



ELSEVIER

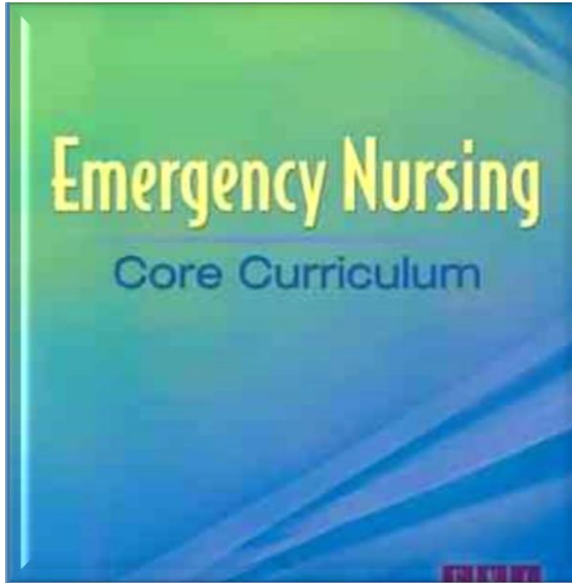
Emergency Nurses Association

Elsevier/ENA Collaboration

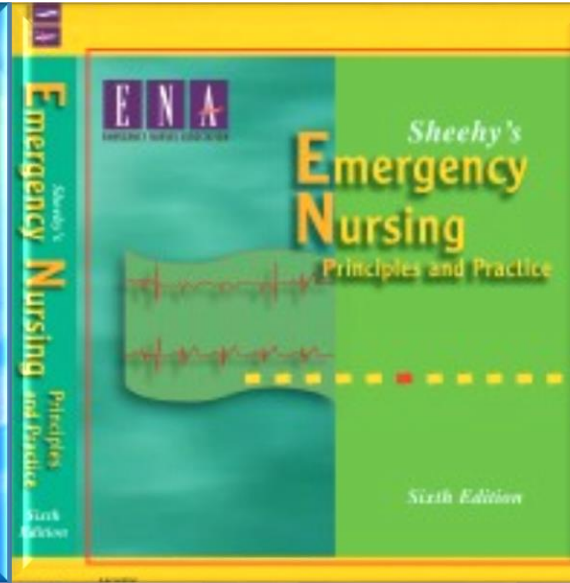
- National association for professional emergency nurses
- Dedicated to advancement of professional emergency nursing practice
- Exclusive partnership



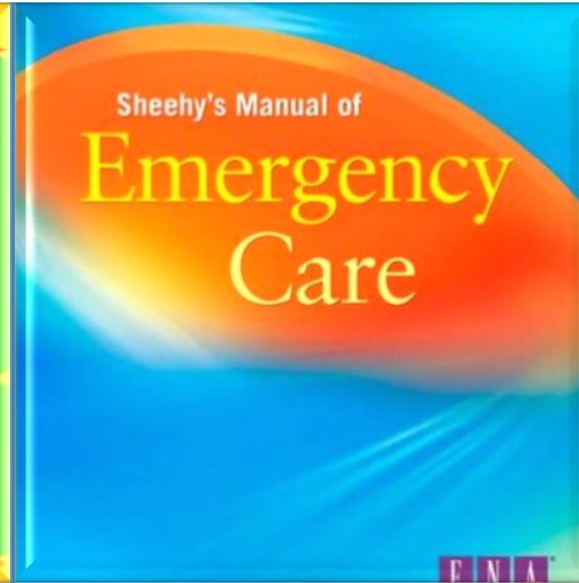
Books



Emergency Nursing Core Curriculum 1st edition published in 1975 by ENA
W.B. Saunders Company became the publisher in 1987
Now in its 6th edition



