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The place and role of the nurse in a National Emergency Medical System

Miejsce i rola pielęgniarki w Systemie Państwowego Ratownictwa Medycznego

Summary

The place and role of the nurse in a public Emergency Medical System determines Act of 8th of September 2006 about a public Emergency Medical Services (Journal of Laws 2006, No. 191, item. 1410) which strictly specifies eligibility requirements.

The female and Male nurses had been connected with an emergency medicine before the term “emergency medicine” came into existence and became widely used.

Nursing is entered in the struggle for a patient in critical condition. It is an independent autonomous profession - but closely cooperating with all system’s parties and links. We are able to observe rapid changes which have never been seen before. The nurses continue to improve their competences, start studies, obtain degrees, finish another specialization (Maślanka, 2012).

In the contemporary health care aiming to provide better aid to achieve good health nursing is becoming an increasingly important field. Complex activity is undertaken to provide professional nursing care for both single people and communities. There are run changes in nursing practice and education of nurses in all countries. There are also made efforts to strengthen the knowledge and scientific basis of nursing (Ślusarska at al. 2004).

An emergency nurse must be professionally trained in the field of general medical knowledge and has experience in dealing with life-threatening condition patients and also professional power gained in postgraduate education. In the integrated rescue system nurses can be employed in the base unit serving as a member of the team or a team leader as well as in a specialized team serving as a member of the emergency medical team in emergency departments (SOR), and in the air medical rescue team.

Key words: nurse, Emergency Medical System, nursing, competence

Streszczenie

Miejsce i rolę pielęgniarki w Państwowym Ratownictwie Medycznym wyznacza Ustawa z dnia 8.09.2006 roku O Państwowym Ratownictwie Medycznym (Dz.U. 2006r, nr 191 poz. 1410) określająca ściśle wymogi kwalifikacyjne.

Pielęgniarki i pielęgniarze byli i są związani z ratownictwem od początku zanim, termin „ratownictwo” powstał i stał się powszechnie używany.

Pielęgniarstwo jest wpisane w walkę o pacjenta w stanie zagrożenia życia. Jest ono samodzielnym autonomicznym zawodem – jednak ściśle współpracującym ze wszystkimi podmiotami i ogniwami systemu. Na naszych oczach zachodzą

w przyspieszonym tempie zmiany nieobserwowane nigdy wcześniej. Pielęgniarki wciąż podnoszą kwalifikację, studiują, uzyskują tytuły naukowe, kończą kolejne specjalizację (Maślanka, 2012).

We współczesnej opiece nad zdrowiem, zmierzającej do zapewnienia człowiekowi coraz lepszej pomocy w osiągnięciu optymalnego stanu zdrowia, pielęgniarstwo staje się coraz bardziej znaczącą dziedziną. Podejmowana jest złożona działalność na rzecz zapewniania profesjonalnej opieki pielęgniarstwa zarówno pojedynczym ludziom jak i społecznościom. We wszystkich krajach prowadzone są zmiany w praktyce pielęgniarstwa i w edukacji pielęgniarek, podejmowane są również wysiłki na rzecz bogacenia wiedzy i umacniania naukowych podstaw pielęgniarstwa (Ślusarska et al. 2004).

Pielęgniarka ratunkowa powinna mieć dobre przygotowanie zawodowe w zakresie ogólnym, doświadczenie w opiece nad pacjentem w stanie zagrożenie życia oraz specjalistyczne uprawnienia uzyskane w trakcie kształcenia podyplomowego. W zintegrowanym systemie ratownictwa pielęgniarki mogą być zatrudnione w zespole podstawowym, pełniąc w nim funkcję członka zespołu lub kierownika zespołu, oraz w zespole specjalistycznym pełniąc w nim funkcję członka zespołu ratownictwa medycznego. W Szpitalnych Oddziałach ratunkowych (SOR), oraz w lotniczym zespole ratownictwa medycznego.

Słowa kluczowe: pielęgniarka, ratownictwo medyczne, pielęgniarstwo, kompetencje

Introduction

With the rapid development of medical science along with the parallel implementation of the daily clinical practice of standardised rules of rescue proceedings, proportionally increase also public expectations of more efficient actions in the health and life saving in situations.

In the structures of health care of leading European countries such tasks meet emergency medicine - independent medical specialization - rapidly developing since the early 70's of the last century. It is one of the most versatile and challenging medical specialization which requires great skills and experience. The emergency medicine in our country became a full-fledged independent medical discipline. The ordinance of Health and Social Welfare Minister of 25th of March 1999 placed it in a group of thirty basic medicine disciplines.

