



EMERGENCY DEPARTMENT

MARCH 2010 VERSION 1.1

NSW Institute of Medical Education and Training
NSW Hospital Skills Program
Emergency Department Module Version 1.1.
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Acknowledgements

This document is a curriculum that identifies capabilities required of doctors working in clinical areas related to the care of people in emergency departments in NSW. It will be a key supporting document for implementing the Hospital Skills Program, which aims to improve the safety, efficiency and quality of healthcare in NSW Hospitals.

This document is the version of the Emergency Department (ED) Module approved by the HSP State Training Council on 28 July 2009. It was prepared by the HSP ED Module Development Working Group, facilitated by Dr Geof Marshall.

Membership of the Module Development Working Group comprised:

Dr Geof Marshall	Director of Emergency Department, Bathurst Hospital
Dr Gayle McInerney	Emergency Physician, Auburn Hospital
Dr Simon Leslie	Director of Emergency Department, Shellharbour Hospital
Dr John Vassiliadis	Staff Specialist Emergency Medicine RNSH
Dr Michael Boyd	Hospitalist, Ryde Hospital
Mr Peter Davy	Curriculum Developer, NSW IMET

EMERGENCY DEPARTMENT

Background

- P4** **SECTION 1:** Concurrent Patient Assessment, Stabilisation Management capabilities
- P10** **SECTION 2:** Common Problems and Conditions
- P19** **SECTION 3:** Skills and Procedures
- P23** **SECTION 4:** Principles of Undertaking Procedural care in Emergency Departments
- P24** **SECTION 5:** Responses to Emergencies

The Hospital Skills Program (HSP) Emergency Department Curriculum identifies the capabilities required of doctors working in the Emergency Departments of NSW hospitals with greater than two years of postgraduate experience who are not participating in a specialist vocational training program.

The HSP curriculum has been developed by IMET, on behalf of NSW Health as part of the broader Hospital Skills Program for this group of doctors. The curriculum aims to guide doctors, their employers and educators with regard to training needs, workplace responsibilities and clinical tasks. The HSP Emergency Department Curriculum has drawn on existing work in this area. (References: 1 – 7).

In particular the framework for the HSP curriculum was developed with reference to the Australian Curriculum Framework for Junior Doctors (ACFJD), prepared by the Confederation of Postgraduate Medical Education Councils (1). The HSP curriculum framework also has a similar structure, comprising Clinical Management, Communication and Professionalism capabilities and identifying common illness problems and conditions which are likely to be dealt with by HSP participants and clinical skills and procedures to be achieved by HSP participants.

With regard to the presentation of the ED curriculum, the intention is to reinforce the mode of practice within emergency medicine which is to focus on triage, risk assessment, and flexible resource-based management of the critically ill patient.

The HSP Emergency Department Module

This document is the version of the Emergency Department (ED) Curriculum approved by the HSP State Training Council on 28 July 2009. It was prepared by the HSP ED Curriculum Working Group, facilitated by Dr Geof Marshall. It is expected as the HSP is implemented there may be further curriculum revision and development work required to ensure that the HSP fulfils its goals in supporting the professional development needs of non-specialist doctors in NSW.

The approved curriculum comprises five sections:

- Section 1: Concurrent Patient Assessment, Stabilisation and Management capabilities
- Section 2: Common Problems and Conditions
- Section 3: Skills and Procedures
- Section 4: Principles of Undertaking Procedural care in Emergency Departments
- Section 5: Responses to Emergencies

The document outlines the capabilities required of a doctor to function efficiently and safely within an ED. It is intended that future versions of the HSP curriculum will also include suggested teaching and learning activities/resources to support the development of doctors' capabilities, as well as suggested assessment strategies and assessment tools to determine HSP participants' achievement of each capability. Where possible suggested teaching and learning activities/resources and assessment strategies/tools will be made accessible via the IMET Online Learning Centre.

Across all five sections, each ED capability has been allocated an HSP level. The three levels of the HSP (HSP 1, 2 and 3) reflect the developing knowledge and skills required of increasingly complex clinical management scenarios and increasing workrole responsibility and accountability. Each of the three levels broadly distinguishes doctors in terms of proficiency, experience, and responsibility.

References

1. Australian Curriculum Framework for Junior Doctors, Version 2.1 Confederation of Postgraduate Medical Education Councils www.cpmec.org.au/curriculum
2. Training and Examination Handbook, Australian College for Emergency Medicine
3. Vocational Preparation Handbook, Australian College of Remote and Rural Medicine
4. Cameron P, Jelinek G, Kelly A-M, Murray L, Heyworth J (eds), Textbook of Adult Emergency Medicine, Churchill Livingstone.
5. Fulde GWO (ed) (2000) Australian Emergency Medicine: Principles of Practice 4th Ed. Churchill Livingstone, Sydney
6. Safety and Quality Council (2005) National Patient Safety Education Framework. The Australian Council for Safety and Quality in Healthcare, Commonwealth of Australia. www.patientsafety.org.au
7. A Hospital Skills Program for Staff Medical Officers (Non-Specialist Medical Staff) of NSW (Blueprint), IMET NSW Institute of Medical Education and Training

The following is a summary of the criteria on which the HSP levels have been determined.

	HSP 1	HSP 2	HSP 3
E	Has limited workplace experience in this discipline.	Has moderate to large workplace experience in this discipline.	Has substantial workplace experience in this discipline.
CP	Reliably recognises familiar situations and key issues. Has a good working knowledge of the management of these. Decision-making is largely rule bound. Demonstrates effective clinical decision making and clinical proficiency in defined situations.	Recognises atypical presentations, recognises case specific nuances and their relational significance, thus reliably identifies key issues and risks. Decision making is increasingly intuitive. Fluent in most procedures and clinical management tasks.	Has an intuitive grasp of a situation as a means of linking his or her understanding of a situation to appropriate action. Able to provide a large repertoire of management options. Has a comprehensive understanding of the hospital service, referral networks and the links to community services.
R	Uses/applies integrated management approach for all cases; consults prior to disposition or definitive management; and arranges senior review of the patient in numerous instances, especially complex or uncommon cases.	Autonomously manages simple and common presentations and consults prior to disposition or definitive management for more complex cases.	Works autonomously, consults as required for expert advice and consults admitting team about patients who require admission.
PS	Level 2	Level 2 – 3	Level 3

It is assumed that doctors will practise medicine with the degree of autonomy that is consistent with their level of experience (E), clinical proficiency (CP) and responsibility (R) to ensure patients receive care which is appropriate, effective and safe. The levels are cross referenced with levels described for Patient Safety (PS) competencies in the National Patient Safety Education Framework (6).

KEY

- E Level of Experience
- CP Clinical Proficiency
- R Responsibility
- PS Patient Safety
- SRMO Senior Resident Medical Officer
- CMO Career Medical Officer

EMERGENCY DEPARTMENT

SECTION 1: Concurrent Patient Assessment, Stabilisation and Management Capabilities

1. Risk Stratification and Triage
2. Establishing an Effective Multi-Professional Management Team
3. Primary Survey
4. Infection Control/ OHS
5. Perform Secondary Survey
6. Use laboratory and other diagnostic tests in a cost effective, ethical and evidence-based manner
7. Monitor patient appropriately and review at regular intervals
8. Utilise the evidence base
9. Specific and Supportive Management
10. Ongoing care
11. Complications
12. Disposition, referral, follow-up and liaison
13. Transfer, retrieval and continuity of care
14. Consultation
15. Documentation
16. Legislative compliance

SECTION 1:

Concurrent Patient Assessment, Stabilisation and Management

1. RISK STRATIFICATION AND TRIAGE

- 1.1 Use organisational or otherwise established guidelines to triage the patient regarding requirements for resuscitation, assessment, monitoring and staff protection (HSP 1).
- 1.2 List the Australian triage scale (ATS) and provide a rationale for their use (HSP 1).
- 1.3 Explain the use of the ATS to determine priority to be seen and justify the circumstances where this may be varied to improve patient flow in the ED (HSP 1).
- 1.4 Compare and contrast the ATS with the triage system used in pre-hospital disaster situations and justify the differences (HSP 2).

