



EMERGENCY NURSES ASSOCIATION

SCOPE OF EMERGENCY

NURSING PRACTICE

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# INTRODUCTION

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The Emergency Nurses Association (ENA), as the professional organization for the specialty of emergency nursing, is responsible for defining and establishing the scope of emergency nursing practice. In doing so, ENA recognizes the role of the American Nurses Association (ANA) in defining the scope of practice for the nursing profession as a whole.

ENA supports Nursing's Social Policy Statement (ANA, 1995). This statement charges specialty nursing organizations with defining their individual scope of practice and delineating the characteristics within their unique specialty area. In using Nursing's Social Policy Statement as the framework for the scope of emergency nursing practice, the elements of core, dimensions, boundaries and intersections have been articulated.

The core of emergency nursing specifies those roles, behaviors and processes inherent to the practice of emergency nursing.

The dimensions of emergency nursing include the roles, responsibilities, functions, and skills that involve a specific body of knowledge.

The boundaries of emergency nursing are described as both internal and external with sufficient flexibility and resilience to change in response to societal needs and demands.

The intraprofessional intersections describe the collegial, collaborative interface of emergency nursing with other professional groups for the improvement of health care. Emergency nursing is distinguished at intersections by its knowledge, environment, and respect for diversity of patients, families, and colleagues.

During the last decade, evolving professional and societal demands have necessitated a statement clarifying the scope of emergency nursing practice. Given rapid changes in health care delivery trends and technologies,

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the task of defining the scope of emergency nursing is complex. This document is intended to be futuristic, allowing flexibility in response to emerging issues and technologies in health care delivery and practice of emergency nursing.

### **THE SPECIALTY OF EMERGENCY NURSING**

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Just as the profession of nursing is diverse, so too is the specialty of emergency nursing. Most specialty nursing groups are identified by their focus on one of the following:

- specific body system
- specific disease process/problem
- specific age group
- specific population, such as women's health care or mental health

Emergency nursing crosses all these specifications and includes the provision of care that ranges from birth, death, injury prevention, women's health, disease, and life and limb-saving measures. Unique to emergency nursing practice is the application of the nursing process to patients of all ages requiring stabilization and/or resuscitation for a variety of illnesses and injuries.

### **CORE**

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The scope of emergency nursing practice involves the assessment, analysis, nursing diagnosis, outcome identification, planning, implementation of interventions, and evaluation of human responses to perceived, actual or potential, sudden or urgent, physical or psychosocial problems that are primarily episodic or acute,

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and which occur in a variety of settings. These may require minimal care to life-support measures; patient, family, and significant other education; appropriate referral and discharge planning; and knowledge of legal implications.

Emergency patients are people of all ages with diagnosed or undiagnosed problems of varying complexity.

Emergency nurses also interact with and care for individuals, families, groups and communities.

Emergency nursing practice is independent and collaborative in nature. The practice of emergency nursing also includes the delivery of compassionate, competent care to consumers through education, research and consultation.

Emergency nursing occurs in hospital emergency departments; prehospital and military settings; clinics, health maintenance organizations, and ambulatory care centers; business, educational, industrial and correctional institutions; and other health care environments. Emergency care is also at the point of contact with consumers; where they live, work, play or go to school.

### **DIMENSIONS**

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Emergency nursing is multidimensional. The dimensions of emergency nursing include the responsibilities, functions, roles, and skills that evolve from a specific body of knowledge. These dimensions are demonstrated through emergency nursing characteristics, roles, processes, and

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behaviors.

Characteristics of emergency nursing practice include:

- Assessment, analysis, nursing diagnosis, planning, implementation of interventions, outcome identification, and evaluation of human responses of individuals in all age groups whose care is made more difficult by the limited access to past medical history and the episodic nature of their health care.
- Triage and prioritization.
- Emergency operations preparedness.
- Stabilization and resuscitation.
- Crisis intervention for unique patient populations, such as sexual assault survivors.
- Provision of care in uncontrolled or unpredictable environments.
- Consistency as much as possible across the continuum of care.

Other characteristics of emergency nursing environments include unanticipated situations requiring intervention, allocation of limited resources, need for immediate care as perceived by the patient/others, and contextual factors. Contextual factors are the variety of geographic settings, unpredictable numbers of patients, and unknown patient variables which include severity, urgency, and diagnosis.