A special feature of this new discipline is a proper coordination and prioritization of conduct in an imminent life – threatening situations. Practically, it refers to the organizational and decision-making skills in the work team consisting of many experts. This applies particularly to periods before - and early hospitalisation, in which providing the required level of diagnostic decisions and actions from the first contact with the patient at risk for effective, specialist treatment is very important. The introduced regulations have enabled the organization of the Emergency Medical System and target network system station, which means hospital emergency departments (SOR).

The organizational changes resulted in the need to prepare the medical staff , which would be able to participate in the specialized life-saving medical activities (mobile teams and hospital emergency departments).

The training of doctors and nurses was started on the basis of post-graduate training programs developed in the specialization of emergency medicine and emergency nursing.

The current health care system assigns an important place to nurses, however, they are faced to other new tasks. The preparation for these tasks was begun with the introduction of post-graduate training qualification courses for nurses and rescue specialist. In 2007 was established the Polish Society for Emergency Nurses, the purpose of which is to promote the improvement of professional nurses skills, ensuring the high ethics of its members.

The efficient rescue is a partnership of all objects, from specialist doctors by nurses, emergency medical technicians, radiologists, blood donators, laboratory diagnostics, the volunteer fire-fighters who are at the place of action (Maślanka, 2012)

Today, nobody can imagine the emergency without the hospital emergency departments, well-equipped with modern ambulances, rescue helicopters and cooperation with Fire Brigade. To be successful it is necessary consistency in the operation of all emergency chain.

The female and male nurses working in emergency care must make an effort of scientific research, developing guidelines, contribution and organization from local units and rescue services, through education in various forms and levels to creation of a favourable legal work and professional development. Please tell straight - there is no modern medical rescue without emergency nursing (Maślanka, 2012).

Legal Aspects of nurses working in an emergency care

The National Medical Emergency in Poland was organized in order to fulfil one of the most important responsibilities of the state, which is to help anyone who finds themselves in a situation of health risks.

For this operation were entitled the doctors of system, nurses and paramedics of system. The The National Medical Emergency Act (Article 4) and the Penal Code (Article 162) say that every citizen has a duty to assist a person in danger of sudden health condition, regardless of their education under the threat of criminal sanction.

Article 7 of the Act on professions of nurse and midwife dated on 15th of July 2011 (Journal of Laws dated on 08/23/2011) says that the profession of a nurse can make a person with licence to practise a profession established or granted by the relevant regional nurses and midwives council.

A nurse of system with the title of specialist nurse or specialising in a field of emergency nursing, anaesthesia and intensive care, surgery, cardiology, paediatrics, as well as a nurse holding a qualifying course in the field of emergency nursing, anaesthesia and intensive care, surgery, cardiology, paediatrics and at least 3 years of work experience in the specialty units, emergency departments, emergency rooms or rescue services (National Medical Emergency Act Article 3 point 6).

The ordinance of Health and Social Welfare Minister of 11th of July 2007 § 2 enabled nurses upon completion of specialization being a nurse of system article 3, paragraph 6 of the Act of 8th of September 2006 National Medical Emergency (Journal of Laws No. 191, item 1410 and of 2007 No 89, item 590 and No. 166, item. 1172) execution any medical operations on their own without medical doctor's order.

Among other to give intravenous medicine in cardiopulmonary resuscitation, perform end tracheal intubation in cardiac arrest, perform manual and automated defibrillation. The administration of intraosseous medicines, vibrant pneumothorax decompression by

pleural puncture, execution of emergency tracheotomy provided additional educational specialist course, a sudden withdrawal of labour in the community, medical segregation within the meaning of Article 43 paragraph. 2 of the National Medical Emergency Act. Appendix 2 of the mentioned regulation provides a list of medicines administered to the patient by a nurse extemporaneously in an emergency without a doctor's order. However, Appendix 3 of this regulation provides a list of medicines which can be administered to the patient without doctor's orders by nurse and midwife.

In accordance with the Ordinance of the Minister of Health of 21st of March 2012 in the matter of post-graduate training centre for nurses and midwives with headquarters in Warsaw, the task of "centre" is the issue of diploma to nurses and midwives to obtain the title of specialist in the field of nursing after passing the state examination.

Professional nursing in the emergency medicine

In the current process of professional nursing it is vital to orientate it for its further progress and development on the basis of a common and clear knowledge of all professional nurses (Ślusarska, 2004).

Nurses of system carry out their tasks in units of the National Emergency Medical System – hospital emergency departments (HED), specialised and basic emergency medical teams, air medical rescue teams. A key role in the proper organization and functioning of the emergency play call centres.

The need for good preparation of nurses in the units of the system is due to the tasks aimed primarily at preventing the processes of early death in emergency threats (heart failure, acute respiratory failure and damage to the central nervous system).