2. ESTABLISHING AN EFFECTIVE MULTI-PROFESSIONAL MANAGEMENT TEAM

- 2.1 Demonstrate the principles of effective communication skills (HSP 1).
- 2.2 Actively contribute to positive patient outcomes as an effective multi-professional team member during assessment and resuscitation phases (HSP 1).
- 2.3 Recognise situations to call for additional or more senior help and marshal human resources with appropriate expertise when required (HSP 1).
- 2.4 Lead when appropriate a multi-disciplinary team for the management of a critically ill patient (HSP 3).

3. PRIMARY SURVEY

3.1 Resuscitation and Time Critical Intervention

- 3.1.1 Demonstrate a systematic approach to the clinical assessment and timely management of the undifferentiated critically ill patient (HSP 2).
- 3.1.2 Provide immediate support to stabilise vital signs using universal principles of DR-ABCDE (HSP 1).
- 3.1.3 Conduct and explain the rationale for basic life support as per Australian Resuscitation Council guidelines (HSP 1).
- 3.1.4 Conduct and explain the rationale for advanced life support as per Australian Resuscitation Council guidelines (HSP 2).

3.2 Airway and Oxygenation

- 3.2.1 Demonstrate a systematic approach to the clinical assessment and timely management of the undifferentiated critically ill patient (HSP 2).
- 3.2.2 Describe the signs of airway obstruction (HSP 1).
- 3.2.3 Recognise the situations that require protection or maintenance of airway (HSP 1).
- 3.2.4 Demonstrate basic first aid treatment for upper airway obstruction (HSP 1).
- 3.2.5 Demonstrate safe and effective use of simple airway manoeuvres/adjuncts (head-tilt, chin lift, suction, Guedel, naso-pharyngeal airway) (HSP 1).
- 3.2.6 Demonstrate safe and effective use of laryngeal mask airway (HSP 2).
- 3.2.7 Demonstrate safe and effective endotracheal intubation (HSP 2).
- 3.2.8 Describe the indications for and demonstrate a safe and effective method of needle and surgical cricothyroidotomy (HSP 3).
- 3.2.9 Describe and demonstrate the techniques to confirm correct ET placement (HSP 2).
- 3.2.10 Recognise and manage a difficult airway (HSP 3).
- 3.2.11 Describe in sequence the techniques in managing a difficult airway (HSP 3).
- 3.2.12 Enlist expert assistance when required (HSP 1).

3.3 Breathing and Ventilation

- 3.3.1 Demonstrate a systematic clinical assessment of breathing and oxygenation (HSP 1).
- 3.3.2 Describe the common causes of tachypnoea, dyspnoea and hypoxia (HSP 1).
- 3.3.3 List the causes for and describe how to manage hypercapnic respiratory failure (HSP 1).
- 3.3.4 Interpret blood gases (HSP 1).
- 3.3.5 Describe and demonstrate the clinical signs and treatment of a pneumothorax / tension pneumothorax and describe the clinical implications of each (HSP 1).
- 3.3.6 Demonstrate effective mouth-mask-ventilation (HSP 1).
- 3.3.7 Demonstrate effective bag-valve-mask ventilation, including manual CPAP and BIPAP (HSP 1).
- 3.3.8 Describe the indications for invasive mechanical ventilation (HSP 2).
- 3.3.9 Demonstrate the use and settings of a portable mechanical ventilator, CPAP, BIPAP, IMV (HSP 2).
- 3.3.10 Describe the risks and complications of mechanical ventilation (HSP 2).

3.4 Circulation

- 3.4.1 Describe control of external haemorrhage (HSP 1).
- 3.4.2 Describe methods to control internal haemorrhage including stabilisation of long bone and pelvic fractures and permissive hypotensive resuscitation (HSP 1).
- 3.4.3 Demonstrate peripheral venous cannulation including attention to patient comfort and infection control (HSP 1).
- 3.4.4 Describe alternatives to peripheral venous access (HSP 1).
- 3.4.5 Demonstrate the insertion of and describe the use of an Intraosseous infusion device (HSP 2).
- 3.4.6 Demonstrate peripheral venous cutdown (HSP 3).
- 3.4.7 Demonstrate the insertion of a central venous line and describes the techniques to prevent Central Line Associated Bacteraemia (HSP 3).

- 3.4.8 Describe the clinical features of shock and demonstrates recognition (HSP 1).
- 3.4.9 Describe effective fluid resuscitation adult and paediatric (HSP 1).
- 3.4.10 Describe the indications, risks and safe administration of blood products (HSP 1).
- 3.4.11 Describe the complication of, and utilise a protocol for, massive transfusion (HSP 3).
- 3.4.12 Describe the principles and methods for the management of coagulopathies, thrombolysis and anticoagulation (HSP 2).
- 3.4.13 Demonstrate the immediate management of a simulated/actual witnessed in-hospital cardiac arrest (HSP 1).
- 3.4.14 Demonstrate effective external chest compressions (HSP 1).
- 3.4.15 Demonstrate safe and effective use of an automated external defibrillator either biphasic and monophasic (HSP 2).
- 3.4.16 Describe potentially reversible causes of a cardiac arrest (HSP 1).
- 3.4.17 Describe the indications and dosages of drugs used in the management of a cardiac arrest (HSP 1).
- 3.4.18 Recognise and demonstrate how to treat cardiac arrest rhythms (VF, pulseless VT, PEA and asystole) (HSP 2).
- 3.4.19 Describe potentially reversible causes of pulseless electrical activity (HSP 1).
- 3.4.20 Manage common tachy /brady arrhythmias (HSP 2).
- 3.4.21 Interpret the correct function or malfunction of an implanted defibrillator and a cardiac pacemaker from the ECG (HSP 3).

3.5 Neurological Assessment

- 3.5.1 Demonstrate a systematic approach to the assessment of the acutely ill patient with altered consciousness (HSP 1).
- 3.5.2 Describe the common causes of altered consciousness/ coma with a focus on those causes that are remedial and require acute intervention (HSP 1).
- 3.5.3 Describe the indications for and techniques for controlled hypothermia (HSP 3).

3.6 Focussed Assessment and Monitoring for Changing Parameters and Complications

- 3.6.1 Elicit the relevant history from an ED patient in the appropriate sequence concurrent with physical assessment (HSP 1).
- 3.6.2 Elicit the presenting symptoms, relevant past medical and surgical history, medications, allergies, fasting and social history (HSP 1).
- 3.6.3 Justify the difference in sequence and style of patient assessment in the ED when compared with the medical assessment of a stable patient (HSP 1).

4. INFECTION CONTROL/ OHS

- 4.1 Adhere to the principles of infection control measures and legislation pertaining to same including hand washing before and after patient contact (HSP 1).
- 4.2 Demonstrate safe handling and disposal of sharps and clinical waste including protection of patients and colleagues (HSP 1).
- 4.3 Demonstrate the correct procedure for donning and doffing of personal protective equipment (PPE) (mask, eye protection, hat, gown, gloves, and respirator) (HSP 1).
- 4.4 Describe the rationale, methods and indication of negative pressure isolation rooms (HSP 1).
- 4.5 Describe the indications for public health notification of disease and demonstrate the system for doing so (HSP 1).
- 4.5.1 Describe the principles of management of disease pandemics and demonstrate the procedures for implementation in the local workplace (HSP 2).