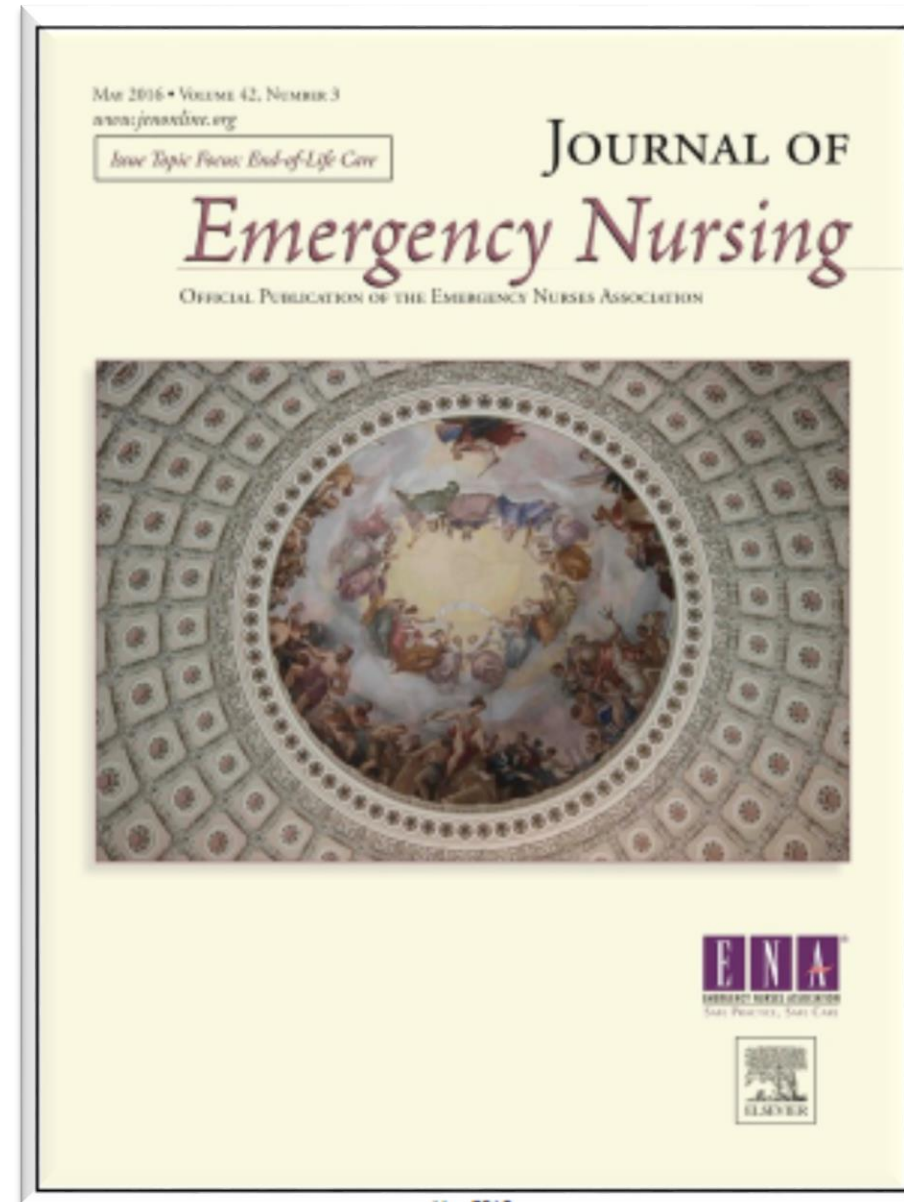
Mosby first published Sheehy's Emergency Nursing Principles & Practice in 1981
Now in its 6th edition



Mosby first published Sheehy's Manual of Emergency Nursing in 1984
Now in its 7th edition

Journal

- Journal of Emergency Nursing first published in 1975 by ENA
- First published by Elsevier in 1982



ENA Emergency Nursing Suite

EXCLUSIVE



Emergency Nursing Orientation

45 lessons & 75 Contact Hours



Emergency Nursing Triage

17 Lessons & 17 Contact Hours



Emergency Nursing Certification Review

16 Lessons & 24 Contact Hours



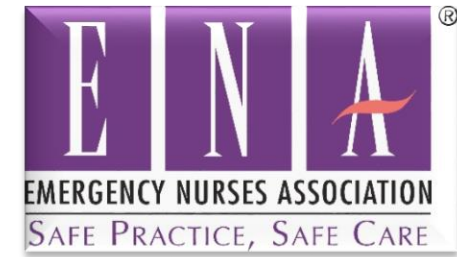
Pediatric Emergency Nursing Certification Review

19 Lessons & 22 Contact Hours



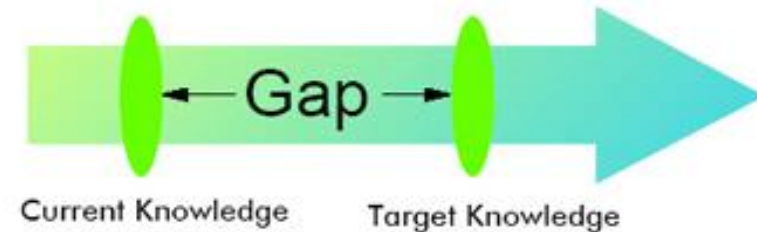
Handling Psychiatric Emergencies

16 Lessons & 10 Contact Hours



Knowledge Inventory Tool

- Used in conjunction with ENO, Triage and Psych Emergencies
- 100, 100, and 50 multiple-choice questions
- Lessons automatically assigned
- Identify educational gaps
- Assess knowledge gained
- Facilitate tailoring of education to meet individual needs