In practice, the taken measures include:

- advanced life support procedures
- maintaining vital functions at risk
- limiting the extent of destruction and damage to various tissues and organs
- reducing the pain and suffering caused by the sudden threat

These activities are undertaken by teams of emergency medical units under the care before - hospital and hospital emergency units. The nurse performs them as an exit team member (basic, specialist), member of the air ambulance service and the emergency department at various workplaces such as nurses, ward nurses (Kózka et al. 2013).

A professional nurse performs following tasks.

- care-oriented tasks in relation to the subject of health
- for their own professional development
- of nursing defined as:
 - organizational system
 - education system
 - branch of science

The nurse providing care to a person carries out the tasks assigned among other functions:

- preventive
- therapeutic
- care

- health promotion
- educational

Performing tasks for their own development and the development of nursing carries functions of:

- education
- management
- scientific research (Ciechaniewicz, 2001).

A range of tasks carried out by a nurse for a particular ward is conditioned by the objectives set in the caring plan, developed on the basis of an assessment of the status and situation of a patient. Of all the tasks and professional activities performed by nurses the most specific ones are determined as a function of caring and educating. They are the essence of the profession, the material content of professional nursing. In each occupational group there is a tendency to develop their own activities, to broaden the range of its activities, going beyond the traditionally defined role (Ciechaniewicz, 2001).

The nurse in an Emergency Medical System units carry out tasks arising from professional functions, these include:

- Providing patient care in a state of sudden life-threatening and health-threatening condition and health care management
- Health education
- Cooperation in multi-disciplinary teams (doctor, nurse, paramedic)
- Self development through continuous improvement of qualifications
- Profession development – emergency nursing as a kind of nursing discipline.

The first function, a nurse in an Emergency Medical System, realizes by providing professional patient care in life-threatening and health-threatening condition, that is supporting of vital functions using techniques and equipment, measurement and interpretation of the basic parameters: heart rate, RR, O₂ Sat, administration of medicines.

Providing nursing care requires good preparation for the rapid assessment of life-threatening and health-threatening condition and self-determination, very good knowledge of theoretical assumptions algorithms by Resuscitation Guidelines 2010 Polish Resuscitation Council, which very clearly specifies the directions of action. The very important feature of emergency nurses are: high professional qualifications, manual skill, responsibility and resistance to stress.

When caring for a patient in critical condition, a nurse pulls to research, monitor the patient's condition, provide safe transportation, relieve pain, provide security and reduce fear and anxiety.

Educational activities include: assessment of knowledge and skills associated with maintaining the patient's health and giving back to health information tailored to the needs and abilities, prevention of injuries and accidents, teach first aid and participation in the training of nurses in other areas of nursing (Kózka et al. 2013).

Broadcasting of public access to defibrillation (AED), International Guidelines 2010 Cardiopulmonary Resuscitation emphasize: all emergency professionals to train, equip, empower to perform Automated External Defibrillation, as far as possible to implement a program of local public access to defibrillation (PAD). The purpose of this program is to improve access to defibrillation, especially in situations where:

- reach medical services in a short time is impossible
- in one place a single stage gathered a large number of people (sports stadium, shopping malls, airport) (Andres, 2011).

The educational activities of nurses has also disseminate courses. European Resuscitation Council of BLS (Basic Life Support), ALS (Advanced Life Support), EPLS (European Pediatric Life Support), NLS (Newborn Life Support). ERC (European Resuscitation Council) is a team of experts for resuscitation and emergency care. The purpose of the Council is to strive for continuous improvement of knowledge about CPR, first aid improvement of methods and monitoring of training in CPR (Andres, 2011).

Training children and young people in first aid. Implementation of the training is essential to prepare people to take action to rescue before the arrival of rescue teams.

Activities of nurses to develop their own and the profession include: self-directed learning, lifelong learning - continuous upgrading of skills, qualification courses, specializations, bringing changes to practice, work in scientific societies such as the Polish Society of Emergency Nursing (PTPR), co-creation of new and better ways to achieve better results , highlighting areas for research, research to improve the quality of patient care in emergency. Nursing research problem must relate to the improvement of nursing, because nursing is the domain of nursing. Research that do not conduct to change, do not make a difference in nursing care, are not nursing research (Lenartowicz, 2011) .

It should be noted that the cooperation of emergency nurses in the team is of particular importance in the Emergency Medical System. In this area, the common wish of all members of the team to achieve a common aim which is to save endangered life is a priority. Collaboration allows for optimal clinical solution and is essential for the improvement of patient care. The team in emergency care above all is formed by: doctors, nurses and paramedics.