5. PERFORM SECONDARY SURVEY

- 5.1 Demonstrate a structured and sequenced approach to the secondary survey of an acutely ill/trauma patient (HSP 1).

6. USE LABORATORY AND OTHER DIAGNOSTIC TESTS IN A COST EFFECTIVE, ETHICAL AND EVIDENCE-BASED MANNER

- 6.1 Practise the principles of rational test and investigation ordering as defined by evidenced based guidelines, protocols and care bundles (HSP 1).
- 6.2 Explain the relevance of risk management and health economics to the limiting and tailoring of diagnostic tests, including listing the potential adverse outcomes arising from diagnostic tests (HSP 1).
- 6.3 Explain the meaning of test specificity and sensitivity and the effect of pre test probability (HSP 1).
- 6.4 Demonstrate a systematic approach to 3- and 12-lead ECG interpretation, recognising common and important abnormalities (HSP 1).
- 6.5 Demonstrate a systematic approach to x-rays of chest, c-spine, common fracture, CT brain, interpretation, recognising common and life threatening abnormalities and recognising signs of fractures (e.g. fat pad signs, loss of normal anatomic alignment) (HSP 2).
- 6.6 Utilise decision support rules based on clinical probability to determine when to x-ray e.g. Ottawa rules etc (HSP 1).

7. MONITOR PATIENT APPROPRIATELY AND REVIEW AT REGULAR INTERVALS

- 7.1 Describe normal physiological ranges for basic vital signs including pulse, blood pressure, SaO₂, respiratory rate, urine output and body temperature (HSP 1).
- 7.2 Describe the importance of repeated and timely reassessment of the acutely ill patient (HSP 1).

8. UTILISE THE EVIDENCE BASE

- 8.1 Demonstrate the ability to extract and critically appraise literature and utilise the evidence (HSP 1).
- 8.2 Access, utilise and describe the benefits and limitations of policies, procedures, protocols, guidelines and care bundles (HSP 1).
- 8.3 Access and utilise evidence based treatment and guidelines when required. Use clinical pathways and care bundles where appropriate (HSP 1).

9. SPECIFIC AND SUPPORTIVE MANAGEMENT

- 9.1 Implement therapies targeting presenting conditions which reflect best practice and which are appropriately individualised (HSP 1).
- 9.2 Define the impact of the presenting illness/injury on pre-existing illnesses (co-morbidities) and incorporate appropriate responses and modifications in the management plan (HSP 2).
- 9.3 Recognise the need to implement treatment, concurrent with the assessment of the patient, aimed at controlling symptoms (e.g. analgesia) correcting abnormal physiological parameters and preventing complications (e.g., anti-emesis, fluid therapy, transfusion, prophylactic antibiotics, tetanus prophylaxis) (HSP 1).
- 9.4 Consult appropriately to define the most appropriate management plan (HSP 1).

10. ONGOING CARE

- 10.1 Upgrade care following successful resuscitation and observe organisational guidelines regarding NFR (HSP 1).
- 10.2 Ensure existing health needs are appropriately addressed and modified as required (e.g. continuation or modification of routine medications) (HSP 1).
- 10.3 Describe an appropriate rationale for continuing or terminating resuscitation efforts (HSP 2).

11. COMPLICATIONS

- 11.1 Monitor for, treat, report and disclose complications appropriately (HSP 1).
- 11.2 Recognise changing clinical parameters that reveal complications or adverse outcomes (HSP 1).
- 11.3 Intervene to minimise the consequences of complications. Practise open disclosure with patients and relatives (HSP 1).
- 11.4 Enter adverse incidents into incident management systems and notify appropriate authorities in the case of notifiable diseases and drug reactions (HSP 1).
- 11.5 Recognise when to participate in and to coordinate debriefing of team members following an error, complication or bad outcome (HSP 2).
- 11.6 Sensitively convey information to bereaved and or distressed relatives (e.g. breaking bad news) (HSP 1).
- 11.7 Describe how to deal with the personal emotional issues surrounding critical incidents, breaking bad news, post-incident stress etc (HSP 1).

12. DISPOSITION, REFERRAL, FOLLOW-UP AND LIAISON

- 12.1 Apply organisational policies and best practice to decisions regarding admission, discharge or transfer (HSP 2).
- 12.2 Comply with measures to improve time to be seen and patient flow benchmarks and effectively utilise ancillary staff engaged in facilitating patient flow (HSP 2).
- 12.3 Utilise the assistance of ASET and discharge planning staff and advocate for timely transfer of patients to definitive care (HSP 2).
- 12.4 Provide patients with appropriate discharge advice and support (HSP 1).
- 12.5 Liaise effectively with, general practitioner, outpatient and community health services (HSP 1).
- 12.6 Facilitate organ donation when appropriate (HSP 3).

13. TRANSFER, RETRIEVAL AND CONTINUITY OF CARE

- 13.1 Coordinate the logistics of transfer of a patient to higher level care (HSP 2).
- 13.2 Upgrade or otherwise modify care appropriately when transferring patients within the hospital or to another facility (HSP 2).
- 13.3 Explain the risks associated with patient transfer and the processes and procedures required to reduce the risk (HSP 2).
- 13.4 Advocate for, utilise and ensure the appropriate level of care during patient transfer (HSP 2).
- 13.5 Share information and interact appropriately with persons involved in deposition (triage staff, emergency services, GPs), disposition (ward teams, retrieval services) and acute care team (ED team, admitting team, consulting teams) (HSP 1).
- 13.6 Describe the risks of patient handover and demonstrate actions that facilitate and reduce the risk at handover (HSP 1).
- 13.7 Demonstrate appropriate handover of care to the patients community health care providers e.g. aged care facilities, community nurses and GPs (HSP 1).
- 13.8 Complete appropriate discharge documentation relevant to the handover of care and ensure delivery to relevant health care providers (HSP 1).

14. CONSULTATION

- 14.1 Consult appropriately with admitting team, other experts and services and team members (including teams receiving the patient), to support decisions and management plans (HSP 1).
- 14.2 Describe the available human resources to assist with patient care both in hour and out of hours in the specific facility (HSP 2).
- 14.3 Recognise the risk involved with different levels of support and describe measures to mitigate the risk (HSP 2).
- 14.4 Recognise when to call for additional support or advice (HSP 1).

- 14.5 Communicate effectively with patient and family allowing appropriate provision of information and consultation regarding choice and consent for treatment (HSP 1).
- 14.6 Involve patients and/or carers in clinical decision making (HSP 1).
- 14.7 Obtain verbal and formal consent appropriate to the circumstance (HSP 1).

15. DOCUMENTATION

- 15.1 Document management legibly, using the required forms, which are appropriate for use in coronial, medico-legal, judicial and quality and safety matters (HSP 1).
- 15.2 In documenting medical records, demonstrate the importance of comprehensive, clear and contemporary medical records both for direct patient care, assessment of quality and medico-legal inquiry (HSP 1).

16. LEGISLATIVE COMPLIANCE

- 16.1 Demonstrate awareness of compliance rules for Medicare, Repat. Workers Compensation and the PBS including use of provider/ prescriber numbers and appropriate referral (HSP 1).
- 16.2 Demonstrate an effective use of and comply with medication management techniques to reduce error. Comply with rules for correct and legal prescribing (HSP 1).
- 16.3 Comply with the provisions of the Medical Practitioners Act, Coroners Act, NSW Health Codes of Conduct, NSW Mental Health Act, NSW Guardianship Act and other legislative and policy instruments applicable to the practice of medicine (HSP 1).

