EMERGENCY NURSING
Scope and Standards of Practice

Third Edition

Emergency Nurses Association®
Copyright © 2021, Emergency Nurses Association®. 3rd Edition. All rights reserved.

No part of this publication may be reproduced in any form by mechanical or electronic means, stored in an information or retrieval system, copied, disseminated, or transmitted by any means without ENA’s prior written permission.

This publication is published by ENA for educational and information purposes only and was developed to serve as a resource and guide to understanding the specialized body of knowledge, skills, scope of practice, standards of practice, standards of professional performance, and related competencies required of emergency nurses. This publication, including the information and recommendations set forth herein, (i) reflects ENA’s current position with respect to the subject matter discussed herein based on current knowledge at the time of publication; (ii) is only current as of the publication date; (iii) is subject to change without notice as new information and advances emerge; and (iv) does not necessarily represent each contributor’s personal opinion.

The scope and standards information and recommendations discussed herein are not codified into law or regulations. Accordingly, none of the information or recommendations contained in this publication should be relied on as a substitute for the laws of the particular state in which the practitioner practices or the specific policies established by the practitioner’s institution. Variations in practice and a practitioner’s best nursing judgment may warrant an approach that differs from the recommendations herein. ENA does not “approve” or “endorse” any specific methods, practices, recommendations, information, or sources of information referenced. ENA assumes no liability for any injury and/or damage to persons or property arising from the use of or reliance on the information included in this publication.
Contributors

The Emergency Nursing Scope and Standards of Practice (3rd ed.) is the product of extensive reflection and dialogue, detailed deliberation, and a discriminating analysis of emergency nursing practice by many dedicated emergency nurse experts and healthcare colleagues. It is derived from collaborative conversations as well as the considerable data accumulated from meetings, electronic mail communications, telephone conference calls, and intensive discussions.

The Emergency Nursing Scope and Standards of Practice Micro Volunteer Team began with a review and revision of the content to assure the material meets the standards of the fourth edition of the American Nurses Association’s Nursing: Scope and Standards of Practice (ANA, 2021). A draft document was subsequently posted for member and public comment on the ENA and ANA websites. Public comments led to further refinement of the final document, and on TBD, the ENA Board of Directors reviewed and approved this publication. The ANA Committee on Nursing Practice Standards completed a final review, and the document was approved by the ANA Board of Directors on TBD-INSERT DATE.

ENA is sincerely grateful to its members who inspire, influence, and advocate daily for emergency nurses. The following is a list of contributing authors, reviewers, and experts who participated in the development of this publication, working diligently to provide an accurate and authentic document for the emergency nursing community.

ENA Emergency Nursing Scope and Standards of Practice Revision Project Team

Monica Escalante Kolbuk, MSN, RN, CEN, Manager, Practice Resources
Nancy Norman-Williams, Senior Administrative Assistant

ENA Emergency Nursing Scope and Standards of Practice Revision Work Team 2020–2021

Mariann F. Cosby, DNP, MPA, RN, PHN, CEN, NE-BC, LNCC, CLCP, CCM, MSCC
Brian Fasolka, PhD, RN, CEN
Adrienne Fields, MSN, RN, CEN
Joanne Navarroli, MSN, BS, RN, CEN
Kathy Powell, DNP, MS, RN, NE-BC, Team Lead
Julie Wescott, DNP, CNS, CEN, ACNS-BC

ENA Staff

Katrina Ceci, MSN, RN, TCRN, CPEN, NPD-BC, CEN
Altair M. Delao, MPH
Matt Dominis
Lise Jinno
Rob Kramer
Sara McNulty
Richard Mereu
Catherine Olson, MSN, RN
Cydne Perhats, MPH
Ellen Siciliano, BA
Lisa Wolf, PhD, RN, CEN, FAEN
Chris Zahn, PhD
Contributing Authors

49 Sue Anne Bell, PhD, FNP-BC, NHDP-BC, FAAN
50 Julia Bossie, MSN, RN, CEN, CNL
51 Joanne Fadale, BSN, RN
52 Gordon Gillespie, PhD, DNP, RN, CEN, CPEN, CNE, PHCNS-BC, FAEN, FAAN
53 Patricia Kunz Howard, PhD, RN, CEN, CPEN, TCRN, NE-BC, FAEN, FAAN
54 Freda Lyon, DNP, MSN, RN, NE-BC, FAEN
55 Angie Lee, MSN-ED, RN, CEN
56 Gwyneth Milbrath, PhD, MPH, RN
57 Daniel Nadworny, DNP, RN, FAEN
58 Vicki C. Patrick, MS, APRN, ACNP-BC, CEN, FAEN
59 Jennifer Schmitz, MSN, EMT-P, CEN, CPEN, CNML, FNP-C, NE-BC
60 Audrey Snyder, PhD, RN, FAANP, FAEN, FAAN

Reviewers and Expert Contributors

62 2021 ENA Board of Directors
64 2021 President: Ron Kraus, MSN, RN, EMT, CEN, ACNS-BC, TCRN
66 President-elect: Jennifer Schmitz, MSN, EMT-P, CEN, CPEN, CNML, FNP-C, NE-BC
67 Secretary/Treasurer: Terry M. Foster, MSN, RN, CEN, CPEN, CCRN, TCRN, FAEN
68 Immediate Past President: Mike Hastings, MSN, RN, CEN
69 Director: Dustin Bass, MHA, BSN, RN, CEN, NE-BC
70 Director: Joop Breuer, RN, CEN, CCRN, FAEN
71 Director: Kristen Cline, BSN, RN, CEN, CPEN, CFRN, CTRN, CCRN, TCRN
72 Director: Chris Dellinger, MBA, BSN, RN, FAEN
73 Director: Steven Jewell, BSN, RN, CEN, CPEN
74 Director: Ryan Oglesby, PhD, MA, RN, CEN, CFRN, NEA-BC
75 Director: Cheryl Randolph, MSN, RN, CEN, CPEN, CCRN, FNP-BC, TCRN, FAEN

2021 ENA Emergency Advanced Practice Advisory Council
78 Kimberly Brandenburg, CEN, CPEN, APRN-BC, FNP-C
79 Steve Brancham, RN, ACNP-BC, CCRN, ENP-C, FNP-BC
80 Nancy Denke, DNP, RN, ACNP, CEN, ACNP-BC, CCRN, FNP-BC, FAEN
81 William Fiebig, DNP, ARNP, CEN, AGACNP-BC, ENP-C, FNP-BC, FNP-C, NREMT-P
82 David House, DNP, MSN, BSN, BS, RN, APRN, CRNP, FNP, CNS, CEN, ENP-C, FNP-BC
83 Jacob Miller, MS, ACNP, FNP, CNS, CFRN, CCRN, NREMT-P
84 Scott Stover, DNP, MSN, MBA, APRN, CNS, CEN, ACNS-BC, CPHQ, NEA-BC
85 Tresa Zielinski, DNP, RN, APRN, CPNP-PC
86 ENA Staff Liaison: Meg Carmen, DNP, MSN, RN, ACNP-BC, ENP-BC, FAEN
87 ENA Board of Directors: Jennifer Schmitz, MSN, EMT-P, CEN, CPEN, CNML, FNP-C, NE-BC
This book is dedicated to emergency nurses, the essential workers who rushed to a disaster’s epicenter, provided care despite the complexities of their work environment, and whose extraordinary commitment, strength, courage, and dedication to their practice has been inspiring to us all.


**Audience for This Publication**

As stated by the American Nurses Association (ANA), registered nurses in every clinical and functional role and setting constitute the primary audience for this professional resource (ANA, 2021). Nursing students, interprofessional colleagues, agencies, and organizations will also find this an invaluable reference. Legislators, regulators, legal counsel, and the judiciary will also want to examine its content. In addition, the individuals, families, groups, communities, and populations using nursing and healthcare services can explore this document to better understand what constitutes the profession of emergency nursing and how emergency nurses and advanced practice registered nurses lead within today’s healthcare environment.
Emergency Nurses Association®

The Emergency Nurses Association (ENA®) is the premier professional nursing association and is dedicated to defining the future of emergency nursing through advocacy, education, research, innovation, and leadership. Founded in 1970, ENA has proven to be an indispensable resource to the global emergency nursing community (ENA, 2021a). With more than 50,000 members worldwide, ENA advocates for patient safety, develops industry-leading practice standards and guidelines, and directs public policy in emergency healthcare. ENA members have expertise in triage, patient care, disaster preparedness, and all aspects of emergency care. Refer to www.ena.org for additional information.

ENA strives to be recognized as the authority and premier community for emergency nursing, and as a leading influential voice on emergency healthcare policy and regulatory issues. Included in ENA’s five-year strategic plan are four guiding goals (ENA, 2021a):

• Practice Environment
• Education
• Community
• Culture

ENA Member Benefits

The Emergency Department Nurses Association was formed in 1970 as a voice and platform for nursing advocacy and education. ENA has stayed true to this mission. ENA membership has grown dramatically over the past 50 years, from two chapters in New York and California to an international association with over 52,000 members in 2021.

Throughout the world, ENA has expanded into an organization representing a collective voice for emergency nursing. Professional development is provided through conferences and educational offerings at national, regional, state, and local chapter levels; publications such as the Journal of Emergency Nursing; and professional certifications. The Journal of Emergency Nursing first issued in 1975, provides insight into common emergency nursing challenges, research, and best practice. Subscription continues to be free to ENA members, with nurses disseminating the evidence base for emergency nursing practice. The first Certified Emergency Nurse (CEN) exam, offered in 1980, allowed emergency nurses to demonstrate competency through certification. Certification opportunities have grown to include the specialties of pediatric emergency nursing, flight nursing, critical care ground transportation, and trauma nursing.

