



Shorter ER Stays? Bring in the Nurses



According to the results of a study published in the *Annals of Emergency Medicine*, protocols that allow nurses to administer certain types of treatment in the emergency department can shorten length of stay for patients with fever, chest pain, hip fractures and vaginal bleeding during pregnancy.

Lead study author Matthew Douma, Clinical Nurse Educator at Royal Alexandra Hospital in Edmonton, Alberta, Canada explains that nurse-driven protocols can dramatically decrease the amount of time certain patients spend in the emergency department. Emergency department crowding is a common problem faced by healthcare facilities and anything that could be done to treat and discharge patients quickly is good for everyone.

Study findings showed that nurse-driven protocols decreased the median time to administer acetaminophen to ER patients with pain or fever by more than 3 hours. The average time to troponin testing for emergency patients with chest pain was also reduced by 79 minutes. The average length of stay was reduced by nearly 4 hours by implementing a nurse-driven fractured hip protocol. Length of stay for vaginal bleeding during pregnancy was reduced by nearly 4 hours.

"Given the long waits many emergency patients endure prior to treatment of pain, the acetaminophen protocol was a quick win," said Mr. Douma. "That said, nurse-driven protocols are not an ideal solution, but a stop-gap measure to deal with the enormous problem of long wait times in emergency departments especially for patients with complex problems. Emergency department crowding will continue to require broad and creative strategies to ensure timely care to our patients."

Source: American College of Emergency Physicians

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Published on : Wed, 31 Aug 2016