EMERGENCY DEPARTMENT

SECTION 2: Common Problems and Conditions

1. Non-specific Presentations
2. Respiratory
3. Cardiac
4. Vascular
5. Trauma and Burns
6. Musculoskeletal
7. Renal and Urological
8. Obstetrics and Gynaecology
9. Gastrointestinal
10. Ear nose and throat
11. Ophthalmic
12. Neurological
13. Aged Care
14. Endocrine and metabolic
15. Dermatology
16. Accidents and toxicology
18. Paediatric Pharmacology
19. Psychiatric, social and crisis response
20. Deceased patients

SECTION 2: Common Problems

and Conditions

Recognise the signs of a deteriorating patient and participates in the assessment and management of patients subject to Medical Emergency Team calls.

1. NON-SPECIFIC PRESENTATIONS

Describe the 'Red flags' that indicate the possibility of life threatening causes for the common presentations of headache, back pain and abdominal pain, (AAA, ectopic, pregnancy, epidural abscess, torsion, malignancy, infection)

1.1 Fever

- 1.1.1 Describe the causes of fever/hyperthermia (HSP 1).
- 1.1.2 Describe the indications for the control of fever or hyperthermia (HSP 1).

1.2 Cough

- 1.2.1 Describe the common causes of cough including infection, reflux, asthma and endobronchial lesion (HSP 1).
- 1.2.2 Describe the management of cough (HSP 1).

1.3 Dyspnoea

- 1.3.1 Describe the causes and management of dyspnoea including respiratory and cardiac disease, anaemia, foreign body, chest wall restriction and pulmonary embolus (HSP 1).

1.4 Syncope

- 1.4.1 Describe the causes of and diagnostic approach to syncope clinically assessing for arrhythmia, aortic stenosis, postural hypotension, vaso-vagal syncope and TIA (HSP 1).

1.5 Confusion

1.5.1 Describe the causes of and approach to assessment and management of delirium (HSP 2).

1.6 Rash

1.6.1 Recognise exanthemas suggesting life threatening illness, including meningococcal septicaemia, measles, pemphigus, pustular psoriasis, Stevens Johnson syndrome (HSP 1).

1.6.2 Recognise rashes of public health significance e.g. smallpox, rubella (HSP 1).

1.7 Pain

1.7.1 Describe the importance of and methods for achieving adequate pain control (HSP 1).

1.7.2 Describe the principles and practice of acute pain management including a rational approach to controlling chest pain, abdominal pain, renal colic, femoral neck fracture pain, limb fracture pain, pain of burns and migraine (HSP 2).

1.8 Chest pain

1.8.1 Describe the diagnostic approach to chest pain including use of algorithms for the assessment and management of acute coronary syndrome and exclusion of pulmonary embolus (HSP 1).

1.9 Hypotension

1.9.1 Describe the normal range for blood pressure at different ages, lists the causes of hypotension and distinguishes low normal BP from shock (HSP 1).

1.10 Hypertension

1.10.1 Assess the clinical significance of severe hypertension by assessing end organ damage with the use of fundoscopy, and clinical assessment of cardiac, neurological, vascular and renal function (HSP 1).

1.10.2 Pharmacologically control severe and malignant hypertension (HSP 2).

1.11 Weakness

1.11.1 Distinguish weakness secondary to acute and chronic disease, disuse and age from central, spinal and peripheral neurological disorders, electrolyte disturbances and myopathies (HSP 2).

1.12 Acute Abdomen

1.12.1 Describe how to recognise, initiate resuscitation of and manage a patient with an acute abdomen (HSP 1).

1.12.2 Describe the differential diagnosis of the different patterns of abdominal pain and exclude life threatening causes (HSP 1).

1.13 Shock

1.13.1 Describe the patho-physiological processes underlying multi-system critical illness,(cellular hypoperfusion and hypoxia) (HSP 1).

1.13.2 Elicit and recognise the clinical signs and altered biochemistry of shock (HSP 1).

1.13.3 Differentiate the likely cause of shock including sepsis, hypovolaemia, ischemic gut, pump failure, pulmonary embolis, dehydration, heat illness and spinal cord lesion (HSP 2).

1.13.4 Demonstrate goal directed management of septic shock, including appropriate monitoring and investigation, use of fluid resuscitation, early use of appropriate antibiotics, the role of vasoactive drugs and drainage of abscesses (HSP 2).

2. RESPIRATORY

2.1 Upper airway

2.1.1 Demonstrate rational use of investigations and antibiotics in the management of URTI (HSP 1).

2.1.2 Recognise stridor and wheeze and their differential diagnoses and management (HSP 1).

- 2.1.3 Describe a rational approach to management of upper airway foreign body (HSP 2).

2.2 Asthma

- 2.2.1 Describe how to recognise and initiate treatment for and manage an acute attack of asthma (HSP 1).
- 2.2.2 Clinically define the severity of asthma and tailor appropriate acute and preventive therapy (HSP 1).
- 2.2.3 Ensure appropriate education, development of management (action) plans and follow-up to reduce the incidence of recurrence and representation (HSP 1).

2.3 Pneumonia

- 2.3.1 Describe how to recognise and treat pneumonia with a rationale to determine need for admission, hospital in the home or outpatient management (HSP 1).

2.4 Chronic obstructive pulmonary disease (COPD)

- 2.4.1 Describe how to recognise and treat an acute exacerbation of chronic obstructive pulmonary disease (HSP 2).
- 2.4.2 Organise appropriate referral to outpatient programs providing self management education with the aim of reducing the re-presentation of COPD (HSP 1).
- 2.4.3 Ensure appropriate community follow-up for smoking cessation assistance and influenza/pneumococcal vaccination (HSP 1).

2.5 Pneumothorax

- 2.5.1 Elicit the clinical signs and symptoms of pneumothorax (HSP 1).
- 2.5.2 Describe a rationale for the minimally invasive approach to management of pneumothorax and indications for aspiration, small and large bore intercostal catheter and pleural suction (HSP 2).

2.6 Anaphylaxis

- 2.6.1 Describe how to recognise and treat an anaphylactic reaction (HSP 1).
- 2.6.2 Ensure appropriate follow-up after anaphylactic reaction including the patient's education regarding avoidance, prevention, desensitisation and use of self injected adrenaline (HSP 2).

2.7 Pulmonary emboli

- 2.7.1 Demonstrate a high index of suspicion for pulmonary embolus and a rational approach to exclusion, diagnosis and treatment (HSP 1).

3. CARDIAC

3.1 Chest Pain

- 3.1.1 Differentiate non cardiac from cardiac pain and exclude other causes of chest pain requiring treatment and follow-up (e.g. infection, malignancy, pneumothorax, thromboembolic disease, aortic dissection) (HSP 2).

3.2 Acute Coronary Syndromes

- 3.2.1 Demonstrate the management of acute coronary syndrome and acute myocardial infarction according to NSW Health guidelines. Utilise clinical pathways to stratify the risk of Acute Coronary Syndrome and ensure appropriate investigation, referral and follow-up (HSP 2).
- 3.2.2 Recognise and demonstrate a practice of rapid intervention to maximise the chance of early reperfusion of ischemic myocardium by thrombolysis or referral to cardiac acute intervention services (HSP 2).
- 3.2.3 Advocate for rapid access to hospital based services and the implementation of pre-hospital intervention eg thrombolysis, analgesia (HSP 2).

3.3 Arrhythmias

- 3.3.1 Recognise and treat common symptomatic and life threatening arrhythmias including SVT, VT, VF, AF and heart block (HSP 2).

3.4 Heart Failure

- 3.4.1 Describe the causes of heart failure including ischaemia, myocardial disease, hypertension, valvular heart disease and pericardial disease (HSP 1).
- 3.4.2 Recognise the syndrome of heart failure with normal systolic myocardial function (HSP 1).
- 3.4.3 Describe the precipitants of heart failure including arrhythmia, infection, increased salt intake, anaemia, non compliance, hypertension (HSP 1).
- 3.4.4 Demonstrate the management of acute pulmonary oedema (HSP 1).
- 3.4.5 Describe how to recognise and manage heart failure (HSP 2).
- 3.4.6 Describe how to recognise and treat cardiogenic shock (HSP 2).
- 3.4.7 Refer patients with chronic heart failure to appropriate community education, rehabilitation and support services (HSP 1).

