

Sunshine Emergency Department Information

Welcome

As you have probably noticed Sunshine Emergency Department is a big department with a large number of staff. We have over 180 nursing staff alone not to mention doctors, clerical staff, allied health professionals and Security/PSA's. The following information is designed to make your settling in period easier and hopefully a little less overwhelming.

Key Staff

Nurse Unit Manager: Louise Cooke & Julie Spencer

Medical Director: Dr Gary Ayton

Deputy Medical Director: Dr Lucia Le-Kim

ANUMs: Stacey Appleton, Sarah Beer, Michelle Bituin, Jo Clark, Alisha Currie, Kate Dowling, Rene'e Grech, Caroline Hassell, Gina Huynh, Anjela Legaspi, Kristin Mercieca, Voula Munro, Kimberley Nini, Uyen Pham, Chris Poropat, Nyree Redman, Gladis Rodriguez Lopez, Julius Salantes, Georgina Stewart, Amanda Villavicencio & Suzanne Winayak

Educators: Sarah Cornish, Maria Kasambalis, Caroline Hassell, Chris Poropat & Victoria Pearson

Clinical Nurse Instructors: Julius Salantes, Anjela Legaspi, Tayla Raniolo, Abraham Legaspi & Vicki Hatzakis

Purchasing Officer: Erin Chalmers, Vanessa Cirelli & Yvette Falzon

Administrative Assistant: Narelle Farrugia

Codes

All doors and drug rooms have swipe access except the kitchenette near triage and staff toilets in the main department.

Kitchenette code: CX268

Personal Leave

All personal leave calls should be directed to:

- 8345 1849 – 7am to 9pm (SSU 1B)
- 8345 1595 – 9pm to 7am (Main Department)

You must speak with the Nurse In Charge directly and not leave a message.

Equipment & Stores

Erin, Vanessa and Yvette are our equipment and purchasing officers and their office is located in the Emergency administration area. They are responsible for ordering medical supplies and managing broken or faulty equipment. Please inform them if you are having issues with equipment or medical supplies in a timely manner, however ensure any broken material has a BEIMS put in.

Rosters & Shift Swapping

Nursing rosters, shift and leave allocation is managed by RosterOn – an automated rostering system. You are able to place roster requests on Roster On prior to the roster being formulated. Kate Dowling (ANUM) manages the department roster & leave requests. She is very approachable, so please don't hesitate to contact her if you have any questions or concerns.

For all roster requests and swaps, please email: SHEDRoster@wh.org.au

Phone Numbers

When calling from an outside line, **use the prefix 834** then the following:

Nurse Unit Manager:	51921
Nurse In Charge (Portable):	50182
Nurse In Charge (Desk):	51595
Nurse In Charge (SSU 1B)	51849
Main Clerical Desk:	51596
ED Educators:	51068

All sick calls should be made to the NIC SSU 1B (between 7am to 9pm) and outside these hours contact NIC portable phone or NIC desk phone and you should ensure you speak to the NIC directly and not simply pass on a message. If you need to call in sick on a Discovery Program Study Day, please contact one of the education team.

As mentioned, this information hopefully makes settling in to the department a little easier but certainly doesn't cover everything. So as questions arise (and we are sure there will be), please don't hesitate to ask us or one of our permanent staff members as they will be more than happy to assist you where they can.

Good Luck & Welcome to the Sunshine Emergency Department!

HINTS FOR NEW STAFF TO THE EMERGENCY DEPARTMENT

New admission

1. Undress the patient, place them in a gown, label the clothing and document the valuables
2. Document patient presenting complaint
3. Full set of vital signs, including BOC Chart, neurovascular observations (as appropriate)
4. 12 lead E.C.G. (if cardiac history, chest pain presentation, >60 yrs of age)
5. Bloods +/- IV Cannulation
6. Documentation of everything that has been performed by you or the doctor and any tests performed
7. Ensure ID bracelet and allergy band is on patient

Documentation

1. Primary assessment – eyeball the patient to get a feel of the potential problems and the systems involved
2. Patient admission history – presentation, how long has this problem been an issue, what they did to relieve the problem etc.
3. Vital signs
4. Past medical history and current medications
5. Systematic assessment (Head to toe)
 - a. Neurological (includes GCS & pupillary reactions & Neurovascular observations and pain score ?/10)
 - b. Respiratory (includes lung auscultation)
 - c. Cardiovascular (includes palpating pulses)
 - d. Gastrointestinal (includes palpation and auscultation of the abdomen)
 - e. Psycho-social issues (suicide risk or drug and alcohol issues)
 - f. Referrals to ACE (Social Work, PT for mobility, EMH)
 - g. Discharge plan or plan of on-going care

Remember

- **Subjective** - patient history (their story)
- **Objective** - primary assessment (What you see)
- **Assessment** – secondary assessment (Systems approach)
- **Plan** – Ongoing or discharge

ALWAYS remember to report vital signs outside of normal range to the Nurse in Charge and Treating Medical Officer

SEEK assistance early when you feel overwhelmed with your workload