Linking to Clinical Skills

Content Mastery Test - Internet Explorer provided by Reed Elsevier

http://contentplayer.elsevierperformancemanager.com/contentLessonEngine.aspx?LessonID=ENA-ENO-BZ7&virtualName=MCSSalesDemo6&Passthrough=R6SWTKDmNnkOAVuPr%2bo

Menu Annotations My Notes Take Test Exit

Lesson Menu

- Lesson Information
- Related Skills**
- Glossary
- References
- Resources

Pain

experiencing it says it is, and it exists whenever the patient says it does."¹


ected by many factors, including the:

- e of the discomfort
- s, attitudes, and personality
- f complaint among patients who present to the emergency department for care.
- t inadequate pain management.^{2,3} Over the past decade, research has proliferated
- ain management, which has resulted in increased attention to ED pain management.

The opportunity to maximize pain control for each patient remains great. As an emergency nurse, you can and should play a key role in pain management. You usually are:

- The patient's primary advocate for achieving optimal pain control
- The first to assess and identify a patient in pain
- Able to independently implement nonpharmacologic interventions and request analgesic orders from physician colleagues
- Primarily responsible for assessing the adequacy of any interventions
- In a position to provide discharge teaching to promote optimal pain management at home

By taking a proactive role in pain management, you have a unique opportunity to make a meaningful difference for most of the patients in your care.



PREV Page: 1 of 67 NEXT

Linking to Clinical Skills

The screenshot displays a digital learning interface with a blue header bar containing navigation options: Menu, Annotations, My Notes, and Take Test. The main content area is titled 'Introduction' and discusses the nature of pain. A 'Related Content' popup window is overlaid on the text, listing three related skills: Pain Relief, Medication Administration: Patient-Controlled Analgesia, Comfort Promotion: Massage and Heat/Cold, and Comfort Promotion: Guided Imagery. The interface also includes a 'Pain' sidebar on the right with an image of a person's head and a footer bar with navigation controls (PREV, NEXT) and page information (Page: 1 of 67).

Menu Annotations My Notes Take Test Exit

Introduction

"Pain is whatever the person experiencing it says it is... and it exists whenever the patient says it does."¹

Pain is a personal

- Physi
- Indivi

Pain is the most c

However, many p

along with efforts t

The opportunity to

should play a key

- The p
- The f
- Able
- physi
- Prima
- In a p

By taking a proact

most of the patient

Related Content

Related Skills

- [Pain Relief](#)
- [Medication Administration: Patient-Controlled Analgesia](#)
- [Comfort Promotion: Massage and Heat/Cold](#)
- [Comfort Promotion: Guided Imagery](#)

Pain

PREV Page: 1 of 67 NEXT

Linking to Clinical Skills

Skill Content

Pain Relief



Quick Sheet



Extended Text



Supplies



Demos



Illustrations



Test



Checklist

Quick Sheet

[Submit Content Comments](#) [Email a Colleague](#) [Print](#)

ALERT

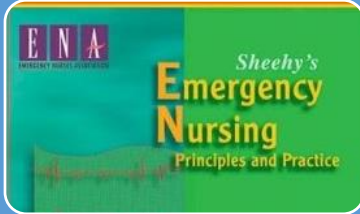
Physiologic responses to acute pain (e.g., tachycardia, hypertension) have a short duration. With persistent pain, a patient does not typically exhibit physical signs and symptoms. Never use physiologic responses alone to determine pain therapy. A patient's self-report is the gold standard.

Use an appropriate method of calculation for determining the correct pediatric dose of medications.

1. Perform hand hygiene before patient contact.
2. Verify the correct patient using two identifiers.
3. Assess the patient's risks for pain.
4. Ask the patient if he or she is in pain. Remember that older adults and patients from various cultures may not admit to having pain, or they may use the word *pain* only for severe pain; use additional pain assessment techniques and other terms for pain.
5. Determine the type of pain.
6. Determine whether the pain is acute or chronic.
7. Assess the patient's response to previous pharmacologic interventions, especially his or her ability to function.
8. Determine if analgesic side effects are likely based on the medication. Assess the patient's previous responses.
9. Examine the site of the patient's pain or discomfort. **When examining the abdomen, auscultate first; then inspect and palpate.**
10. Assess the patient for physical, behavioral, and emotional signs and symptoms of pain. **Keep in mind that causes other than pain may influence patient behavior and cause distress.**
11. Assess the characteristics of pain using the PQRSTU of pain assessment.
12. Prepare the patient's environment.
13. Perform hand hygiene.
14. Remove painful stimuli.
15. Apply splinting as needed.
16. Attempt nonpharmacologic interventions before administering pain medications.
17. If nonpharmacologic interventions are unsuccessful and if current pain medications are ineffective or if none are ordered, obtain an order from the practitioner for analgesics.
18. Administer analgesics as ordered.
19. Administer additional medications for side effects known to be a problem for the patient.
20. Reassess the patient's pain status, allowing for sufficient onset of action per medication, route, and the patient's condition.