3.5 Pulseless Electrical Activity

- 3.5.1 List the causes for pulseless electrical activity and demonstrate its management (HSP 2).

4. VASCULAR

4.1 Venous thromboses

- 4.1.1 Recognise the clinical signs and symptoms of venous thromboembolism and practice a rational approach to diagnosis and treatment (HSP 1).

4.2 Ruptured aortic aneurysm

- 4.2.1 Rapidly recognise the symptoms and signs of ruptured aortic aneurysm and coordinate resuscitation and transfer to surgical care (HSP 2).

4.3 Limb ischemia

- 4.3.1 Recognise the clinical signs of limb threatening ischaemia and organise time critical surgical intervention (HSP 1).

5. TRAUMA AND BURNS

5.1 Severe Trauma

- 5.1.1 Describe and demonstrate a systematic approach (e.g. EMST) to the assessment and immediate treatment of the victim of trauma (HSP 2).

5.2 Burns

- 5.2.1 Demonstrate the principles involved in the initial management of burns (including chemical burns). Principles should make reference to: methods and timing of cooling and provision of analgesia appropriate to age (HSP 1).
- 5.2.2 Demonstrate the ability to calculate the percentage of burn area using appropriate charts and to refer patients appropriately as per the NSW Burn guidelines (HSP 2).
- 5.2.3 Provide appropriate documentation to the referral hospital, calculates fluid requirements for maintenance, and dress burns appropriately for transfer (HSP 2).
- 5.2.4 Define the risk factors for airway burns, compartment syndromes and vascular or respiratory compromises from burn contraction (HSP 2).
- 5.2.5 Recognise circumferential burns and when to refer for escharotomy (HSP 1).
- 5.2.6 Elicit the clinical findings suggestive of significant airway burn (HSP 1).
- 5.2.7 Describe the appropriate management of a suspected airway burn (HSP 1).

5.2.8 Describe the principles of burns dressings in adults and children and describe the various dressings available and their application (HSP 1).

5.3 Tension pneumothorax

5.3.1 Elicit the signs of a tension pneumothorax and institutes emergency management (HSP 2).

5.4 Haemothorax

5.4.1 Elicit the signs of haemothorax and institutes appropriate treatment including insertion of large bore intercostal catheter when indicated (HSP 2).

5.5 Flail chest

5.5.1 Recognise the signs and significance of flail chest and manages appropriately to maintain adequate ventilation (HSP 2).

5.6 Haemorrhage

5.6.1 Recognise and control external and internal haemorrhage utilising clinical examination, diagnosis by exclusion, diagnostic peritoneal lavage, ultrasound, compression, elevation, ligation, stabilisation of long bone and pelvic fracture, timely referral to surgical intervention (HSP 2).

5.7 Head and brain injury

5.7.1 Describe the key interventions to maximise secondary prevention and recovery from brain injury including prevention of hypoxia and optimisation of cerebral blood flow via the control of perfusion pressure and intracranial pressure (HSP 2).

5.8 Renal and Urinary tract trauma

5.8.1 Recognise renal and urinary tract trauma and identify mechanisms of injury associated with these trauma (HSP 2).

5.9 Abdominal trauma

5.9.1 Recognise the signs of intra-abdominal injury and utilise appropriate diagnostic techniques to screen for/exclude (HSP 3).

5.10 Spinal Injuries

5.10.1 Describe the principles of recognition and initial management of patients with suspected spinal injuries (HSP 2).

5.10.2 Organise timely and appropriate referral and disposition for a patient with spinal injury, including patients from special groups (e.g. obstetric, paediatric) (HSP 2).

5.11 Sepsis

5.11.1 Describe the recognition and immediate resuscitation of a patient with sepsis (HSP 1).

5.11.2 Describe the recognition and management of sepsis utilising goal directed therapy (HSP 2).

5.11.3 Describe a rational approach to antibiotic prescribing in the patient with sepsis (HSP 2).

6. MUSCULOSKELETAL

6.1 Recognise limp and gait disturbances (HSP 1).

6.2 Assess, investigate and manage joint and musculoskeletal pain (HSP 1).

6.3 Identify fractures clinically and radiographically, provide appropriate initial management and ensure referral and follow-up (HSP 1).

6.4 Identify joint dislocations and their complications, effect reduction and organise after care (HSP 2).

6.5 Assess, investigate and manage back pain in accordance with evidenced based guidelines, avoiding unnecessary investigations and excluding fracture, infection and malignancy (HSP 1).

6.6 Provide appropriate first aid and referral to specialist services for significant hand and limb trauma (HSP 2).

6.7 Appropriately identify, manage and refer muscle, tendon, enthesis and ligament injuries (HSP 2).

7. RENAL AND UROLOGICAL

- 7.1 Describe the causes, presentations and treatment of oliguria (HSP 1).
- 7.2 Identify and manages acute renal failure (HSP 2).
- 7.3 Detect and manage urinary retention (HSP 1).
- 7.4 Implement an appropriate diagnostic and management strategy for haematuria (HSP 1).
- 7.5 Utilise rational antibiotic prescribing and appropriate referral to manage urinary tract infections (HSP 1).
- 7.6 Provide adequate analgesia and appropriate follow-up and referral for renal colic/nephrolithiasis, ureterolithiasis (HSP 1).
- 7.7 Describe the important differential diagnoses of renal colic (HSP 1).

8. OBSTETRICS AND GYNAECOLOGY

8.1 PV bleeding

- 8.1.1 Describe the causes and management of PV bleeding including the exclusion and detection of miscarriage and ectopic pregnancy (HSP 1).
- 8.1.2 Describe the signs of and differential diagnosis of ruptured ovarian cyst (HSP 1).
- 8.1.3 Describe the causes and management of antepartum haemorrhage (HSP 2).
- 8.1.4 Recognise and provide appropriate referral and management for hypertensive disease of pregnancy and other problems in early pregnancy (miscarriage and ectopic pregnancy) (HSP 2).
- 8.1.5 Recognise the need for urgent caesarean section within four minutes of cardiac arrest in patients who are more than 24 weeks pregnant (HSP 1).

8.2 Normal delivery

- 8.2.1 Manage, with midwifery assistance, a normal vaginal delivery (HSP 2).
- 8.2.2 Recognise the signs of foetal distress and refer as appropriate (HSP 1).
- 8.2.3 Provide effective neonatal resuscitation based on assessment of ABC (HSP 3).

- 8.2.4 Describe the recognition and management of obstetric emergencies including neonatal distress, eclampsia, haemorrhage, cord prolapse, cord around neck, shoulder dystocia (HSP 3).

9. GASTROINTESTINAL

9.1 Describe the differential diagnosis, and management of:

- 9.1.1 Vomiting (HSP 1).
- 9.1.2 Diarrhoea (HSP 1).
- 9.1.3 Acute abdominal pain (HSP 1).
- 9.1.4 Upper GI haemorrhage (HSP 1).
- 9.1.5 Lower GI haemorrhage (HSP 1).
- 9.1.6 Cholecystitis, cholangitis and other and biliary disorders (HSP 1).
- 9.1.7 Acute pancreatitis (HSP 1).
- 9.1.8 Hepatitis (HSP 1).

10. EAR NOSE AND THROAT

10.1 Diagnoses and effectively manages:

- 10.1.1 Epistaxis (HSP 1).
- 10.1.2 Foreign bodies ears and nose (HSP 2).
- 10.1.3 Otitis media (HSP 1).
- 10.1.4 Quinsy (HSP 2).