Nursing roles include those of patient care, research, administration/management, education,

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consultation and advocacy. The specialty practice of emergency nursing is defined through the application of a specific body of knowledge and the implementation of specific role functions which are delineated in documents such as: *Emergency Nursing Core Curriculum*, *Standards of Emergency Nursing Practice*, *Trauma Nursing Core Course*, *Emergency Nursing Pediatric Course*, *Course in Advanced Trauma Nursing*, *National Standard Guidelines for Prehospital Nursing Curriculum*, and *Triage: Meeting the Challenge*.

Emergency nursing practice is systematic in nature. The nursing process includes: inquiry, analysis, scientific thinking, and decision making.

Professional behaviors inherent in emergency nursing practice are the acquisition and application of specialized core body of knowledge and skills, accountability and responsibility, communication, autonomy, and collaborative relationships with others. Certification in emergency nursing, as recognized by ENA, validates the defined body of knowledge for emergency nursing practice.

## **BOUNDARIES**

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The scope of emergency nursing practice is bound both externally and internally. The external boundaries include legislation/regulations, societal demands for expedient quality emergency care, economic climate, health care delivery trends, and resources. Individual state nurse practice acts

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which define nursing care are an example of legal boundaries used to provide the basis for interpretation of the safe practice of nursing. Rules and regulations which evolve from these acts are used as guidelines by state boards of nursing to issue licenses and ensure the public safety.

Examples of the legislative/regulatory factors important to emergency nursing include: the Consolidated Omnibus Reconciliation Act (COBRA); the Emergency Medical Treatment and Labor Act (EMTALA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Regulations for Emergency Services/Ambulatory Care; the Anatomical Gift Act; and mandated reporting requirements. Health care delivery trends, such as an increase in the number of ambulatory care centers and patient participation in managed care organizations, e.g., Health Maintenance Organizations (HMO's), Preferred Provider Organizations (PPO's), and Physician Hospital Organizations (PHO), influence the demand for emergency nursing services.

The internal boundaries include those forces which fall within the practice of professional nursing. Specific internal boundaries include: the American Nurses Association's guidelines for practice such as Nursing's Social Policy Statement and Standards of Clinical Nursing Practice; quality improvement activities; and institutional and departmental policies and procedures.

Boundaries are dynamic rather than static. Changes within the external boundaries may be the driving forces which necessitate changes to the internal boundaries.

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Within the internal environment, documents such as the *Standards of Emergency Nursing Practice*, *ENA Position Statements*, *Code of Ethics for Emergency Nurses*, *Emergency Nursing Core Curriculum*, *Trauma Nursing Core Course*, *Emergency Nursing Pediatric Course*, and the *Course in Advanced Trauma Nursing* define boundaries unique to emergency nursing practice.

## **INTERSECTIONS**

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The practice of emergency nursing intersects with a variety of professional and governmental groups outside the domain of nursing such as related health organizations, medicine, allied health, and prehospital care providers. Emergency nursing intersects with other professional groups within the domain of nursing such as the American Nurses Association (ANA), the Nursing Organization Liaison Forum (NOLF), the National Federation of Specialty Nursing Organizations (NFSNO), and other nursing specialties. ENA maintains a number of official liaison relationships with other health care organizations. Intersection is not limited to these groups however, and may occur with any group as appropriate.

At these intersections, emergency nurses participate for the common purpose of improving health care through education, administration, consultation, and collaboration in practice, research and policy decisions. Within these roles, emergency nurses communicate, network, and share resources, information, research, technology, and expertise. This is done to address common concerns such as bioethical issues, humanism, bio-psychosocial needs of patients, trends, management of patient care, and alternative care modalities.

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While health care professions interact with a common overall mission, the unique knowledge and focus of emergency nursing influence the process and outcomes of patient care. The emergency nurse is a focal point at the crossroads of primary, secondary, and tertiary care, and on the wellness-illness continuum. Based on the broad scope of emergency nursing practice, emergency nursing is involved with other groups in a variety of activities such as emergency operations preparedness, organ and tissue procurement, injury prevention campaigns, and prehospital care.

**SUMMARY**

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In this document, emergency nursing and its scope of practice have been defined. The intent of the document has been to conceptualize practice and provide direction to practitioners, educators, researchers, and administrators, as well as to inform other health professions, legislators, and the public about the participation in, and contribution to, health care by emergency nursing.

Through articulation of the elements of core, dimensions, boundaries and intersections, the emergency nursing scope of practice document defines the specialty practice of emergency nursing.

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