

# You want shorter ER stays? Bring in the nurses

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You want shorter ER stays? Bring in the nurses. Credit: American College of Emergency Physicians

Protocols allowing nurses to administer certain types of treatment in the emergency department can dramatically shorten length of stay for

patients with fever, chest pain, hip fractures and vaginal bleeding during pregnancy, according to the results of a study published earlier this month in *Annals of Emergency Medicine*.

"For certain [patients](#), nurse-driven protocols can dramatically decrease the amount of time they spend in the emergency department," said lead study author Matthew Douma, Clinical Nurse Educator at Royal Alexandra Hospital in Edmonton, Alberta, Canada. "Emergency department crowding is a common and complicated problem, so anything we can do to get our patients treated and discharged is to the good. It helps everyone in the ER by reducing crowding."

Nurse-driven protocols decreased the median time to administer acetaminophen to emergency patients with pain or fever by more than 3 hours (186 minutes). Nurse-driven protocols decreased average time to troponin testing for emergency patients with [chest pain](#) suspected to be heart attack by 79 minutes. Average length of stay was reduced by almost 4 hours (224 minutes) by implementing a nurse-driven fractured hip protocol. And a nurse-driven vaginal bleeding during pregnancy protocol reduced average length of stay in the [emergency department](#) by nearly 4 hours (232 minutes).

"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."

**More information:** Matthew J. Douma et al, A Pragmatic Randomized Evaluation of a Nurse-Initiated Protocol to Improve Timeliness of Care in an Urban Emergency Department, *Annals of*

*Emergency Medicine* (2016). [DOI: 10.1016/j.annemergmed.2016.06.019](https://doi.org/10.1016/j.annemergmed.2016.06.019)

Provided by American College of Emergency Physicians

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