11. OPHTHALMIC

11.1 Responds to symptoms of, manages and provides timely and appropriate specialist referral for:

- 11.1.1 Corneal injuries and chemical burns (HSP 1).
- 11.1.2 Penetrating eye trauma (HSP 1).
- 11.1.3 Blunt eye trauma (HSP 1).
- 11.1.4 Foreign bodies (HSP 1).
- 11.1.5 Acute red eye (HSP 1).
- 11.1.6 Glaucoma (HSP 1).
- 11.1.7 Scleritis (HSP 1).
- 11.1.8 Iritis (HSP 1).
- 11.1.9 Retinal detachment (HSP 1).

12. NEUROLOGICAL

12.1 Describe the differential diagnosis, and management of:

- 12.1.1 Headache (HSP 1).
- 12.1.2 Migraine (HSP 1).
- 12.1.3 Syncope (HSP 1).
- 12.1.4 Coma (HSP 2).
- 12.1.5 Seizures (HSP 2).

12.2 Describe how to recognise and initiate treatment of:

- 12.2.1 Status epilepticus (HSP 2).
- 12.2.2 Stroke (HSP 2).
- 12.2.3 TIA (HSP 2).
- 12.2.4 Intracranial haemorrhage (HSP 2).
- 12.2.5 Meningitis (HSP 2).

12.3 Describe how to recognise and initiate treatment for:

- 12.3.1 Meningococcal septicaemia (HSP 2).
- 12.3.2 Encephalitis (HSP 2).

13. AGED CARE

- 13.1.1 Recognise and describe the effects of the physiology of aging on communication, disease patterns and presentations, drug pharmacology, medication compliance, the risks and interpretation of investigations and maintenance of nutritional status. (HSP 2).
- 13.1.2 Recognise the risks to health associated with falls and provide advice as to minimise these risks. (HSP 2).
- 13.1.3 Recognise and manage acute confusion in older people (HSP 2).
- 13.1.4 Recognise and manage deterioration in older people (HSP 2).

14. ENDOCRINE AND METABOLIC

14.3 Describe how to recognise and treat diabetic emergencies:

- 14.3.1 Ketoacidosis (HSP 2).
- 14.3.2 Hyperosmolar coma (HSP 2).
- 14.3.3 Thyrotoxicosis (HSP 2).
- 14.3.4 Thyrotoxic storm (HSP 2).
- 14.3.5 Hypoglycaemia (HSP 2).

14.4 Electrolyte abnormalities

- 14.4.1 Describe the common causes and treatment of life threatening hypo-/hyper-natriemia and kalemia (HSP 1).

15. DERMATOLOGY

- 15.1 Recognise and describe the morphology and clinical manifestations of solar keratoses, dermatofibromas, pyoderma gangrenosum, necrobiosis lipoidica, erythema nodosum, seborrheic dermatoses, benign naevi, squamous cell carcinoma, basal cell carcinoma, melanoma (HSP 2).

16. ACCIDENTS AND TOXICOLOGY

16.1 Drowning

- 16.1.1 Describe the resuscitation, initial management and stabilisation of a near drowning victim (HSP 2).
- 16.1.2 Describe the possible complications, treatment and prevention of complications of fresh and salt water drowning (HSP 2).

16.2 Electrocutation

- 16.2.1 Describe the first aid management of lightning strike and electrocution (HSP 1).
- 16.2.2 Describe the assessment of electrical injury and the risk factors and signs of nerve and muscle injury (HSP 1).

16.3 Overdose

- 16.3.1 Describe how to recognise and treat common drug overdoses (HSP 2).
- 16.3.2 Utilise the poisons information service and/or local toxicology expertise (HSP 1).

16.4 Poisoning

- 16.4.1 Describe the assessment and management of poisoning and the use of chemical antidotes (HSP 2).

16.5 Envenomation

- 16.5.1 Describe the first aid management of spider, snake and marine envenomations (HSP 1).
- 16.5.2 Describe the indications for and the technique for the application and removal of a tourniquet and/or compression bandage (HSP 1).
- 16.5.3 Describe the signs suggestive of significant envenomation (HSP 2).
- 16.5.4 Utilise diagnostic tests to determine severity of envenomation (HSP 2).
- 16.5.5 Demonstrate the rationale and use of a venom detection kit (HSP 2).
- 16.5.6 Describe the indications for, timing and use of antivenom (HSP 2).

16.6 Environmental

- 16.6.1 Describe the physiological responses to, complications of and treatment of exposure to altitude, depth, heat, humidity and cold (HSP 1)

17. PAEDIATRICS

17.1 Upper respiratory tract infections

- 17.1.1 Recognise stridor and differentiate from wheeze (HSP 1).
- 17.1.2 Detect the signs of imminent respiratory compromise from upper airway obstruction (HSP 1).
- 17.1.3 Describe the acute management and differential diagnosis of stridor including foreign body (HSP 1).

17.2 Recognition of a sick child

- 17.2.1 Describe how to recognise and initiate treatment for a sick child (HSP 1).
- 17.2.2 Describe techniques for support of airway, breathing, circulation including selection of appropriately sized equipment, indications for support, resuscitation algorithms, use of appropriate resources to assist acute management and transfer. Demonstrate a structured approach to management in clinical and simulated practice (HSP 1).
- 17.2.3 Describe the clinical signs present in a "sick" child (HSP 1) eg ABC fluids in and out, Yale Observation scale, vital signs and normal ranges for age, patterns of decompensation, high-risk clinical features and co-morbidities. Demonstrate a structured approach to recognition of a sick child in clinical practice. (HSP 1).

17.3 Febrile child

- 17.3.1. Describe the assessment and management of a child with fever (HSP 1).

17.4 Child At Risk

- 17.4.1 Recognition of the child at risk. Describe the features indicating risk of inflicted injury or neglect. Demonstrate ability to recognise children at risk in clinical practice (HSP 1).
- 17.4.2 Management of the child at risk. Describe principles of management of the child at risk. Demonstrate these principles in clinical practice (HSP 1).

17.5 Neonatal resuscitation

- 17.5.1 Demonstrate appropriate support of the newborn at delivery and effective neonatal resuscitation (HSP 3).

18. PAEDIATRIC PHARMACOLOGY

Describe principles of safe drug prescribing for children including dosing by weight and body surface area. Demonstrate these principles in clinical practice (HSP 3).

18.2 Paediatric fluid therapy

Describe the principles of fluid and electrolyte management in children, including treatment for maintenance, deficit and replacement of ongoing losses of fluid. Demonstrate these principles in clinical practice (HSP 3)

18.3 Paediatric Procedures

Describe general approach to undertaking procedures in children including preparation of the environment, infection control, explanation to the child and family, parental presence during procedures, assistance during procedures, distraction during procedures, procedural sedation, management of failed procedures and feedback to the child. Demonstrate these principles in clinical practice (HSP 3).

18.4 Growth

Describe normal patterns of growth in a child and use of percentile charts. Describe differences in the type of injury and illness that change with a child's growth. Demonstrate assessment of growth and recognition of abnormalities of growth in clinical practice (HSP 3).

18.5 Development

Describe normal patterns of development. Demonstrate assessment of development and recognition of abnormal development in clinical practice (HSP 3).

18.6 Pain

Describe methods for assessment and management of pain in children of different ages. Demonstrate assessment and management of pain in clinical practice (HSP 3).

18.7. Communication

Describe the principles of communicating with children of different ages and their families, including strategies to support verbal information. Demonstrate appropriate techniques of communication for the age and clinical situation (HSP 3).