ENA members have benefited from opportunities for networking and camaraderie not only at conferences, but also through the ENA Connect platform. There are opportunities for leadership support and development at state and national levels. ENA seeks to acknowledge excellence in emergency nursing through annual awards and recognition for individuals, Fellowship in the Academy of Emergency Nursing, the Lantern Award® for emergency departments, and State Achievement Awards for ENA state councils. The ENA Foundation provides roughly $500,000 annually to nurses and future nurses pursuing degrees and continuing education, and research grants and scholarships to support development of evidence-based practice and newly qualified emergency nurses. Beginning in 2020, the ENA Foundation provides grants to nurses facing financial hardship because of the COVID-19 pandemic. Through the advocacy arm of the Association, ENA also has a
role in influencing policy initiatives for improved nursing care in vulnerable populations, trauma and injury prevention, better treatment quality and safety, and to support the nursing workforce.
ENA’s Mission Statement

The ENA mission is to advance excellence in emergency nursing. Our vision is to be the premier organization for the emergency nursing community worldwide (ENA, 2021a). Derived from the vision of ENA’s co-founders Judith Kelleher and Anita Dorr, our priorities are guided by these values and beliefs. ENA believes (ENA, 2021a):

- In the inclusion and contributions of nursing, in collaboration with healthcare partners worldwide, to explore innovative solutions to the challenges of emergency care delivery
- Compassion is an essential element of the emergency nursing profession
- We should embrace inclusion, diversity, and mutual respect in all interactions and initiatives to promote the essential value of different perspectives and experiences within emergency nursing
- In a team-based delivery of resources that meet the highest quality standards of excellence for patients and emergency nurses
- Emergency care evolves through lifelong learning and a culture of inquiry for the discovery and integration of evidence-based research into emergency nursing practice
- Our code of ethics establishes and encourages adherence to principles of honesty and integrity
- The spirit of philanthropy allows the advancement of the profession of emergency nursing and improves the lives of patients throughout the world
- We place the highest value on our members for their contributions to the care of patients and their families, the emergency nursing profession, and our organization
Overview of the Content

Essential Documents of Professional Nursing

Registered nurses practicing in the United States have many resources to assist in decision-making and guide their practice. Two fundamental resources are:

- The ANA Code of Ethics for Nurses with Interpretive Statement (ANA, 2015a), which lists nine provisions and accompanying interpretive statements that establish the ethical framework for registered nurses practicing at various levels and settings, and
- Nursing: Scope and Standards of Practice (4th ed.) (ANA, 2021), which delineates the expectations of professional nursing practice

Additional Content

Readers will find the additional resources in the appendices useful for appreciating the context relating to Emergency Nursing: Scope and Standards of Practice (3rd ed.):

- Appendix A. Professional Role Competence
- Appendix B. Emergency Nurse Practitioner Competencies
- Appendix C. Emergency Nursing: Scope and Standards of Practice (2nd ed.)
Contents

Preface
Approval of the Scope of Practice
Acknowledgment of the Standards of Practice

Scope of Emergency Nursing Practice
Description of the Scope of Nursing Practice
Definition of Emergency Nursing

Evolution of Emergency Nursing: Emergency Nursing as a Specialty
The Progression of ENA
Moving ENA into the Future
Celebrating 50 Years of ENA and the Advancement of Emergency Nursing

Emergency Nursing Today
Professional Registered Nurses in Emergency Practice
Emergency Nurse Role Specialties
Advanced Practice Registered Nurses (APRN) in the Emergency Care Setting
Nurse Practitioners in the Emergency Care Setting
Clinical Nurse Specialists in the Emergency Care Setting
Emergency Nursing Education
Emergency Nursing Advocacy
Evidence-Based Practice and Emergency Nursing Research

Unique to Emergency Nursing Practice: Triage
Factors Impacting Triage
Triage Qualifications
Triage: Mass Casualty Incident (MCI)
Triage During a Pandemic

Continued Commitment to the Profession
Continuing Education and Lifelong Learning
ENA Lantern Award
ENA Annual Achievement Awards
Academy of Emergency Nursing (AEN)

Trends and Issues in Emergency Nursing
The Impact of Crowding, Boarding, and Throughput
Emergency Nurses: Educators of Injury Prevention and Wellness
The Emergency Nurse Advocate
Adapting to Challenges
What Could the Future of Emergency Nursing Look like?
Summary
Standards of Emergency Nursing Practice

Standards of Practice

Standard 1: Assessment
- Standard 1a: Triage

Standard 2: Diagnosis

Standard 3: Outcomes Identification

Standard 4: Planning

Standard 5: Implementation
- Standard 5a: Coordination of Care
- Standard 5b: Health Teaching and Health Promotion

Standard 6: Evaluation

Standards of Professional Performance

Standard 7: Ethics

Standard 8: Advocacy

Standard 9: Respectful and Equitable Practice

Standard 10: Communication

Standard 11: Collaboration

Standard 12: Leadership

Standard 13: Education

Standard 14: Scholarly Inquiry

Standard 15: Quality of Practice
<table>
<thead>
<tr>
<th>Page</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>326</td>
<td>Standard 16: Professional Practice Evaluation</td>
</tr>
<tr>
<td>327</td>
<td>Standard 17: Resource Stewardship</td>
</tr>
<tr>
<td>328</td>
<td>Standard 18: Environmental Health</td>
</tr>
<tr>
<td>329</td>
<td>Appendices</td>
</tr>
<tr>
<td>330</td>
<td>Appendix A. Professional Role Competence</td>
</tr>
<tr>
<td>331</td>
<td>Appendix B. Emergency Nurse Practitioner Competencies</td>
</tr>
<tr>
<td>332</td>
<td>Appendix C. Emergency Nursing: Scope and Standards of Practice (2nd ed.)</td>
</tr>
<tr>
<td>333</td>
<td>Glossary</td>
</tr>
<tr>
<td>334</td>
<td>References</td>
</tr>
<tr>
<td>335</td>
<td>Index</td>
</tr>
</tbody>
</table>
Preface

Historically, individuals have sought episodic emergency care for sudden physical illness, injury, or psychosocial issues. Increasingly, however, many individuals use emergency services for their primary healthcare needs, creating further implications for the emergency nurse.

Emergency nursing is a specialized area of practice that is both independent and collaborative, requiring the continual acquisition and application of a specialized body of knowledge and skills. This demands a broad scope of practice to promptly deliver emergent, urgent, and non-urgent care to patients of all ages and from all cultural backgrounds. Regardless of the setting in which they practice, emergency nurses employ critical thinking skills and knowledge of evidence-based practice in their care decisions and delivery. Not only are emergency nurses accountable to a scope and standard of practice, but they are also responsible for adhering to the nursing code of ethics, all applicable laws and regulations, and the expectations of professional role performance, which are essential for safe and quality emergency care.


The standards and competencies defined here are subject to periodic review to ensure they accommodate the dynamic nature of the specialty of emergency nursing by addressing ongoing advances in healthcare and new contexts for standards’ application. The competency list provides details for the application of each standard and is not meant to be exhaustive.

Approval of the Scope of Practice

The ANA has approved the emergency nursing scope of practice as defined herein. Approval is valid for five (5) years from the first date of publication of this document or until a new scope of practice has been approved, whichever occurs first.

Acknowledgment of the Standards of Practice

The ANA has acknowledged the emergency nursing standards of practice as set forth herein. Acknowledgment is valid for five (5) years from the first date of publication of this document or until new standards of practice have been acknowledged, whichever occurs first.
**Scope of Emergency Nursing Practice**

Emergency nursing is an essential part of the healthcare delivery model. The specialty of emergency nursing affords us the opportunity to deliver care and impact patients facing acute and chronic illness. We have the opportunity to have a major impact on lives of the ones we care for and their families. The emergency department is a unique and incredible place to practice the art of nursing.

Ron Kraus, MSN, RN, CEN, TCRN, ACNS-BC
2021 ENA President

**Description of the Scope of Nursing Practice**

According to the ANA, the scope of nursing practice describes the who, what, where, when, why, and how associated with nursing practice and roles (ANA, 2021). Each question must be answered to provide a complete picture of the dynamic and complex practice of nursing and its membership and evolving boundaries. The definition of nursing provides a succinct characterization of the “what” of nursing (ANA, 2021). All registered nurses, including those identified as graduate-level prepared nurses or advanced practice registered nurses, comprise the “who” constituency and have been educated, titled, and maintain active licensure to practice nursing. Nursing occurs “when” there is a need for nursing knowledge, wisdom, caring, leadership, practice, or education, anytime, anywhere.

Nursing occurs in any environment “where” there is a healthcare consumer (also known as the patient) in need of care, information, or advocacy. The “how” of nursing practice is defined as the ways, means, methods, and manners that nurses use to practice professionally. The “why” is characterized as nursing’s response to the changing needs of society to achieve positive healthcare consumer outcomes in keeping with nursing’s social contract and obligation to society. The depth and breadth in which registered nurses engage in the scope of nursing practice are dependent on their education, experience, role, and the population served. Formal periodic review and revision of the scope of nursing practice statement ensure a contemporary description of nursing practice is in place.

**Definition of Emergency Nursing**

Emergency nursing is a specialty within the nursing profession that encompasses the care of individuals across the lifespan who present with physical, emotional, or psychological alterations of health. Emergency nursing care is episodic, primary, and typically emergent or acute, but may also be chronic in nature, and occurs in a variety of care settings.

The specialty of emergency nursing is as diverse as the profession of nursing. Most specialty nursing groups are identified by their focus on one of the following:

- Specific body system
- Specific disease process and problem
- Specific care setting
- Specific age group
- Specific population

Emergency nursing encompasses care for all these patient groups, care that ranges from non-urgent to critical, addressing crisis intervention, forensic, palliative, and end-of-life...
Issues. It includes the care of patients of all ages with medical and surgical illness, or emergencies such as trauma, oncologic, geriatric, women’s health, and behavioral health. Emergency nurses have adapted nursing process to include triage as a component of assessment, diagnosis, outcomes identification, planning, implementation, and evaluation of human responses when caring for patients. This approach is used for all patients with actual or potentially acute or chronic physical, emotional, or psychosocial problems, incorporating patient and family education and health promotion.

Particular to the specialty of emergency nursing practice is the broad spectrum of knowledge and skills required to provide care to an all-encompassing range of patient populations, ages, and cultural groups. Representative competencies include resuscitation and stabilization, triage, crisis intervention, and emergency preparedness. Emergency nurses, particularly those holding advanced practice licenses, are also required to have knowledge of and comply with various regulatory and legal guidelines.

Emergency nursing practice characteristically employs the knowledge and ability to develop collaborative interactions with law enforcement, emergency medical services, and other professionals necessary to safely care for individuals, families, groups, and communities. Professional behaviors inherent in emergency nursing practice include the acquisition and application of a specialized core body of knowledge and skills, the exercise of responsibility and autonomy, and excellence in communication and development of collaborative relationships.

