

## EMERGENCY DEPARTMENT NIGHT SHIFT FROM 19:00hrs to 07:15hrs

Over my shift I have had 27 patients through department with 1 helicopter transfer, 7 ambulances, 4 hospital transfers and 6 patients be transferred to wards.

- 19:00 Arrive on shift.  
Take handover from day staff in-charge.  
Check S8 drugs.  
Talk to night staff-assess junior/senior staff levels.

---

- 19:30 Walk around ward and make a visual assessment of all patients.

---

- 20:00 Take over from evening staff while on meal breaks.  
**Comments:** Resus pt - nil. Paeds pts x 2. Beds 5-8.  
Fast track pt-measure and fit crutches.

---

- 20:15 Pt handover with ADON. Night Drs arrive.  
Update computer details on pts.

---

- 20:30 A Pt needs to go for higher level of care.  
**Comments:** Ask bed manager for bed.  
**Comments:** Liaise with Dr re who they spoke to, where pt is to go as likely appendix. No surg cover here-needs ED.

---

- New pt to bed 2 - junior nurse-no CAN. Cannula, bloods, analgesia.

---

- 21:00 Bed available elsewhere. Speak to transit-unable to attend.  
Speak to ambulance & arrange transfer.

---

- 21:05 Mental health pt brought in by police/ambulance on a schedule.  
Liaise with Dr, security, police and ambos re plan for pt.  
Arrange BAT form. Coordinate sedation with staff.  
**Comments:** H/O aggression. Pt is psychotic. In-charge has to care for mental health room. No MH CNC after 1600hrs. No community MH.

---

- 21:30 Pt in bed 5 needs ward bed arranged.  
Pt bed 6 needs nurse escort to CT-no xray nurse.  
Pt bed 7 needs two staff to assist with toileting.

---

- 22:00 Coordinate night staff to start meal breaks.  
**Comments:** Take over beds 1-4 to relieve nurse x 30mins.  
Chest pain pt needs morphine - 2 nurses.

---

- 22:15 Bed manager handover.

---

- 22:00 New pt to bed 3-abdo pain. IV cannula, analgesia.  
Also need oral sedation for mental health pt.

---

- 22:30 Fast track nurse goes home.  
**Comments:** Help MO with laceration, backpain pts.

---

- 22:30 Paed/resus nurse relieves triage for a break.  
**Comments:** Asked to give analgesia to child in paed.  
Beds 9-Iso nurse sent on break.  
**Comments:** Care for pts-bed 9 new pt-IV, bloods, ECG etc  
Iso-immunocompromised pt requires pan.

---

- 23:00 Still no transfer of pt. Ring ambos-delayed. Go explain to pt/  
relatives.  
Paed/resus nurse goes home-now have those pts as well as mental health.  
**Comments:** Paed rm-child with asthma-needs ventolin.  
Child with fever needs panadol and obs.  
Night shift nurse arrives - takes over beds 5-8.

---

- 23:10 Went on meal break.  
**Comments:** Took 2 phone calls re pt tranfers.  
Organised a 'hot swap'-pt offloaded and uploaded.

---

- 23:45 2 pts transferred to the ward. Notes printed.  
Cover these beds until nursing staff returned x 25 minutes.  
Rang courier for blood collection.  
Paeds pt needed ventolin.  
Mental health pt becoming aggressive-kicking door.  
**Comments:** Still waiting for psych reg review-not re-sedated.

---

- 00:30 Corridor nurse goes home-leaves 1 pt with back pain - waiting for MO review.

---

- 01:00 Pt from corridor to bed 11-last empty bed.  
Child 1 in paed room gone home.

---

- 01:20 All staff sit down for coffee/tea and Tim Tam.

---

- 02:00 Category 2 to resus room - Pt very unwell. Short of breath and having a heart attack. 3 staff called to assist.

---

- 04:00 Pt finally stabilised and needs to be retrieved by Air Ambulance, so I remain in resus.

---

- 04:50 Pt finally loaded on helicopter stretcher and sent to hospital with higher level of care.

---

- 05:00 Clean up Resus room.

---

- 05:30 Catch up on what's been happening in other beds in department.  
2 patients for transfer to other hospitals - phone calls made.

---

- 06:00 New child to Paeds room with croup. Reassure parents and child settled.

---

- 07:00 Day shift arrive.  
Handover.