19. PSYCHIATRIC, SOCIAL AND CRISIS RESPONSE

19.1 Describe how to recognise and initiate treatment for acute psychiatric illness including:

- 19.1.1 Violent and agitated patient (HSP 2).
- 19.1.2 Anxiety (HSP 2).
- 19.1.3 Depression (HSP 2).
- 19.1.4 Psychoses (HSP 2).
- 19.1.5 Delirium (HSP 2).
- 19.1.6 Suicide attempt (HSP 2).
- 19.1.7 Sexual assault (HSP 3).
- 19.1.8 Deliberate self-harm (HSP 2).
- 19.1.9 Involuntary detention (HSP 1).

20. DECEASED PATIENTS

- 20.1 Appropriately complete documentation and certification of death (HSP 1).
- 20.2 Refers to coroner and organ donation services when indicated (HSP 1).
- 20.3 Conduct forensic medical procedures and liaise with the police as required (HSP 1)

EMERGENCY DEPARTMENT

SECTION 3: Skills and Procedures

1. Life Support Airway/ Respiratory
2. Life Support circulation
3. Cardiovascular therapies
4. Acute pain management
5. Toxicological and environmental
6. Psychiatric and social
7. Special communication tasks
8. Paediatrics
9. Trauma
10. Monitoring
11. Obstetric
12. Neonate
13. Ophthalmic
14. ENT
15. Other

SECTION 3: Skills and Procedures

1. LIFE SUPPORT AIRWAY/RESPIRATORY

- 1.1 Act as Team leader for Advanced Life Support: (HSP 2).
- 1.2 Implement "standing not for resuscitation orders" (HSP 1).
- 1.3 Implement cessation of life support (HSP 2).
- 1.4 Describe the ethical and legal implications of attempting/ not attempting resuscitation and end of life decisions (HSP 2).
- 1.5 Manage special arrest situations – Paediatric and Neonatal (HSP 3).
- 1.6 Manage special arrest situations – Obstetric (HSP 3).
- 1.7 Provide airway and respiratory support (HSP 1).
- 1.8 Provide oxygen therapy (HSP 1).
- 1.9 Demonstrate the preparation and administration of high flow and controlled oxygen therapy (HSP 2).
- 1.10 Use a spacer device for metered dose inhalation (HSP 1).
- 1.11 Demonstrate the preparation and use of an oxygen/ air driven nebuliser and continuous nebulisation and describe the indications for use of either device (HSP 2).
- 1.12 Implement on-invasive ventilation (HSP 1).
- 1.13 Implement BiPAP/CPAP (HSP 1).
- 1.14 Provide intubation and manual ventilation to support cardiac arrest (HSP 1).
- 1.15 Implement LMA (HSP 1).
- 1.16 Implement needle pleurocentesis (HSP 1).
- 1.17 Provide rapid sequence induction (HSP 2).
- 1.18 Implement tracheal intubation and establishment of mechanical ventilation in a patient requiring the use of hypnotic drugs and muscle relaxants (HSP 2).
- 1.19 Implement tracheal intubation by laryngoscopy (HSP 2).
- 1.20 Implement tracheal intubation by non-direct technique (HSP 2).
- 1.21 Implement tracheal intubation in the setting of severe facial trauma (HSP 3).
- 1.22 Provide paediatric tracheal intubation (HSP 3).
- 1.23 Establish appropriate ventilation parameters for patients on ventilators (HSP 1).
- 1.24 Insert a nasogastric and orogastric tube (HSP 2).

- 1.25 Demonstrate/describe how to perform urinary catheterization
- 1.26 Demonstrate/describe a needle/surgical cricothyroidotomy (HSP 3).
- 1.27 Demonstrate/describe intercostal catheter (HSP 2).
- 1.28 Describe how to set up, insert and manage a chest drain (HSP 2).

2. LIFE SUPPORT CIRCULATION

- 2.1 Demonstrate how to prepare an intraosseous cannulation (HSP 1).
- 2.2 Demonstrate how to prepare an intravenous infusion (HSP 1).
- 2.3 Demonstrate how to prepare an IM injection (HSP 1).
- 2.4 Demonstrate how to correctly prepare and give an intravenous, intramuscular drug transfusion in a normovolemic patient (HSP 1).
- 2.5 Provide fluid resuscitation in 10% blood volume loss (HSP 1).
- 2.6 Describe the role of vasoactive drugs in treatment of the shocked patient (HSP 1).
- 2.7 Effectively manage shock (HSP 2).
- 2.8 Initiate inotropic therapy (HSP 2).
- 2.9 Provide effective alternative venous access (venous cutdown) (HSP 2).
- 2.10 Describe the principles and limitations and perform central venous pressure monitoring (HSP 3).
- 2.11 Demonstrate the correct procedure for insertion of a central line including the strategies used to reduce the risk of central line associated bacteraemia (HSP 3).
- 2.12 Describe the indications and complications of and performs arterial line insertion (HSP 2).
- 2.13 Describe the principles and limitations of invasive arterial pressure monitoring (HSP 2).
- 2.14 Manage a massive haemorrhage (including blood products) (HSP 3).
- 2.15 Demonstrate the effective use of emergency ultrasound (HSP 3).

3. CARDIOVASCULAR THERAPIES

- 3.1 Implement transcutaneous pacing (HSP 1).
- 3.2 Provide thrombolytic therapy (HSP 2).
- 3.3 Provide emergency synchronised cardioversion (HSP 2).
- 3.4 Provide transvenous pacing (HSP 3).

4. ACUTE PAIN MANAGEMENT

- 4.1 Implement infiltration of local anaesthetics (HSP 1).
- 4.2 Provide topical anaesthesia (HSP 1).
- 4.3 Provide simple pharmacotherapy (e.g. narcotics, non steroidal) (HSP 1).
- 4.4 Administer nitrous oxide (HSP 1).
- 4.5 Administer conscious sedation for minor procedures midazolam, ketamine, propofol (HSP 2).
- 4.6 Administer regional nerve blocks (e.g. femoral, intercostal, digital) as required (HSP 2).

5. TOXICOLOGICAL AND ENVIRONMENTAL

- 5.1 Effectively use a venom detection kit (HSP 1).
- 5.2 Administer antidotes as required (HSP 1 -2).
- 5.3 Perform a fishhook removal (HSP 1).
- 5.4 Perform a ring removal (HSP 1).
- 5.5 Perform a tick removal (HSP 1).

6. PSYCHIATRIC AND SOCIAL

- 6.1 Apply relevant legislation for compulsory admission (HSP 1).
- 6.2 Describe the relevant aspects of the Mental Health Act pertaining to the care and management of mental health patients in the emergency department. (HSP 2).
- 6.3 Recognise the role of police and security staff in the management of mental health patients (HSP 1).
- 6.4 Describe and utilise techniques to minimise violence and risk to self and staff.
- 6.5 Conduct acute counselling as appropriate (HSP 2).
- 6.6 Provide rapid control of psychosis or agitation when required (HSP 2).
- 6.7 Sensitive management of a sexual assault victim (HSP 3).

7. SPECIAL COMMUNICATION TASKS

- 7.1 Provide effective telephone advice (HSP 1).
- 7.2 Manage and communicate persuasively with patients leaving against advice (HSP 1).
- 7.3 Respond effectively to complaints (HSP 2).
- 7.4 Debrief staff as required (HSP 2).

8. PAEDIATRICS

- 8.1 Apply the Broselow system to size paediatric equipment and calculate drug doses (HSP 1).
- 8.2 Demonstrate intravenous access in an infant and a child (HSP 1).
- 8.3 Perform a lumbar puncture in an infant and a child (HSP 2).
- 8.4 Perform a suprapubic aspiration in an infant and a child (HSP 1).
- 8.5 Perform an intraosseous needle insertion in an infant and a child (HSP 1).
- 8.6 Perform an intubation in an infant and a child (HSP 3).
- 8.7 Conduct developmental screening in an infant and a child (HSP 1).