Emergency nursing additionally requires specialized knowledge and competencies to address complex issues such as human trafficking, forensic evidence collection, infectious disease, telehealth, health promotion, disease management, and violence in the emergency care setting.

Evolution of Emergency Nursing: Emergency Nursing as a Specialty

The setting for emergency nursing practice is ever expanding as the healthcare needs of the population grow and change. Emergency nursing occurs whenever and wherever individuals require rapid assessment and stabilization of illness and injury, including physical, environmental, psychosocial, and spiritual issues. Among the many potential settings are hospital-based and freestanding emergency departments; urgent care centers; retail clinics; ground and air transport services; military, state, and federal disaster management response teams; prehospital services; mobile-integrated healthcare; telehealth; poison centers; and triage systems.

Emergency nurses are active in prevention education and harm reduction in the clinical setting as well as in the community at, for example, health information fairs, child passenger safety programs, senior citizen community centers, primary and secondary schools, and youth organization centers. As the practice of emergency nursing evolves, new practice settings emerge.

The specialty of emergency nursing has developed from the battlefield and home care practices of the late 1800s to the wide variety of clinical settings seen today. The first facility to provide emergency care was the First Aid Room at Henry Street Settlement in New York City in the late 1800s, where nurses provided basic first aid care to the poor and
immigrant populations (Saucier Lundy, & Purvis Bloxsom, 2016; Snyder et al., 2006).

At that time, it was not unusual for first aid rooms to have no physician on-duty. Instead, the nurse was usually the first-line provider until the on-call physician could respond, usually from their office or home. The specialty training of emergency medicine physicians had just begun, and most physicians covering the emergency rooms were trained in other specialties. As the century progressed, these first aid rooms transitioned to the hospital setting and became known as emergency rooms. Around the 1960s, their availability and resources varied significantly. Although emergency medicine residency programs continued to grow throughout the 1980s and 1990s, emergency nurses remained critical to providing safe and appropriate care to anyone who walked through the hospital door seeking treatment.

For many hospitals, emergency rooms were basement rooms the nursing supervisor could unlock if an individual with emergent needs sought care. Most patients arrived by private vehicles or the local undertaker’s hearse, which also served as an ambulance. Many emergency rooms were minimally staffed, with just one nurse or a nurse assigned to respond when the doorbell rang. The nurse made the initial assessment and provided interventions until the on-call physician arrived. As the demand for hospitals increased, so did the demand for emergency rooms and 24-hour comprehensive emergency room care, but the availability of emergency care continued to vary dramatically.

Similarly, triage has evolved from its initial use to sort casualties on the battlefield. Historically, nurses performed triage in the emergency department setting. The process included decision-making on whether patients needed to be seen immediately or if their treatment could be deferred. Patients who were deferred were typically referred to the clinic or an appointment was scheduled for a later date. Registered nurses served as the key providers, while physicians remained on-call. Nurses were required to assess and treat patients prior to the physician’s arrival, directly in conflict with the ANA’s and National Council of State Boards of Nursing’s practice models. This conflict served as the stimulus to develop advanced education courses for emergency nurses, including the clinical nurse specialist (CNS) and nurse practitioner (NP) programs.

In addition, the federal law, *Emergency Medical Treatment and Active Labor Act* (EMTALA) of 1986, mandated that all hospitals receiving federal dollars provide medical screening and stabilization for all patients seeking care (Brown & Brown, 2019). EMTALA essentially created universal access to healthcare providers through the emergency department as it prohibits emergency departments from turning away persons who present for care (Brown & Brown, 2019). This federal law has had far-reaching effects for emergency departments nationwide. It contributed to the creation of challenges still present today, including overcrowding, non-emergent use, and difficult work environments for emergency nurses and providers as they struggle to keep up with patient volumes and demands on their resources. Just as the setting for emergency care was evolving, so too was the practice of the emergency nurse.

The Progression of ENA

The 1970s brought dramatic change to emergency rooms and the nurses working in them. Founded by Anita M. Dorr from New York and Judith C. Kelleher from California, the Emergency Department Nurses Association (EDNA) was chartered on December 21, 1970 (Dominis, 2020). Kelleher was adamant the name of the organization referred to
“department” and not “room”, making clear its equal status with other units within a hospital (Schriver et al., 2003). Dorr and Kelleher’s vision was to develop an organization that embraced the unique environment of the emergency department and the nurses caring for its patients (ENA, 1995). Their overall goal was to provide the best possible care for emergency patients. The initial five goals established by Dorr and Kelleher in 1970 (Dorr, 1971) were:

- Promote the exchange of ideas among its members
- Organize discussions, conferences, study groups, and publications
- Foster research and study problems, advances, and techniques key to the operation of emergency departments
- Advance clinical study, laboratory research, publications, and teaching the knowledge of emergency department techniques and the application of such knowledge to the improvement of the organization, equipment, management, and maintenance of a hospital emergency department
- The purpose of this newly formed organization was to set standards and develop improved methods of effective emergency nursing practice. In addition, Dorr and Kelleher wished to provide emergency nurses with continuing education programs as well as a united voice (Dominis, 2020). To that end, EDNA held its first national convention in Buffalo, New York, on October 11, 1972, titled, Challenge to Change! Chimera or Commitment?, sponsored jointly by the National Emergency Department Nurses Association; Office of Continuing Education, School of Nursing, State University of New York at Buffalo; the Buffalo Committee on Trauma; and the American College of Surgeons (Fadale, 2000). The conference was attended by members from 33 states and three provinces in Canada (Dominis, 2020). Sadly, Dorr, co-founder and the Association’s first Executive Director, died eight days prior (Snyder et al., 2006). However, Dorr’s vision continued to influence the development of the organization. Under the leadership of Kelleher and other EDNA leaders, membership expanded across the country and internationally.

Spurred on by the 1966 National Academy of Science report, Accidental Death and Disability: The Neglected Disease of Modern Society, which details serious concerns about the quality of emergency medical services, emergency rooms, and trauma care in the United States, the Emergency Medical Services Systems Act was passed in 1973 and amended in 1976 (Brown & Brown, 2019). This legislation required communities to establish and implement standards and systems of emergency and trauma care. Direct and matching funds were provided for emergency medical technicians (EMT), paramedic and emergency nursing education, equipment (e.g., the Hospital Emergency Administrative Radio [HEAR] system), and implementation of 9-1-1 as the national emergency phone number, as well as many other components. Emergency nurses, as members of EDNA, were key stakeholders on the mandated local, regional, and state emergency medical services (EMS) councils and committees.

With no preexisting specialty standards, emergency nurses remained challenged to define their practice and environment. In 1975, a joint committee was established by the American Nurses Association (ANA) Division on Medical-Surgical Nursing Practice and EDNA to develop the first Standards of Emergency Nursing Practice (ANA & EDNA, 1975). The document was approved for publication by the Executive Committee of the ANA and the EDNA Board of Directors that same year (ANA & EDNA, 1975). Also in 1975, EDNA introduced the Journal of Emergency Nursing (JEN) with the January/February issue. Described as the “Official Publication of the Emergency Department Nurses Association,”
Yet another major milestone in 1975 was the development of the Emergency Nursing Continuing Education Curriculum (EDNA, 1975). In 1983, the second edition was retitled and published as the Emergency Nursing Core Curriculum (ENA, 1995). With these first emergency nursing publications, EDNA emerged as the resource leader for emergency nurses and established itself as the content expert in emergency nursing care (ENA, 1995). The Emergency Nursing Core Curriculum is in its seventh edition (ENA, 2018a) and the Core Curriculum for Pediatric Emergency Nursing was published in 2003, with a second edition in 2009 (ENA, 2009). Other publications include Orientation to Emergency Nursing: Diversity in Practice (ENA, 1993), the reference book Sheehy’s Emergency Nursing Principles & Practice (Budassi-Sheehy, 1992), the International Journal of Trauma Nursing, and Disaster Management & Response, all designed to advance the practice of the emergency nurse.

In 1979, EDNA held its first annual Scientific Assembly, independent of ACEP, and solidified EDNA as an independent nursing organization. With more than 1,000 nurses in attendance, “Emergency Nursing on the Rise” became the precursor of a long series of innovative, high-quality educational programs (ENA, 1995). While some professional associations were experiencing a decline in conference attendance, the annual EDNA Scientific Assembly continued to grow, evolving to include international participants. The success of the annual Scientific Assembly in meeting the needs of emergency nurses from novice to expert, ultimately served as impetus for the organization to expand its programs. In 1993, ENA launched its first Leadership Conference, focused on education for nurse leaders and educators. In 2015, the Annual Scientific Assembly and Leadership Conferences were combined to form the Emergency Nursing Conference, integrating professional and leadership development with clinical education, featuring advocacy and networking intended for a wide variety of emergency nurses.

A personal goal of Kelleher had been to establish certification for emergency nurses. When Kelleher traveled to Kansas City in 1974 to meet with leaders from the ANA and request the development of a certification program for emergency nurses, all ANA could offer was medical-surgical nursing certification. Recognition of specialty practice within emergency nursing had not yet been formalized with the development of an emergency nursing certification program. Determined to establish a certification examination by measuring the attainment and application of a defined body of emergency nursing knowledge, Kelleher challenged EDNA to take on not only the development process, but the financial burden of creating its own certification examination. It took almost five years to raise the money and complete the process. In 1979, a newly formed EDNA Certification Committee developed eligibility requirements, test construction, questions, procedures and passing requirements, a candidate handbook, and testing sites (ENA, 1995). The first Certified Emergency Nurse (CEN®) examination was offered on July 19, 1980, and was taken by 1,400 nurses (ENA, 1995).

The Certification Committee evolved into the Board of Certification for Emergency Nursing (BCEN®) and subsequently partnered with the National Flight Nurses Association in 1993 to offer the first Certified Flight Registered Nurse (CFRN®) examination. On March 31, 2006, BCEN partnered with the Air and Surface Transport Nurses Association (ASTNA) to offer the first Certified Transport Registered Nurse (CTRN®) examination. Collaboration between the BCEN and the Pediatric Nursing Certification Board (PNCB) resulted in a Certified Pediatric Emergency Nurse (CPEN®) exam, launched on January 21, 2009. The
most recent certification, developed through partnership between BCEN and the Society of Trauma Nurses (STN), is the Trauma Certified Registered Nurse (TCRN®) exam launched in 2016. These certification options reflect role subspecialties within emergency nursing.

