

The NO L-A-T-E-X principle—Safe and effective care of the latex-allergic patient in the emergency department

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Have you ever had a patient who reports being allergic to latex or rubber? What is this allergy and what causes it? What patient groups are at risk? How can we take care of these patients safely and effectively in the emergency department?

Since the emergence of HIV and the increasing transmission of Hepatitis B, the use of latex rubber gloves and products both within and outside of health care has increased markedly. Along with this trend, the incidence of latex rubber allergy and sensitivity in both health care workers and the general population has also grown.

The purpose of this session is to discuss latex rubber allergy in the context of the emergency department patient including a review of the incidence of the problem in the general population, the patient groups at risk, how this allergy is diagnosed and how to assess a person's risk of severe allergic reaction. In addition, methods for identifying the latex rubber content of medical products will be discussed and the emergency nursing implications of providing a 'latex-safe' environment to this patient group will be presented.

Safe and effective care of this group of patients in the emergency department is both reasonable and possible with careful attention to the NO L-A-T-E-X principle. Participants will leave this session with a basic understanding of latex rubber allergy in the context of the emergency department to enable them to apply the knowledge and skills gained to their own workplaces.

Keywords: Latex; Latex hypersensitivity; Emergency nursing

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Checking on the children: Reviewing the changing model of practice for Discharge Planning in Emergency Departments

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Emergency Departments globally are feeling the strain of meeting the demands of ever increasing volumes of patients, providing high standards of care and ultimately improving the flow of patients through the department. The Did Not Wait (DNW) category at Redcliffe Emergency Department was identified as a significant Diagnosis Related Group (DRG). A project was started to address this issue through the implementation of follow-up telephone calls to the parents of paediatric patients (0–15 yrs) who DNW. The paediatric group was chosen for the trial as the elderly (>65 yrs), the other high-risk group, is already followed up by

the Home Based Acute Care Service (HBACS). This discussion will explore the findings by assessing the benefits and implications of this practice. It identifies the changing model of practice of Discharge Planning to meet the needs of the Emergency Patient by enhancing the quality of care and education provided and thereby enhancing the flow of patients through busy Emergency Departments.

A review of the transcripts of the follow up telephone calls over a three-month period highlights the benefits for patients having Discharge Planning commenced from triage. It also highlighted the benefits for patient satisfaction of service and those patients recalled for medical assessment. It will briefly cover the types of presentations and categories given at triage for the focus group and their reasons for not waiting. Also discussed is a comparison of this group with its adult counterparts from the same three-month period and determines correlations between DNW's and the number of patient presentations from the same day.

It is demonstrated that with appropriate Discharge Planning models in place, the level of patient satisfaction increases, fewer patients re-present and patient safety is protected. It describes which elements of Discharge Planning are critical for Emergency Patients, either that of patient education beginning at triage or the important follow up telephone call if the patient has chosen not to continue through the Emergency process. Ultimately it will make you glad that someone is 'Checking on the Children'.

Keywords: Discharge Planning; Emergency Departments

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The new frontier of Clinical Initiative Nurses

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As Emergency Departments across the nation strain under constant pressure to meet triage benchmarks, ambulance off stretcher times and patient and governmental expectations, innovative approaches to Emergency Department models of care is being demanded.^{1,2} These new methodologies have seen the traditional role of emergency department nursing evolve with the introduction of advanced practice roles such as the Clinical Initiative Nurse and the Nurse Practitioner.

As patient waiting times for category four and five presentations increase, the potential for compromised quality patient care and dissatisfaction is ever present. Calvary Health Care ACT has worked to prevent this trend by implementing Clinical Initiative Nurse to improve access, enhance patient safety and increase timeliness.

While the Clinical Initiative Nurse role is not a new concept, Calvary Health Care ACT has seen the potential in this role and is currently progressing the role beyond its normal function. The new approach will allow for greater independence, leadership and advanced practice procedures. The role is tenaciously supported by the organisation demonstrated by ongoing support and professional development along with appropriate recognition and remuneration. The Clinical Initiative Nurse role is aimed at improving hospital Diagnosis Related Groups (DRGs), reducing category four and