9. TRAUMA

- 9.1 Perform suturing (HSP 1).
- 9.2 Perform wound cleaning and debridement (HSP 1).
- 9.3 Use plaster (e.g. short arm backslab) (HSP 1).
- 9.4 Apply a Thomas splint (HSP 1).
- 9.5 Perform an escharotomy (HSP 2).
- 9.6 Reduce fractures and dislocations, shoulder, elbow, TMJ, finger joint (HSP 2).
- 9.7 Stabilise pelvic fracture (HSP 2).
- 9.8 Demonstrate an effective log roll (HSP 1).
- 9.9 Conduct spinal immobilisation (HSP 1).
- 9.10 Interpret accurately CAT scans – Head, C-spine, chest, abdomen (HSP 3).
- 9.11 Interpret accurately C spine x-rays (HSP 3).
- 9.12 Perform and interpret ultrasonography relevant to emergency care eg FAST scans (HSP 3).
- 9.13 Conduct accurate blood gas analysis (HSP 1).

10. MONITORING

- 10.1 Describe the principles and limitations of pulse oximetry (HSP 1).
- 10.2 Describe the principles, techniques and limitations of CVP measurement (HSP 1).
- 10.3 Describe the principles and limitations of Invasive BP monitoring (HSP 1).
- 10.4 Demonstrate/describe how to obtain an arterial blood gas (HSP 1).
- 10.5 Describe a systematic approach to arterial blood gas analysis (HSP 1).
- 10.6 Describe the principles and limitations of capnography and its different technologies/devices (HSP 2).

11. OBSTETRIC

- 11.1 Control bleeding (HSP 2).
- 11.2 Manage a prolapsed cord (HSP 2).
- 11.3 Conduct ultrasound interpretation (HSP 2).
- 11.4 Manage post-partum complications (HSP 2).
- 11.5 Remove blood clots in the cervix (HSP 2).
- 11.6 Deliver a baby with midwife assistance (HSP2).
- 11.7 Interpret cardiotocograph results (HSP 2).

12. NEONATE

- 12.1 Assess APGAR scores at delivery (HSP 1).
- 12.2 Identify neonate requiring resuscitation (HSP 1).
- 12.3 Perform resuscitation on neonate (HSP 2).

13. OPHTHALMIC

- 13.1 Measure visual loss/acuity (HSP 1).
- 13.2 Demonstrate effective use of an ophthalmoscope (HSP 1).
- 13.3 Demonstrate effective use of a slit lamp (HSP 1).
- 13.4 Detect corneal injuries and foreign bodies using fluorescein dye (HSP 1).
- 13.5 Remove corneal foreign body (HSP 1).
- 13.6 Remove corneal rust ring (HSP 2).
- 13.7 Measure intraocular pressure (HSP 2).
- 13.8 Detect retinal detachment (HSP 1).

14. ENT

- 14.1. Demonstrate the correct use of an auroscope (HSP 1).
- 14.2. Collect a pernasal swab (HSP 1).
- 14.3. Demonstrate safe performance of ear toilet and lavage. (HSP 2).
- 14.4. Demonstrate safe insertion of an ear wick (HSP 2).
- 14.5. Effectively arrest and manage epistaxis (HSP 1).
- 14.6. Identify and remove foreign bodies from the ears and nose (HSP 2).
- 14.7. Perform indirect and direct laryngoscopy (HSP 2).

15. OTHER

- 15.1 Replace gastrostomy tube (HSP 2).
- 15.2 Effect hernia reduction (HSP 1).
- 15.3 Conduct a forensic examination of sexual assault victim (HSP 3).
- 15.4 Demonstrate and teach use of epipen/insulin pen (HSP 1).
- 15.5 Excise skin lesion (HSP 2).
- 15.6 Perform a skin biopsy with scalpel or punch (HSP 2).
- 15.7 Perform a rigid sigmoidoscopy and proctoscopy (HSP 2).
- 15.8 Perform an excision and drainage of an abscess (HSP 2).
- 15.9 Insert suprapubic catheter (HSP 3).
- 15.10 Incise and drain thrombosed external haemorrhoid (HSP 2).
- 15.11 Conduct and supervise a treadmill exercise test (HSP 2).

EMERGENCY DEPARTMENT

SECTION 4: Principles of Undertaking Procedural care in Emergency Departments

1. Assessment and informed consent
2. Preparation
3. Procedure
4. Post-Procedure

SECTION 4: Principles of Undertaking Procedural Care

1. ASSESSMENT AND INFORMED CONSENT

- 1.1 Correctly identify patient (HSP 1).
- 1.2 Assess patient for indications, contraindications, risks and individual needs (HSP 1).
- 1.3 Obtain informed consent observing organisational policy and best practice Describe the principles of and obtain appropriate consent in the case of an acutely ill patient (HSP 1).

2. PREPARATION

- 2.1 Provide the patient with practical, clear instructions assisting them to cope (HSP 1).
- 2.2 Assemble and brief support staff (HSP 1).
- 2.3 Establish appropriate patient positioning, monitoring and venous access (HSP 1).
- 2.4 Achieve appropriate asepsis (HSP 1).
- 2.5 Check and layout equipment and drugs and reduce other risks (HSP 1).
- 2.6 Demonstrate respect for patient dignity (HSP 1).
- 2.7 Recognise the importance of cultural/ religious diversity issues in patient care and treatment (HSP 1).
- 2.8 Describe key aspects of in-patient safety, OHS, iatrogenesis (HSP 1).

3. PROCEDURE

- 3.1 Provide appropriate analgesia, anaesthesia or sedation (HSP 1).
- 3.2 Monitor and communicate with patient throughout (HSP 1).
- 3.3 Perform technical aspects of tasks appropriately (HSP 1).
- 3.4 Observe universal precautions and occupational health and safety (HSP 1).
- 3.5 Troubleshoot and assist appropriately (HSP 1).
- 3.6 Recognise and manage complications (HSP 1).

4. POST-PROCEDURE

- 4.1 Recover patient safely (HSP 1).
- 4.2 Demonstrate the management of the patient post sedation/ anaesthesia (HSP 1).
- 4.3 Adjust monitoring and ongoing care according to any new or developing patient needs (HSP 1).
- 4.4 Provide information to patient and teams and document clearly and comprehensively (HSP 1).

EMERGENCY DEPARTMENT

SECTION 5: Responses to Emergencies

1. Resuscitation and stabilisation
2. Disaster Management

SECTION 5:

Responses to Emergencies

1. RESUSCITATION AND STABILISATION

- 1.1 Marshall help and resources as needed and work effectively as a team (HSP 1).
- 1.2 Provide immediate support to stabilise vital signs using universal principles of DR-ABCDE (HSP 1).
- 1.3 Conduct basic and advanced life support as per Australian Resuscitation Council guidelines (HSP 1).
- 1.4 Provide upgraded care following successful resuscitation (HSP 1).
- 1.5 Observe organisational guidelines regarding NFR and cessation of treatment (HSP 1).
- 1.6 Communicate with next of kin (e.g. breaking bad news); debrief staff and complete required documentation (HSP 1).

2. DISASTER MANAGEMENT

- 2.1 Describe and comply with policy and procedures related to Internal and External disasters (HSP 1).

NSW Institute of Medical Education and Training (IMET)

Building 12 Gladesville Hospital

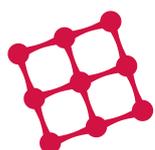
GLADESVILLE NSW 2060

Tel: (02) 9844 6551

Fax: (02) 9844 6544

Email: info@imet.health.nsw.gov.au

Post: Locked Bag 5022, GLADESVILLE NSW 1675



IMET
NSW Institute of
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