In addition to developing certification exams, in 1975, the Emergency Department Nurses Association (EDNA) published the first *Standards of Emergency Nursing Practice*. Practice standards specific to nurse practitioners in emergency care were not included in the inaugural document, since the first post-master’s emergency nurse practitioner certificate program was not established until the following year (ENA, 2020b). With the growing number of nurse practitioners working in emergency departments, it became essential to include standards specific to emergency nurse practitioners in future emergency nursing standards.

With a new Executive Director in 1982, EDNA experienced several major operational changes. Financial planning was instituted, and the office was reorganized. A review of governance issues revealed the Association was good at providing membership services, but more could be done in terms of addressing healthcare issues. A blue-ribbon commission was appointed to evaluate the organizational structure and identify future goals. Its recommendations provided the first focused effort to plan for the future (ENA, 1995). Development of a strategic plan called for restructuring the organization’s policies and procedures and for a name change. In 1985, in an effort to recognize the practice of emergency nursing as having a specific role rather than a specific location, EDNA changed its name to the Emergency Nurses Association (ENA), a title more reflective of an increasing scope of practice (Schrider et al., 2003). During the 1980s, ENA faced multiple challenges, including a nursing shortage, issues related to use of non-RN assistive personnel, use of prehospital providers in an emergency setting, and a shortage of inpatient beds that led to holding admitted patients in the emergency department. These issues became a driving force in the development of ENA’s advocacy initiatives.

ENA’s effort to set and exceed the standard of educational excellence in emergency nursing led to the development of one of its most successful programs, the *Trauma Nursing Core Course* (TNCC®). The purpose of TNCC is to teach registered nurses’ core-level content and psychomotor skills using a standardized body of trauma nursing knowledge and a systematic approach to the care of trauma patients. The TNCC provider and instructor courses were launched in 1986 and in the United Kingdom in 1991.

A majority of emergency nurses work in an adult-focused area, resulting in a deficit of pediatric emergency care knowledge and a decreased comfort level when caring for the pediatric population. A review of existing ENA programs revealed the need to bridge this education gap, and a standardized program was developed. In 1993, the *Emergency Nursing Pediatric Course®* (ENPC®) was introduced and adopted internationally within a year. Continued growth in the number of nurses practicing the specialty of emergency nursing served to underscore the need for additional education in advanced trauma care and gerontology, resulting in the development of the *Course in Advanced Trauma Nursing* (CATN™) in 1995, and *Geriatric Emergency Nursing Education* (GENE™) in 2004.

In 1991, because of the continuing effort to meet membership practice needs, ENA developed and published the *Emergency Clinical Nurse Specialist Guidelines*. In 2004 — a short 13 years later — ENA convened the Clinical Nurse Specialists in Emergency Care Work Team to develop competencies for the CNS practicing in emergency care (ENA, 2011) in response to a resolution passed by the ENA General Assembly. While the National
Association of Clinical Nurse Specialists (NACNS) had developed core competencies for all clinical nurse specialists (National Clinical Nurse Specialist Competency Taskforce, 2010), specialty organizations were expected to establish their own specialty competencies. The work team initiated its charges in 2009, which included conducting a literature review and contacting other national organizations to identify potential competencies. Facilitated by staff of the ENA Institute for Emergency Nursing Research (IENR), now known as ENA’s department of Emergency Nursing Research, the work team designed a research study to identify, refine, and validate the essential competencies for clinical nurse specialists in emergency care. As a result, the Competencies for Clinical Nurse Specialists in Emergency Care was published in 2011 (ENA, 2011).

A 2004 ENA General Assembly resolution resulted in the development of an APRN Validation Task Force charged with reviewing current practice standards for emergency care APRNs (ENA, 2020b). A subcommittee of this Task Force led a group in the development and publication of the first competencies for nurse practitioners in emergency care, following input from many national nursing and emergency care organizations (ENA, 2020b).

Subsequently, the competencies were endorsed by ANA and the National Organization of Nurse Practitioner Faculties (NONPF). The first emergency nurse practitioner certification was available by portfolio in 2013 American Nurses Credentialing Center (ANCC) and by exam in 2017 (ENA, 2019a). In a collaborative effort, ENA and the American Association of Emergency Nurse Practitioners (AAENP) developed the Scope and Standards for Emergency Nurse Practitioner Practice (ENA, 2019a). This landmark document delineated the level of competence and expected behaviors for nurse practitioners in emergency care.

On September 29, 2004, ENA voted to create the Academy of Emergency Nursing® (AEN). It was to be composed of individual ENA members who had made enduring and substantial contributions to the advancement of emergency nursing. The first class was inducted in 2005. Academy members are designated “Fellow of the Academy of Emergency Nursing™” and are entitled to the credentials “FAEN™” following their names (ENA, 2020b). Fellows annually elect an Academy Board that functions under the authority of the ENA Board and, in concert with Academy Fellows, provides dynamic collaborative partnerships aimed at meeting ENA’s mission and vision (ENA, 2020b). Fellowship in this prestigious Academy honors and recognizes emergency nurses who are outstanding leaders who have made substantial, enduring contributions with a significant impact on the emergency nursing specialty and continue to advance the specialty of emergency nursing in areas such as education, practice, research, or public policy, and who provide visionary leadership to ENA. The Academy is a highlight of ENA’s platform supporting professional achievement.

Moving ENA into the Future

While much of the beginning of ENA’s development was based on building a strong Association foundation and setting emergency care apart as a specialty, much of the later years were devoted to improving emergency care, creating education for emergency nurses, growing the Association, building collaborative relationships with other organizations, and emergency nursing advocacy.

In March 2005, in its continuing efforts to contribute to emergency care, ENA established funds to help Hurricane Katrina relief efforts (ENA, 2020a). In addition, ENA provided multiple agencies with the names of 500 emergency nurses willing to volunteer (ENA,
In 2009, ENA convened an *Emergency Department Crowding and Boarding Stakeholder Meeting* with 12 other organizations to develop and support standardized metrics to aid in alleviating holding/boarding/crowding in emergency departments. Later that year, H1N1 swine flu hit the United States and became a threat to public health. ENA and the American College of Emergency Physicians teamed up to issue a joint press release expressing the impact on health and discussing how both organizations were dealing with the issue (ENA, 2020a). The interviews conducted on Cable News Network (CNN) help bring more visibility to the Association and emergency nursing.

In 2010, during one of the worst humanitarian disasters seen, ENA members responded through disaster response teams and nongovernmental organizations to assist in relieving the devastating effects of the earthquake in Haiti (ENA, 2020a). The next year, ENA partnered with the Centers for Disease Control and Prevention (CDC) to give members the opportunity to receive timely information on emergency health threats. The collaboration provided ENA with more opportunities to share ideas from the emergency nursing perspective. Later that year, the ANA formally recognized emergency nursing as a nursing specialty and ENA as a specialty nursing association. With that significant recognition, ENA published its first edition of *Emergency Nursing Scope and Standards of Practice* in 2011. That same year, ENA launched the Lantern Award® for recognition of exemplary emergency department practice as it relates to leadership, practice, education, advocacy, and research (ENA, 2020a).

In 2013, ENA established *Day on the Hill*, an annual event that empowers emergency nurses to directly petition their federal lawmakers. This event has helped ENA become a leading influential voice on legislative and regulatory issues impacting emergency nursing. ENA’s government relations team now meets regularly with elected officials on Capitol Hill, tracks federal legislation affecting emergency nurses, engages in the rulemaking process for program and policies that impact emergency nurses, and spearheads grassroots lobbying efforts through EN411 Action Network (ENA, 2021d).

Despite 2013 being a successful year for the Association, ENA also experienced a great loss: on January 24, 2013, ENA and its 40,000 plus members mourned the loss of cofounder, Judith Kelleher, who passed away at the age of 89. As noted earlier, Kelleher led the organization to national prominence and recognition as the only association dedicated to the advancement of the emergency nursing specialty through education and advocacy, a goal that remains today.

Despite the death of ENA’s cofounder, work at ENA continued to move forward. In 2014, after the emergence of Ebola Virus Disease, ENA launched an Ebola News and Resources web page with links, guidelines, and resources devoted to arming emergency department nurses with the necessary information to treat patients with Ebola, making ENA a prominent resource for thousands of emergency nurses. ENA also collaborated with Johns Hopkins Armstrong Institute for Patient Safety and the CDC on infectious disease training modules for emergency department personnel. Having proved itself a prominent provider of timely, evidence-based resources for emergency nursing care, ENA was asked to participate on several conference calls with the White House Office of Public Engagement to discuss President Obama’s request for emergency funding to treat the Ebola crisis (ENA, 2020a). As a result of ENA’s contribution, ENA’s Ebola Crisis Response earned the 2015 Power of a Summit Award from the American Society of Association Executives, the industry’s highest honor. The response allowed ENA to provide members worldwide with the firsthand knowledge they needed to treat Ebola patients.
Extending communication to members worldwide became a priority for ENA as it launched 
ENA Connect™, an online community and digital discussion site for ENA members. In 2017,
ENA reached out to further strengthen the international community of emergency nursing 
by developing an international strategy and plan (ENA, 2020a). In addition to building an 
international presence, ENA also sought to create more opportunities for emerging 
professionals. In 2018, ENA added the position of Emerging Professional Liaison to the 
Board of Directors, a nonvoting role for an emerging professional nurse with fewer than 
five years in the specialty (ENA, 2020a).

Looking to the future, ENA also moved its headquarters in August 2018 from Des Plaines, 
Illinois to Schaumburg, Illinois. ENA launched the Paving the Way brick campaign that 
allowed members to dedicate bricks in the pathway of ENA’s new headquarters. With the 
new move also came a new logo, introduced to members later in 2018.

With the desire to bring more visibility to emergency nursing and create opportunities to 
share the stories of members, ENA commissioned renowned documentarian Carolyn Jones 
to create the film In Case of Emergency, an emotional and personal portrayal of the work 
of emergency nurses. Owing to the pandemic, ENA premiered the film online on Oct. 14, 
2020, with 8,500 remote viewers tuning in to watch. The film received critical acclaim and 
won awards at several film festivals.