ENA: Emergency Nursing Orientation

Emergency Nursing Orientation

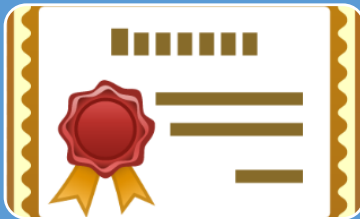


Based on Sheehy's Emergency Nursing Principles & Practice



Blended Learning Program

- 45 Lessons
- Posttests



Contact Hours Provided by ENA



Updated Every 2 Years (Minimum)

Clinical Foundations of Emergency Nursing

- Introduction to Emergency Nursing
- Disaster Preparedness
- Drug Calculations
- Fluid & Electrolyte Imbalances/Vascular Access
- Forensic Nursing in the Emergency Department
- Management of the Critical Care Patient in the Emergency Department
- Organ and Tissue Donation
- Pain
- Palliative and End-of-Life Care in the Emergency Department
- Organ and Tissue Donation
- Patient Assessment
- Triage
- Nuclear, Biologic, and Chemical Agents of Mass Destruction
- Wound Management

Major Trauma Emergencies

- Abdominal and Genitourinary Trauma
- Burns
- Head Trauma
- Maxillofacial Trauma
- Musculoskeletal and Neurovascular Trauma
- Obstetric Trauma
- Thoracic Trauma
- Spinal Trauma

Medical and Surgical Emergencies

- Cardiovascular Emergencies Part I
- Cardiovascular Emergencies Part II
- Communicable Diseases
- Dental, Ear, Nose, and Throat, and Facial Emergencies
- Endocrine Emergencies
- Environmental Emergencies
- Gastrointestinal
- Gynecologic Emergencies
- Hematologic and Oncologic Emergencies

- Influenza: Seasonal, Avian, and Pandemic
- Neurologic Emergencies
- Ocular Emergencies
- Renal and Genitourinary Emergencies
- Respiratory Emergencies
- Shock Emergencies
- Toxicologic Emergencies, Parts 1 and 2

Special Patient Populations

- Behavioral Health Emergencies
- Child and Elder Maltreatment and Intimate Partner Violence
- Management of the Critical Care Patient in the ED
- Nuclear, Biologic, and Chemical Agents of Mass Destruction
- Obstetric Emergencies
- Pediatric Emergencies, Parts 1 & 2
- Sexual Assault
- Substance Abuse

ENA: EMERGENCY NURSING ORIENTATION COURSE

A valuable learning tool for nurses in any acute care setting

Crucial lessons for new emergency nurses and information to help experienced nurses refresh knowledge.

Lesson	Emergency	Critical Care	Med-Surg*	Pediatrics	Labor and Delivery	Perioperative	Telemetry
Abuse, Neglect, and Violence	X	X	X	X	X	X	X
Basis of Trauma Management	X	X	X	X		X	
Behavioral Health Emergencies	X		X				
Burns	X	X					
Cardiovascular Emergencies	X	X					X
Cultural Dimensions	X	X	X	X	X	X	X
Dental, Ear, Nose, & Throat Emergencies	X	X	X				
Drug Calculations	X	X	X	X	X	X	X
Elder Trauma	X		X				X
Emergency Medical Services/Transport	X						
Emergency Operations Preparedness	X						
Endocrine Emergencies	X	X	X				X
Fluid and Electrolytes	X	X	X			X	X
Gastrointestinal Emergencies	X		X				
Gastrointestinal Trauma	X	X	X				

ENA: Emergency Nursing Triage

Emergency Nursing Triage

- Provides foundation for performing triage
 - Prioritize patients using critical thinking skills
 - Promote effective, competent, & efficient triage
 - **Not intended to represent a triage acuity categorization or system**
- Target audience
 - RNs new to triage
 - RNs new to ED/triage
 - Experienced RNs