An important element of teamwork is the professional responsibility of each member of which is determined by: responsibility, knowledge and authority. In accordance with the code of ethics, a nurse during the work is responsible primarily to the patient, the employer and their profession. The liability related to a specific range of actions taken, different levels of completed training and privileges. Awareness of professional liability is a source of confidence and mutual recognition of independence. Peace of mind can connect with skill, very important in emergency as well as a sense of importance as a member of the team (Kózka et al. 2013). The basis of the professional practice of specialists in the field of emergency nursing is to understand clinical decisions related to participation in the treatment of the patient, the provision of care in accordance with established and applicable standards, solving problems in the management of the care and safe use of equipment (Kózka et al. 2013).

Tasks of a emergency nurse

The nurse working in the emergency should have a predisposition to providing health care services using invasive methods of diagnosis, treatment, diagnosis of life-threatening condition, maintenance and medical monitoring equipment and interoperability of the therapeutic team. Emergency nurse performs diagnostic tasks, therapeutic - participate in treatment, prevention and care.

Diagnostic tasks

- assessment of the patient's life-threatening condition, qualification, depending on the severity of the clinical condition and, if necessary, the implementation of advanced life support
- assessment of injury according to ATLS (Advanced Trauma Life Support)
- performance of medical segregation (TRIAGE) in the event of disasters or mass events
- interpretation of study results
- medical records maintaining

Treatment tasks

- performance or participation in advanced life support procedures, defibrillation, airway instrumented
- cannulation of peripheral veins or intramedullary access and assist in setting up of a central line
- administration of medicines intravenously or intramedullary, drip transfusion fluids
- set up of emergency tracheotomy, conicotomy, decompression of tension pneumothorax
- taking oxygen
- bleeding and external bleeding control
- set up of catheter into the bladder, the stomach probe

Organizational tasks

- cooperation with a team of therapy, with the Emergency Response Centre, Medical Rescue Teams, the Air Ambulance (HEMS - Helicopter Emergency Medical System)
- coordinating the activities of subordinate unit (designation of a leader)
- ensure efficient and safe transport of patients
- preparation of personal protective equipment
- documentation of the patient's condition and course of action
- provide the resources needed to carry out the diagnostic process (diagnostic equipment, monitoring, resuscitation kits).

Nursing tasks

- maintenance and support of basic vital functions
- providing support to the family (parents of the child support)
- help in solving problems of an individual patient's response to participation in the treatment process
- informing the patient about the action, the type of surgery.

The debate on the role of nurses emergency system (Emergency Nurse Practitioner) also runs on other continents. In other countries, emergency medical systems arose much earlier than in Poland. In the UK, since the early 90's, the role of emergency nurses increased, while in New Zealand the discussion about a medical emergency nurse runs since 1998. In the UK, the educational path of nurses wanting to work in the emergency

is either complete courses or further education courses in schools of nursing and hold a minimum of 2 years of clinical internship, and the Antipodes is required at least four years of service (Frydrysiak et al. 2009).

Results

Nursing is recognized as a distinct field with specific knowledge and practice. It is an autonomous profession based on legal regulations. Professional emergency nursing requires the use of that knowledge, continuous improvement and verify it in the process of acquiring practical experience. Basic skills and responsibilities of a nurse are the same and the result of its being. Development of science justifies and enhances the scope and competence of professional activities of nurses in the Emergency Medical System, introduces the practice of new methods and techniques that require additional skills to master. Nursing is a profession with clearly defined roles, the specific needs of society, is a branch of practical and constantly evolving scientific discipline. Each team member should know their duties, have substantive expertise in the field of trauma, hemodynamic mechanisms of cardiac arrest and breathing, how to adequately conduct. The team which provides support performs several tasks at the same time, so to define the tasks for each of its members is extremely important for efficient operation.

The emergency nurse's role is to demonstrate a separate nursing diagnosis, determining the action plan (specifying how to deal with the problem), the final evaluation (comparison between assumptions and achievements). The described course of action requires continuing professional development, self-education and good cooperation in the therapeutic team. This is the only way to acquire much more of occupational independence. Perform tasks of nursing as well as the need to use a special apparatus, is associated with the continuous improvement of professional skills of nurses in postgraduate education. This allows to gain additional skills required to work on a patient in an emergency health treatment. The more doctors will be able to see that their work associates with "professional nurse", the more likely, in their beliefs, they will collaborate on the same level with emergency nurses. Over the years, the role of professional nurse has changed. Nursing of the XXI century tends to perform autonomous actions, focused on the entity care, expands the scope of powers and independence of nurses, thereby increasing the responsibility for decision-making.

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