In 2019, maintaining the collaborative spirit, ENA teamed with the American College of 
Emergency Physicians on the No Silence on ED Violence®, a campaign to stop physical 
attacks on emergency department professionals and patients. This joint effort aims to 
support, empower, and protect those working in our nation’s emergency departments by 
raising awareness of the serious dangers emergency health providers face every day, and 
by generating action among stakeholders and policymakers to ensure a violence-free 
workplace for emergency nurses and physicians (ACEP, 2019).

On February 3, 2020, ENA purchased the rights to the Emergency Severity Index™ (ESI™) 
five-level triage system and released an updated web-based training program. Shortly after 
the acquisition, ENA developed ESI Live™, a blended course of online training module and 
in-person (virtual webinar) class and translated the course into Spanish and Polish for 
international members.

In March of 2020, it seemed much of the world put everything on pause while addressing 
the COVID-19 pandemic. As with the Ebola response, ENA was quick to provide a variety 
of resources for emergency healthcare providers to ensure their safety, stay up to date on 
guidelines, and inform the community about this infectious disease. Because of the COVID-19 
pandemic, ENA opted to cancel its in-person annual conference and host ENZ0X – A 
Virtual Xperience, the Association’s first fully virtual annual conference and General 
Assembly (GA). President Mike Hastings announced at GA that ENA had topped 50,000 
members. While COVID-19 has created obstacles for in-person gatherings, ENA has 
managed to pivot, make other accommodations, and think of creative opportunities for 
members to come together virtually.

Understanding the history of ENA from its inception to its current state can help 
emergency nurses realize the level of passion, dedication, and persistence the Association 
has towards emergency nursing and its improvement. While the examples highlighted here 
are just a small sample of ENA’s many achievements, none could have occurred without 
the help of ENA members and the emergency nursing community. Those people will
ensure that ENA continues to be the premier professional nursing association that defines the future of emergency nursing.

Celebrating 50 Years of ENA and the Advancement of Emergency Nursing

The first 50 years of ENA have seen rapid changes and developments that have dramatically impacted emergency nursing practice. Emergency nursing has evolved and grown since the 1970s. ENA has been instrumental in advancing and organizing emergency nursing since its inception, advocating for the professionalization and certification of emergency nursing as a distinct specialty within nursing, and promoting the safety and well-being of the profession and patients (Milbrath & Snyder, 2021).

Over the last 50 years, emergency nurses have seen many changes. Procedures once accepted as common practice are now rooted in evidence-based science. Safety for patients and providers in the emergency department has evolved as a major focus. Early in the history of emergency nursing, a common task was sharpening, cleaning, and sterilizing needles and other equipment like trocars and speculums (Sheehy, 1999). With continued concerns for infectious disease transmission, almost all supplies are now single use and disposable. Intravenous (IV) and injection needles have added safety features to prevent workplace needlesticks (Algie, Arnold, & Fowler, 1999). With the onset of human immunodeficiency virus (HIV) and risk of infection from other blood-borne pathogens, the recommended universal use of gloves progressed through the 1980s and 1990s, and standard precautions expanded to include gloves (Broussard & Kahwaji, 2020).

Essential nursing functions such as monitoring vital signs, documenting care, and administering medications have also changed drastically over time. Manual blood pressures (BPs) were frequently challenging to hear in the busy emergency department setting. In many countries, modernization has incorporated advanced healthcare technology such as blood pressure assessment with electronic vital sign machines. Pulse oximetry has been added to the vital signs and provides an additional tool for assessment of oxygen saturation and peripheral perfusion. Documentation in emergency settings can be extensive, especially during a trauma or resuscitation, and often requires specialized forms. Today, the electronic health record keeping has greatly reduced the reams of paper charting that was often difficult to maintain, streamlining communication among different providers.

Medication preparation and administration has also evolved. Emergency nurses were responsible for mixing (reconstituting and calculating) all single dose and IV drip medications, including antibiotics and vasopressors. Today, most medications are standardized, premixed, and dispensed from an automated dispensing system in the department or ordered from the pharmacy. The practices of using algebra to calculate drug dosages and counting drip rates based on a tubing factor of drops per milliliter also changed with the advent of IV pump technology that calculates doses and rates.

Narcotics were simply locked in a box with one nurse in charge of the “narcotic keys”. Narcotic counts had to be performed at every shift change, and many seasoned emergency nurses can share stories of inadvertently taking narcotic keys home in their scrub pockets. Advancements in science have led to many new technologies and devices to ensure safety for both patient and practitioner. Advances in the use of equipment have also provided more opportunities for emergency nursing skill development, such as the use of bedside ultrasound for IV catheter insertion.
Another significant advancement in the past 50 years has been the care of trauma patients. Following the 1966 white paper publication from the National Academy of Sciences (NAS) entitled *Accidental Death and Disability: The Neglected Disease of Modern Society* (NAS, 1966), changes to motor vehicle design began to focus on occupant safety and injury prevention (CDC, 1999). In response, the injury prevention arm of ENA developed advanced courses and policies regarding highway, bicycle, and gun safety, and older adult fall prevention (Jagim, 2001).

Technology in trauma has also evolved. Military antishock trousers (MAST) were used after the Vietnam War until the later 1990s as they were thought to shunt fluid from the legs and abdomen to the torso to temporarily elevate central blood pressure (Hall, 1985). Research revealed that this practice could cause more harm than good because of the increased intrathoracic pressure generated by the MAST (Roberts et al., 1999). This and other outdated practices, are now obsolete owing to high-quality research and evidence-based practice. Other practices, including exploratory thoracotomies and peritoneal lavage, are all but absent from the emergency setting thanks to improvements in radiology, including readily available CT scanners and bedside ultrasounds.

In contrast, other customs that had become obsolete are now widely considered best practice. For example, tourniquets were initially an essential part of every first-aid kit, but they were consistently used inappropriately and fell out of favor. After the Gulf War, their military use as a life-saving measure increased, and tourniquets were sewn into military uniforms used in war zones (Hochberg, 2008; Lewis, 2013). As the incidence of gun violence continues to rise, the use of tourniquets as part of the Stop the Bleed® program has advanced citizen knowledge of tourniquet use and again made this an essential piece of every emergency medical kit (American College of Surgeons, 2021).

Another example of practice changes that have evolved based on science is how the long spine board is used. Hard, long, spine boards with straps that used to be considered the safest way to immobilize a potentially injured spine are now thought of as transport devices only and are removed as soon as possible to avoid adverse effects such as respiratory compromise, tissue breakdown, and ineffective spinal protection (Feld, 2018). Also, cardiopulmonary resuscitation (CPR) used the “prone pressure method”, promoted in 1903, and the “back-pressure arm lift method” in the 1950s to provide artificial respiration (American National Red Cross, 1933, 1970). CPR transitioned to compressions with ventilations in the 1970s, with frequent updates over time, based on science.

In 1975, streptokinase was first used as an early treatment to dissolve coronary artery occlusions but was not widely used until the mid-to-late 1980s (Braunwald, 2012). As research progressed, tissue plasminogen activator (tPA) was developed and replaced streptokinase as the gold standard for treatment of acute myocardial infarction (AMI), in conjunction with rapid transport to the cardiac catheterization lab for balloon angioplasty or stenting of lesions. With cardiac resuscitation continuously evolving, there have been multiple changes in best practices for resuscitation, hence the need for regular basic and advanced cardiac life support reverification.

As technology and science evolve, so too does the practice and professional role of the emergency nurse. Today, there is a growing need for change and improvement. The role of the emergency nurse has become more specialized, requiring additional education, training, and licensure. While some basic concepts remain intact, many aspects of
emergency nursing practice have changed.

Emergency Nursing Today

It would be impossible not to acknowledge and discuss the current and ongoing SARS-CoV-2 pandemic, referred to here as COVID-19, as it has had such a profound impact on the emergency nurse. At the time of this publication, COVID-19 has disrupted the lives and health of nearly four million people across the world (Johns Hopkins University & Medicine Coronavirus Resource Center, 2021), with over 600,000 deaths in the U.S. alone, overwhelming healthcare systems and affecting emergency nurses on the frontlines who safeguard the lives of all. Critical shortages of emergency nurses, beds, and medical supplies, including essential personal protective equipment (PPE), have been major issues affecting the emergency nurse.

In dealing with COVID-19, emergency nurses triage patients, detect suspected infections, provide essential urgent treatment, manage suspected cases, help in decontamination, coordinate with other healthcare providers, practice holistic nursing and end-of-life care, and play critical roles in expanding care services (Xie et al., 2020), in some cases performing all of these tasks and treatments with multiple patients simultaneously.

The rapid and frequently undetected spread of the novel coronavirus with its largely unknown pathology massively impacted the emergency nursing community. Restrictions, lockdowns, ethical dilemmas in patient care, daily practice change updates, and the general uncertainties severely challenged emergency nurses and their practice.

Much is still unknown about potential detrimental effects of the COVID-19 pandemic on emergency nurses: injuries, infection, depression, anxiety, trauma, and emotional toll are just a few examples. What has been learned, however, is that investing in emergency nurses is critical to safeguard medical supplies (Xie, et al., 2020) and needs to focus on emergency nurse staffing that is based on patient care needs, patient census, experience and skills mix of the emergency department staff, and patient acuities rather than nurse-to-patient ratios (Leaver, 2018).

Unquestionably, more research is required on the experiences of emergency nurses in the pandemic, including preparedness, response, and recovery in general. For example, during the pandemic, many states expanded APRN scope of practice, allowing for full practice authority. Scope issues across state lines were also relaxed. This calls for further exploration of how APRNs in emergency care contributed to the COVID-19 response. Also critical will be further studies focused on nurses’ knowledge levels, preparedness, and risk perception. Having a better understanding of these areas will help improve how emergency nurses respond to the next crisis. Optimizing organizational readiness and providing the public with more education on personal preparedness will also help emergency departments effectively respond to public health emergencies in the future (Hou, et al., 2020).

As frontline responders, emergency nurses must rise to meet challenges like the pandemic; this is a key attribute of their specialty. But equally, key decision makers, nursing leadership, organizational leaders, nursing organizations, and law makers should rise to support the emergency nurse.
Professional Registered Nurses in Emergency Practice

Nursing licensure was originally established to ensure public safety. The holder of a professional registered nursing license is authorized to practice nursing by the governing jurisdiction (ANA, 2021). While the educational foundation of the various licensure programs is similar and most are accredited by an approved organization, the jurisdictions regulate the scope of practice through their individual nurse practice acts, resulting in variations in the requirements for authorization to practice (ANA, 2021). Furthermore, jurisdictional nurse practice acts result in variations in registered nurse roles and responsibilities.

