraw from the case.

The RN notifies the nurse manager of the situation and requests help with the problem. CPS is notified since the nurse is ethically and legally bound to report child abuse. The HCP’s behavior is also reported. After CPS and social services are notified, Billy receives treatment for his arm by another HCP. He is discharged to the care of a social worker for the night.

**Management of Care: Performance Improvement**

Nurse managers have many responsibilities. One of those responsibilities is ensuring the Emergent Care Clinic’s performance improvement (PI) plan is implemented.

How should nurse managers use PI programs?

Determine root cause of errors in practice.

Implement and follow guidelines established by accrediting agencies.

Conduct chart reviews to determine the impact of nursing care on patient safety and healthcare outcomes.

As part of the PI plan, the nurse manager reviews trends in client satisfaction surveys. It is noted that 76% of clients are dissatisfied with the amount of time they had to wait in the waiting room.

Which action should the nurse manager take first?

Conduct a study to determine the current average wait time.

The nurse manager conducts a time study and determines that the average wait time for clients is 55 minutes before being admitted to a room in the Emergent Care Clinic. After the nurse manager decides to conduct a root cause analysis on lengthy wait times, which action should be implemented?

Retrospective review of data to determine the cause of the problem.

**Management of Care: Continuity of Care**

Upon completion of the root cause analysis, the nurse manager determines that the lengthy wait time is due to the manual processing and duplication of paperwork. After the nurse manager reviews different computerized data systems to help solve this problem, a recommendation is made that a system be purchased as soon as possible. The nurse manager plans to ensure a smooth transition and continuity of care for all clients when the clinic purchases a computerized data system for billing, charting, and medication administration.

Which strategy should the nurse manager use with the staff to provide a smooth transition when implementing a computerized data system?

Explain that the new system will drastically decrease duplication of paperwork and streamline processes and include potential disadvantages.

Majority of the staff agrees that an electronic data system will allow them to make more efficient use of their time and improve client satisfaction. The system is purchased for all departments in the Emergent Care Clinic.

After the education and training on the use of the electronic data system has been completed with the staff, which implementation strategy provides the best continuity of care to the clients?

Schedule implementation for each department on different dates.

The system is successfully implemented, and over the next 6 months, the wait time is shortened to 15 minutes.

Case outcome

The nurse manager, charge nurses, RNs, PNs, UAPs, and HCPs continue to work as an interdisciplinary team to improve processes dealing with all aspects of client care in this fast-paced Emergent Care Clinic.