Emergency Nursing Triage

Basic Triage Concepts

Introduction to Triage

The Triage Process: Part I

The Triage Process: Part II

Legal Issues in Triage

Special Considerations

Special Patient Populations

Triage and Challenging Situations

Red Flags at Triage

Triage and Violence

Triage and Disaster/Mass
Casualty

Clinical Application of Triage Concepts

Chief Complaints: The Trunk

Chief Complaints: Airway and Breathing

Chief Complaints: The Head

Chief Complaints: The Face

Chief Complaints: Infectious Diseases

Chief Complaints: Wound and Extremity

Chief Complaints: Traumatic Mechanisms of
Injury

Chief Complaints: Behavioral Health

ENA: Handling Psychiatric Emergencies

ENA: Handling Psychiatric Emergencies

- Provide nurses with the skills they need to manage patients experiencing a psychiatric crisis
- Endorsed by the American Psychiatric Nurses Association (APNA)



Target Audience

- Nurses new to the ED as part of orientation
 - New graduates
 - Experienced nurses new to emergency nursing
- Experienced ED nurses for continuing education
- Nurses care for patients with psychiatric emergencies in any acute care setting



Why Focus on Psychiatric Emergencies?

- The course helps promote a culture of safe practice and safe care
 - As many as 80% of healthcare personnel report having been physically assaulted
 - One third of patients admitted to emergency departments have a psychiatric condition
 - Patients with psychiatric conditions are increasingly boarding in the emergency department
 - To prepare for these situations, nurses need a reliable educational resources



ENA: Handling Psychiatric Emergencies

- Introduction
- Triage
- Therapeutic Rapport
- Safety
- Suicide Assessment
- Agitated Patient
- Regulatory , Legal, Patients Rights
- Restraints
- Specific Diagnosis
- Substance abuse
- Special Considerations
- Medications
- Documentation
- Clinical Considerations
- Resources and referrals
- Innovative Practices

ENA: Emergency Nursing Certification Review

Emergency Nursing Certification Review

- Helps nurses prepare for the CEN® exam, which is administered by the Board of Certification of Emergency Nursing (BCEN®)
- Co-editors:
 - Jeff Solheim, RN-BC, MSN, CEN, CFRN, FAEN
 - Kathie Carlson, RN, MSN, CEN, FAEN
- 18 lessons
- Two 175 question practice exams
- Contact hours provided by ENA



Emergency Nursing Certification Review

Practice Exams

- 175 questions
- 3-hour time limit
- Learner can continue after 3-hours have expired, but will be alerted that time is up
- Learner can leave the exam, and it will stop the timer.
- 73% or greater to pass
- Practice exam questions mirror the blueprint's percentage of:
 - Body system
 - Analysis
 - Assessment
 - Intervention
 - Evaluation



Emergency Nursing Certification Review- Lessons

A Review of the CEN Exam

Professional Issues

Shock and Multisystem Trauma

Neurological Emergencies

Environmental Emergencies

Toxicology

Medical Infectious Disease and Hematology

Medical Fluid and Electrolyte Imbalances

Cardiovascular Disorders, Part I

Cardiovascular Disorders, Part II

Gastrointestinal Emergencies

Genitourinary and Obstetrical and Gynecological Emergencies

Orthopedic and Integument Emergencies

Maxillofacial and Ocular Emergencies

Respiratory Emergencies, Part I

Respiratory Emergencies, Part II

Psychological and Social Issues

Practice CEN Exam 1

Practice CEN Exam 2

ENA: Pediatric Emergency Nursing Certification Review

Pediatric Emergency Nursing Certification Review

- Pediatric Emergency Nursing Certification Review (PENCR)
 - Helps nurses prepare for the CEN® exam, which is administered by the Board of Certification of Emergency Nursing (BCEN®).
 - Contact hours provided by ENA



Pediatric Emergency Nursing Certification Review- Lessons

- Overview of Certification Exam
- Triage and Head-to-Toe Assessment
- Focused Assessment
- Patient and Family Care Medical Emergencies: Cardiovascular
- Patient and Family Care Medical Emergencies: Environmental
- Patient and Family Care Medical Emergencies: Gastrointestinal
- Patient and Family Care Medical Emergencies: Genitourinary/Reproductive
- Patient and Family Care Medical Emergencies: Neonatal
- Patient and Family Care Medical Emergencies: Neurologic
- Patient and Family Care Medical Emergencies: Respiratory
- Patient and Family Care Medical Emergencies: Other
- Patient and Family Care: Child Maltreatment
- Patient and Family Care: Legal Issues and Professional Issues
- Patient and Family Care: Pain and Procedural Sedation
- Patient and Family Care: Psychological Emergencies
- Patient and Family Care: Surgical Emergencies
- Patient and Family Care: Trauma
- Patient and Family Care: Procedures I
- Patient and Family Care: Procedures Part II
- Practice Exam I
- Practice Exam II