Educational models for nurse preparation continuously evolve in response to changing healthcare, educational, and regulatory practice environments. The diverse nature of emergency nursing results from variations in how the specialty is defined and the required academic programs as well as the multiple access points to the profession, along with the multiple points of access into the profession. Once basic prelicensure education is completed at an approved school of nursing, the graduate may apply for the registered nurse licensure examination. Successful exam completion is required to obtain a license to practice. ENA recognizes the diversity of its membership and, while the statements in this section reflect a U.S.-centric view, there may be multiple pathways to achieving nursing licensure and varying expectations of compliance/adherence to regulatory processes for registered nurses practicing in other countries.

While most nursing specialties are defined by their focus on a body system, disease process or problem, age group or specific population, the emergency nurse provides care for groups and individuals that encompass all of these specialized foci (Johnson & Johnson, 2020; Jones, Shaban, & Creedy, 2015). This has been the driving force behind ENA’s decision to develop a body of scientific knowledge specific to emergency nursing. This knowledge is continuously evolving; therefore, education beyond the minimum requirements for licensure is necessary to ensure safe emergency nursing practice. The various additional specialized and standardized emergency nursing education resources include the recently acquired and rebranded Emergency Severity Index™ (ESI™) for triage orientation, the Course in Advanced Trauma Nursing (CATN™), the Emergency Nursing Pediatric Course (ENPC®), and the Trauma Nursing Core Course (TNCC®). At the graduate level, in addition to the advanced practice registered nurse (APRN) pathways, other areas of practice include business, education, finance, forensics, informatics, law, leadership, public health, and research.

Emergency Nurse Role Specialties

Emergency nursing is a specialty practice defined through the application of a specific body of evidenced-based knowledge and the implementation of specific role functions delineated by ENA, the professional organization for the specialty. These roles are defined in ENA’s Scope of Practice, described throughout standardized educational programs previously mentioned, as well as outlined in ENA’s Emergency Nursing Core Curriculum (ENA, 2018a) and Core Curriculum for Pediatric Emergency Nursing, (2009). Emergency nursing practice is both independent and collaborative, and practice includes the roles of direct care provider, educator, administrator, researcher, consultant, leader, and advocate (ENA, 2017a). Emergency nurses serve as strong leaders in the healthcare arena through knowledge and competency development, professionalism, collegiality, research, and evidence-based practice. National certification in emergency nursing as recognized by ENA
validation the defined body of knowledge for emergency nursing practice. Specialty
certifications available to emergency nurses include Certified Emergency Nurse (CEN),
Certified Pediatric Emergency Nurse (CPEN), Certified Flight Registered Nurse (CFRN),
Certified Transport Registered Nurse (CTRN), and Trauma Certified Registered Nurse (TCRN)
(Board of Certification for Emergency Nursing [BCEN], 2021).

Advanced Practice Registered Nurses (APRN) in the Emergency Care Setting

Advanced practice registered nurses (APRNs) have existed for more than 50 years and are
established members of emergency care teams throughout the US and in many countries
worldwide (International Council of Nurses, 2019; Parker & Hill, 2017; Phillips et al., 2018;
Saftner & Ruud, 2019). The scope of APRN practice varies by role and is established within
each state by the authoritative governmental agency, usually the board of nursing. APRNs
are clinicians licensed as Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs),
Certified Registered Nurse Anesthetists (CRNAs), or Certified Nurse Midwives (CNMs)
(Advanced Practice Registered Nursing Consensus Work Group & The National Council of
State Boards of Nursing APRN Advisory Committee, 2008). All are educated and trained at
the postgraduate level to diagnose, treat, and prescribe medications for complex medical
conditions (Winger, 2019). Almost all APRNs who practice in the emergency care setting,
which includes both in-hospital and out-of-hospital environments, are NPs or CNSs
(Winger, 2019). Each serves a unique role on the emergency care team.

APRNs are increasingly being employed and have become a valuable asset in the provision
of emergency care (ENA, 2019a). APRNs provide wide-ranging health assessments,
demonstrate expert skill in advanced diagnostic reasoning, risk stratification, and medical
decision making of diverse complex acute and chronic medical issues, while providing
family-centered, competent, cost-effective care in the complex emergency care patient
(ENA, 2019a; Winger, 2019). For example, they implement evidence-based guidelines for
the management of sepsis by the timely institution of antibiotics and other life-saving
measures.

Additionally, APRNs conduct, promote, model, and enhance quality improvement, evidence-
ated practice, and research. APRN practice builds on the competencies of registered nurses,
employing a greater depth and breadth of knowledge and advanced data synthesis while
working collaboratively. For example, the emergency nurse assesses the patient’s
presentation and suspects infection, while the NP identifies the underlying issue and orders
the appropriate intervention. Also, the APRN in emergency care provides an essential
function when addressing the needs of the behavioral health patient. For example, the
emergency nurse assesses and identifies a patient behavioral health issue like suicidal
ideations, while the APRN addresses the appropriate treatment and intervention, and the
CNS may lead a unit committee to implement screening for suicidality. These are just a few
examples of how the APRN and CNS work collaboratively within the emergency setting.

The Institute of Medicine recommends APRNs practice to the fullest extent of their
education and training (IOM, 2011). However, the scope of practice for APRNs in
emergency care is also influenced by jurisdictional licensure and regulations, organizational
bylaws, policies, procedures, and payers. APRNs are educated at the graduate level to have
expanded and specialized knowledge and skills and obtain board certification (Advanced
Practice Registered Nursing Consensus Work Group & The National Council of State Boards
of Nursing APRN Advisory Committee, 2008; Winger, 2019).
All emergency nurses adhere to ANA’s *Nursing’s Social Policy Statement* (ANA, 2015b), *Nursing: Scope and Standards of Practice* (4th ed.) (ANA, 2021), and the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a). The practice of APRNs in emergency care is grounded in the same core values and scope of practice as the emergency nurse.

Additionally, APRNs in emergency care possess the core knowledge and skills of emergency nurses as described in the *Emergency Nursing Core Curriculum* (ENA, 2018a), *Nurse Practitioner Competencies* (ENA, 2019a), and *Competencies for Clinical Nurse Specialists in Emergency Care* (ENA, 2011).

**Nurse Practitioners in the Emergency Care Setting**

With the growing number of nurse practitioners working in emergency departments, it became essential to include standards specific to emergency nurse practitioners in future emergency nursing standards. A subcommittee of the APRN Validation Task Force led a group in the development and publication of the first competencies for ENPs, following input from many national nursing and emergency care organizations (Hoyt et al., 2010).

The scope of practice for nurse practitioners in emergency care is promulgated under the auspices of ENA’s Emergency Nursing Advanced Practice (ENAP) Advisory Council. ENAP collaborates with other organizations including The American Association of Nurse Practitioners (AANP), the National Organization of Nurse Practitioner Faculties (NONPF), and the American Academy of Emergency Nurse Practitioners (AAENP) to describe the general core values and scope of practice (AANP, 2019; AAENP, 2018; NONPF, 2012).

ENA and AAENP collaborated in developing the *Scope and Standards for Emergency Nurse Practitioner Practice* (Campo et al. 2016). This landmark document delineated the level of competence and expected behaviors for nurse practitioners in emergency care. The revised competencies for ENPs, published in 2019, were affirmed by the ANA after multiple rounds of public comment and input from key stakeholder organizations (ENA, 2019a).

Nurse practitioners in the emergency care setting provide healthcare through assessment, diagnosis, and management of health/illness status to patients seeking emergency care (Winger, 2019). Nurse practitioners can practice autonomously, based on state regulations, and engage in collaboration, consultation, and referral to other healthcare disciplines. Furthermore, nurse practitioners diagnose and manage acute and chronic illness and provide health promotion, disease, and injury prevention services to patients and their families. Nurse practitioners in emergency care settings educate and guide patients and their families and serve as advocates, advisors, mentors, and researchers (Winger, 2019).

**Clinical Nurse Specialists in the Emergency Care Setting**

A Clinical Nurse Specialist is, by definition, an advanced practice registered nurse (APRN) who has graduated from an accredited masters, post-masters, or doctoral program (NACNS, 2021). The CNS education program specifically prepares these APRNs with advanced clinical knowledge and skills. The CNS utilizes a scientific, evidence-based knowledge foundation to contribute to patient care and the development of system-based processes. The CNS must pass a national certification examination that measures both the role and population-focused competencies (NACNS, 2021). Advanced knowledge and
ability to gather and assess data, along with autonomy and leadership contribute to CNS practice.

The emergency care CNS foundation of practice is based on direct care expertise coupled with advanced knowledge and skills. The work of the CNS includes diagnosis and treatment of acute or chronic illness in an identified population, emphasizing specialist care for at-risk patients and populations. (NACNS, 2021). The emergency care CNS leads improvement efforts for both individual and population outcomes through direct care and by influencing nursing practice and systems change. In the performance of their role, CNSs are leaders and facilitators of change, coordinators of specialized care, and implementers of evidence-based practice. CNS practice achieves quality, evidence-based and cost-effective outcomes through application of advanced knowledge, consultation, advocacy, ethical decision-making, collaboration, research, and leadership. This important contribution to healthcare is achieved independently or in collaboration with the interprofessional healthcare team. (NACNS, 2021)

The NACNS Statement on Core Practice Doctorate Clinical Nurse Specialist Competencies delineates the general core values and scope of practice for all CNSs, regardless of specialty or practice setting (NACNS, 2018). Competent CNS practice ensures quality and safe patient care both directly and indirectly (Winger, 2019). Competencies for the CNS in emergency care include (ENA, 2011):

- Direct Care
  - Provides direct care to patients, families, and groups of patients to promote health or well-being and improve quality of life

- Consultation
  - Provides specialized expertise in problem-solving

- Systems leadership
  - Leaders and facilitators of change, coordinators of specialized care, and implementers of evidence-based practice

- Collaboration
  - Optimizes clinical outcomes by working with others

- Coaching
  - Uses skillful guidance and teaching to advance the care of patients, families, groups of patients, and the profession of nursing

- Research
  - Leads improvement efforts for both individual and population outcomes through direct care and influencing nursing practice and systems change

- Ethical decision-making, moral agency, and advocacy
  - Identifies, articulates, and takes action regarding ethical concerns at the patient, family, healthcare provider, system, community, and public policy levels

APRNs who deliver emergency care address the needs of patients and their families across the lifespan, and of staff and interprofessional colleagues, healthcare organizations, and communities.

Emergency Nursing Education

*Let us never consider ourselves finished nurses. We must be learning all of our lives.*

*Florence Nightingale*
The quote above, attributed to Florence Nightingale in the 1800s, clearly foreshadows the need and importance for nurses to continue learning and adapting to meet the complexities of the ever-changing healthcare system.

Emergency nurses demonstrate a commitment to improve individual practice and provide safe, quality care by completing specialty education and engaging in life-long learning. ENA has developed various standardized programs to assist emergency nurses in acquiring the extensive global knowledge base essential to their practice, such as triage, orientation, trauma, pediatrics, older adult care, and across-the-lifespan injury prevention programs.

Additionally, ENA offers educational references and resources for professional and patient education, age-specific programs, family-focused programs, and various toolkits. ENA uses research outcomes, evidence-based practice, performance, regulatory and quality improvement indicators, changes in patient demographics, and identified risk-taking behaviors in the development of these educational initiatives. As technology has progressed, web- and computer-based programs and podcasts have been used in addition to the standard educational media.

Education for emergency nurses is not limited to ENA’s educational programs or resources. For example, the American Heart Association offers various courses and verifications, including Basic Life Support (BLS), Acute Stroke Online, Advanced Cardiovascular Life Support (ACLS), and Pediatric Advanced Life Support (PALS). The American Academy of Pediatrics offers the Neonatal Resuscitation Program (NRP). Multiple educational organizations offer National Institute of Health Stroke Scale (NIHSS) training and certification.

**Emergency Nursing Advocacy**

Emergency nurses are trusted by patients of all ages to advocate for their health, rights, and safety in the emergency setting. Advocacy is not a single event, but rather a process of responsiveness that may involve a variety of strategies dependent on the issues, circumstances, or needs of a given situation. ENA patient advocacy fosters the development of injury prevention and safety initiatives. Emergency nurses advocate for the well-being of the community, protection of vulnerable patients, and the prevention of injury. In addition, emergency nurses advocate on their own behalf to ensure a healthy and safe work environment, professional growth, educational opportunities, and adequate medical resources for the highest possible quality of care for patients. They also advocate for appropriate legislation to achieve these goals. Professional advocacy involves a process of analysis of and responsiveness to issues involving the individual nurse, the practice environment, or the health and well-being of all patients. To advocate for the professional nurse requires an understanding of the practice environment and the ability to articulate the issues and barriers related to healthcare. Emergency nurses work with other healthcare professionals to assure that legislators making policy decisions are informed about the impact of those decisions.

Emergency nurses reach outside traditional settings and into the public arena where they actively participate and influence healthcare policy initiatives. In 1973, as a charter member of the National Federation of Specialty Nursing Organizations, EDNA leaders met with President Richard Nixon to discuss the Emergency Medical Services Act (ENA, 1995). Today, key policy makers at state and federal levels continue to recognize and seek the expertise of emergency nurses and ENA Government Relations representatives.
In recent years, ENA and its Government Relations team have successfully advocated for legislation and regulatory action to advance the following policy priorities:

• Funding and reauthorization of the Emergency Medical Services for Children (EMSC) program
• Increasing the penalty for assaulting an emergency nurse to a felony
• Further development of state trauma systems
• Expanding emergency care and nursing research at the National Institutes of Health (NIH)
• Working to improve identification and treatment of suicidal patients in the emergency department
• Programs and funding to combat the opioid epidemic
• Enactment of new trauma military exchange program
• Highway safety and injury prevention policies
• Reauthorization of disaster preparedness legislation
• Enabling first responders to administer lifesaving medications in the field
• Expanding training for nurses to combat human trafficking
• COVID-19 response legislation
• Legislation to prevent workplace violence
• State-level Stop the Bleed legislation

The foundation of ENA’s legislative success is the grassroots legislative network, EN411. Through the EN411 Action Network, emergency nurses actively voice their views to elected officials on key legislative and regulatory developments affecting the specialty, the nursing profession, and our nation’s healthcare system. These emergency nurses also serve as key contacts for state and federal policymakers on emergency healthcare and nursing-related issues.

Evidence-Based Practice and Emergency Nursing Research

Safe, quality patient care has long been a core value of emergency nursing practice. Emergency nurses apply critical thinking and clinical evidence to their practice environment. While not every emergency nurse will conduct formal research, the emergency nurse relies on expert and current evidence-based resources to understand and implement best practices.

ENA strongly encourages use of clinical decision support resources, comparative effectiveness reviews, and practice parameters. ENA’s practice resource library includes clinical practice guidelines (CPGs), consensus statements, position statements, white papers, topic briefs, toolkits, and infographics on practices that are ready for implementation. The CPGs are developed in accordance with ENA’s Clinical Practice Guidelines Development Manual (ENA, 2018b) and are continually under development to facilitate application of current evidence into emergency nursing practice. CPG development is based on a comprehensive review and critical analysis of the evidence. CPGs are available on the ENA website and also through the Emergency Care Research Institute (ECRI) Guidelines Trust (ENA, 2018b), thus facilitating broader dissemination to
Emergency nurses raise clinically relevant practice questions that may require an exploration of compelling scientific evidence or the development of a pertinent research study. To assist emergency nurses in developing and answering research questions in an appropriately rigorous manner, resources available through ENA’s department of Emergency Nursing Research (ENR) include a research series, Understanding Research, published in the Journal of Emergency Nursing, and a researcher’s handbook (Baker, Clark, et al., 2014; Baker, Zavotsky et al., 2014; Carman, Clark, Wolf, & Moon, 2015; Carman, Wolf, Baker et al., 2013; Carman, Wolf, Henderson et al., 2013; Wolf, et al., 2012; Wolf et al., 2013; Wolf, 2015a; Wolf, 2015b).

It is important for emergency nurses participating in formal research studies or evidence-based practice improvements to understand the ethical and procedural elements of the research process, including the protection of human subjects and nursing’s role in advocating for actual or potential participants in research studies. This applies whether the emergency nurse is conducting research as a principal investigator or a clinical research nurse or caring for research participants clinically. Emergency nurses contribute to the body of emergency nursing knowledge by identifying clinical problems, participating in investigations, providing clinical care for research participants, and interpreting and disseminating the results to improve both nursing practice and patient outcomes.

Emergency nurses collaborate with other healthcare professionals to establish best clinical practice in emergency care to achieve optimal outcomes for patients, families, and the community. They continue to be leaders in the transformation of nursing care delivery models.
Unique to Emergency Nursing Practice: Triage

Unique to emergency nursing practice is the concept and function of triage. Triage is a critical and essential process in emergency settings, particularly when numerous patients present simultaneously or there are no beds immediately available. The term triage originates from the French word “trier,” meaning to sort (Merriam-Webster, n.d.). It is performed to classify ill and injured patients into categories of acuity, with prioritization based on the urgency of their medical or psychological needs (ENA, 2018c).

Emergency department triage is a method, approach, or technique used to rapidly assess the severity of a patient’s injury or illness, assign priorities, and transfer each patient to a suitable treatment area (ENA, 2018c); thus, triage is a process, not a place. That process begins upon the patient’s arrival in the emergency care area and can be performed in a specific location or at the patient’s bedside. The emergency nurse triaging the patient rapidly completes a brief assessment of the presenting issue(s) that, although limited, is both targeted and focused, and is used to assign a triage acuity level that reflects the determination of whether or not the patient can safely wait for a medical and/or psychiatric screening examination and treatment (ENA, 2018c).

Triage is a fluid and dynamic process with ever-changing priorities. Changes in the patient’s condition warranting immediate attention, an increase in patient volume, and patients or visitors who require attention from the triage nurse are all examples that may alter priorities.

Triage and emergency nursing in general are driven by the patient’s presentation and the nursing process, as opposed to other approaches that may be driven by medical diagnosis. The time-limited but focused triage interview process is both an art and a science. Supporting evidence may include vital signs, a rapid but focused health history and physical exam, and interpretation of non-verbal clues. A valid five-level triage algorithm, such as the ENA Emergency Severity Index™ (ESI™) or the Canadian Triage Acuity Scale (CTAS), allows nurses to prioritize and expedite care based on patient acuity and resource needs (Bullard, et al., 2017; Gilboy et al., 2020). Triage acuity can be used to illustrate the case mix of an emergency department, benchmark performance, and identify best practices when a valid and reliable triage tool is used on every patient regardless of the mode of arrival or location.

The effectiveness of triage is an integral element in determining emergency department flow and quality care. The Centers for Medicare & Medicaid Services (CMS) has required public reporting through the use of Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys since 2008 (CMS, 2020a). In 2010, the surveys became mandatory, and scores played a part in Value-Based Purchasing Program reimbursement to facilities (CMS, 2020a). An emergency department initiative called Emergency Department Consumer Assessment of Healthcare Providers & Systems (ED CAHPS) was launched in 2012 (CMS, 2020b). This emergency department patient experience survey is designed for approximately 90% of patients who are treated and released (CMS, 2020a). Although not yet mandatory, it is anticipated that scores will be utilized by CMS in the future.

Factors Impacting Triage
Long wait times have been linked to poor patient outcomes (Morley et al., 2018). Door-to-provider time, length of stay, and the number of patients who leave without being seen are a few of the emergency department throughput metrics being tracked to help determine quality of care as outlined in the Institute of Medicine’s six domains: safe, timely, effective, efficient, equitable, and patient-centered (ENA, 2017c; Morley et al., 2018; Rogers, 2020). Effective triage is fundamental to each.

Triage is a process distinct to emergency care settings, and emergency nurses play a pivotal role in the improvement process (Gilboy et al., 2020). Multiple strategies, such as immediate bedding, have been implemented to streamline the triage process, but should only be used when there are sufficient resources to rapidly assess the placed patient (Anderson et al., 2020). Other strategies include the use of protocol orders (ACEP & ENA, 2015), and the utilization of a provider at triage (Gilboy et al., 2020; Wolf, et al., 2018). In triage, the use of a healthcare provider such as a physician, APRN, or physician assistant, may expedite and improve triage and patient flow as the provider can initiate a medical screening exam and diagnostic testing, identify urgent needs, prescribe treatment, perform quick and simple interventions, and discharge the patient (Gottlieb et al., 2021; Shah et al., 2020; Spencer et al., 2019). This method has the potential to reduce throughput time, decrease left-without-being-seen (LWBS) rates, decrease patient wait times, and improve patient satisfaction (Gilboy et al., 2020; Gottlieb et al., 2021). The implementation of advanced protocols enhances patient safety and satisfaction while expeditiously determining the need for more advanced treatments or diagnostics (Spencer et al., 2019; Wolf, et al., 2018). Expediting patient care with institutionally approved triage protocols and order sets allows nurses the opportunity to order appropriate diagnostic tests at the time of triage based on clinical decision-making (Gilboy et al., 2020). As a result, more timely diagnostic information can be available to the healthcare provider upon their initial evaluation of the patient (Gottlieb et al., 2021; Shah et al., 2020; Spencer et al., 2019).

**Triage Qualifications**

While basic nursing education provides functional knowledge, it does not adequately prepare a nurse for the complexities of emergency nursing or the triage nurse role. To manage a diverse patient population safely and effectively, it is imperative the emergency nurse has extensive knowledge and competency for a wide range of chronic diseases, acute illnesses, injury patterns, risk factors, and concerning presentations, along with the critical thinking skills to take appropriate action (ENA, 2017b). ENA recommends a “minimum of one-year of emergency nursing experience, as well as appropriate additional credentials and education that may include certification in emergency nursing and continuing education in trauma, pediatrics, and cardiac care, with verification or certification in those subspecialties as appropriate” (ENA, 2017b). Emergency nurse competence includes an understanding of basic triage concepts, familiarity with the use of the triage system, and ongoing successful demonstration of consistent application of triage principles (ENA, 2017b; Gilboy et al., 2020).

**Triage: Mass Casualty Incident (MCI)**

A mass casualty incident (MCI) occurs when casualties exceed available resources (Bazyar et al., 2019). While the goal of conventional triage is to provide every patient the right care, in the right place, in the right amount of time (Gilboy et al., 2020), the goal of disaster triage is to quickly sort casualties, moving affected individuals away from the scene and towards healthcare resources (Ahmad, 2018). In a patient surge event, the decision to
convert to MCI triage is based on the scale of the event and the capabilities of the receiving medical facility. Once an MCI is identified, the hospital emergency operations plan may be activated to support the operations. When an MCI occurs, the response phase of the emergency management disaster life cycle of mitigation, preparedness, response, and recovery is initiated (Jacobson, 2020). The triage process for an MCI falls under the response phase and can employ different models, such as the Simple Triage and Rapid Treatment (START) triage algorithm, which entails sorting patients into one of four color-coded groups: red (immediate), yellow (delayed), green (minor), black (expectant) (ASPR, 2019; Bazyar et al., 2019). This classifies patients according to their expected outcomes and the resources needed to meet the goal of disaster triage: to “do the greatest good for the greatest number” (ASPR, 2019; ENA, 2019b, 2019c). Each practice area may use a different method of MCI triage, thereby requiring emergency nurses to be familiar with the system used by their regional EMS agency. Once notification occurs, the priorities of the emergency department should include access control and establishment of an area to accept incoming patients, either by EMS or other means, depending on the event (ASPR, 2019).

**Triage During a Pandemic**

An epidemic occurs as a result of an infectious disease spreading rapidly from person-to-person in a specific region. Once the responsible pathogen begins rapidly spreading from person-to-person within and between countries, the outbreak is then classified as a pandemic. A pandemic can arise when a previously unknown (novel) viral pathogen leads to widespread illness, as exemplified by the respiratory infections caused by a member of the coronavirus family that started in 2019 (CDC, 2020a). Some infectious diseases may have unknown rates of transmission or incubation periods. In these cases, rapid spread is often seen, and until more is known about a specific pathogen, guidelines may change rapidly (CDC, 2020b).

The frequency of emerging and reemerging infectious diseases (EID) and their rates of spread have been increasing over the past decade (Rebmann, 2020). Emergency nurses play a major role as the first to encounter any surge of cases that may arrive with little or no notice. From the H5N1 (avian) flu, severe acute respiratory syndrome (SARS), H1N1 (swine) flu, Middle East respiratory syndrome (MERS), and Ebola virus disease (EVD) to annual influenza infections, emergency nurses have learned to quickly adapt their practice with each outbreak (Delaney et al., 2015). During a pandemic, when there is likely to be surges in patients, the normal day-to-day operations of the triage process need to be adjusted accordingly, including establishing or adapting new triage and screening protocols based on known or learned information about a pandemic-causing pathogen.

Even though emergency nurses understand that patient safety is always a priority during a pandemic, the first priority should be to ensure the safety of nurses and other healthcare providers prior to patient contact. Following recommended protocols and donning the appropriate personal protective equipment (PPE) (as outlined by the current Centers for Disease Control and Prevention [CDC] guidelines and hospital administration) prior to contact with patients who have or are suspected of having a highly contagious illness, will reduce the risk of infection to healthcare personnel (CDC, 2021a; Whiteside et al., 2020).

The primary purpose of pandemic triage is to quickly identify those that have symptoms indicative of the particular pandemic illness while simultaneously preventing transmission to other patients and healthcare providers using a variety of the available mitigation
strategies (ENA, 2016). Triage or screening during a pandemic involves utilizing a qualified emergency nurse in conjunction with a valid, five-level triage system such as the ENA Emergency Severity Index (ESI) (ENA, 2017b) or the Pandemic Influenza Triage Algorithm (PITA) (Travers et al., 2015) to quickly develop a pertinent history. This initial screening information is to identify, isolate, and/or cohort patients that may be suspected of having a highly contagious illness (CDC, 2021a, 2021b; ENA, 2016, 2018c; Whiteside et al., 2020). Ideally, once identified, suspected patients should be masked and immediately placed in designated airborne infection isolation rooms (AIIR), negative pressure rooms, or a cohort unit with single rooms where doors can remain closed (CDC, 2021a; ENA, 2018c; Whiteside, et al., 2020). If surge capacity is reached, patients who are screened may be moved to another designated waiting area, such as a medical tent, for further evaluation.

Environmental mitigation strategies a facility could employ include alternate triage areas such as an outdoor medical tent.

Advance disaster planning and crisis standards of care are necessary to ensure consistent, fair, equitable, transparent, and clear decision-making, especially in times of limited or scarce resources (Committee on Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations & Institute of Medicine (CGECSC & IOM), 2012). This is of particular concern for disadvantaged communities that already experience social and health inequities, such as immigrant groups and racial, ethnic, religious, or other minorities (LGBTQI+). Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response (CGECSC & IOM, 2012) provides ethical guidance and implementation plans for the application of crisis standards in catastrophes and times of scarce resources. The framework includes flow diagrams, triggers, steps, individuals, roles, and timeframes for triage decisions for each scarce resource (e.g., ICU beds, ventilators, blood supply, convalescent plasma, patient transfers).

Emergency nurses’ experiences with the COVID-19 pandemic highlighted the important role emergency nurses play in global health security. By subscribing to a community surveillance network like ProMED-mail (International Society for Infectious Diseases, 2021), nurses can be aware of EID outbreaks in real-time and be prepared to screen and triage for potentially infected patients.

Early recognition, along with practicing and promoting appropriate mitigation strategies, are imperative to stave off the magnitude of a pandemic and its impact on the global healthcare system. Emergency nurses and ENA continue to collaborate with partner associations, regulatory agencies, and various other healthcare advocates, experts, and stakeholders to improve the triage process, emergency department flow, and hospital throughput to deliver safe, quality care in a challenging healthcare environment. The uniqueness of triage in emergency nursing and the different types of triage add an additional layer of responsibility for the emergency nurse. Meeting the challenges of these various triage processes and settings requires a continued commitment to the profession and recommended guidelines to ensure the safety of healthcare providers and their patients.
Continued Commitment to the Profession

To meet patients’ needs, the emergency nurse strives to strengthen individual practice by increasing personal accountability and by taking advantage of professional learning opportunities. Emergency nurses experience rewards in meeting challenges through active involvement with professional organizations, community/civic groups, volunteer agencies, government entities, and advocacy groups. Advocating for the profession through involvement in such organizations gives emergency nurses the voice to speak on behalf of emergency nursing, patients, and families, as well as on the needs of the communities they serve.

Current challenges such as patient flow and throughput, boarding, diversion, management of behavioral health patients, staffing and retention, healthcare reform, injury prevention, workplace violence, mass casualty events, infectious diseases, and healthcare technologies impact the workforce and each individual seeking emergency care. Emergency nurses champion the needs of patients through health promotion, injury prevention, advocacy, legislative activism, education, mentoring, and maintaining cultural competence.

Emergency nurses demonstrate a continued commitment to the nursing profession through ongoing educational development, certification, professional memberships, community outreach, and workplace advocacy. Further, commitment to the profession indicates a dedication to improving the quality of emergency nursing practice and patient outcomes. Making a commitment to lifelong learning, upholding the standards of performance, striving for nursing excellence, and staying abreast of current trends and issues demonstrates an allegiance and responsibility to the profession.

Continuing Education and Lifelong Learning

Emergency nurses have a professional responsibility to maintain competence in the specialty area of emergency nursing that extends to patients and their families, the community, the specialty, the profession, and healthcare organizations. Competence may be demonstrated through national specialty certification(s), advanced academic degree completion, and specialty-focused continuing nursing education. Lifelong learning for the nursing profession incorporates evidence-based practices, positive, healthy, and safe work environments, and a commitment to excellent patient care outcomes. In consideration of future national nursing demands and trends, emergency nurses are encouraged and supported to achieve higher levels of education, with the baccalaureate degree in nursing as the preferred educational preparation for entry into nursing practice (Aiken et al., 2008; Cho, et al., 2015).

ENA Lantern Award®

Exceptional leadership and strong teams are vital to meet the challenges present in today’s emergency care settings. Emergency departments consistently achieving outstanding results and providing optimal patient outcomes epitomize ENA standards of professional performance. The ENA Lantern Award is presented to emergency department applicants that demonstrate exemplary performance related to the core areas of leadership, practice, education, advocacy, and research. The prestigious Lantern Award designation also reflects an emergency department’s commitment to quality and safety, a healthy work environment, and innovation in practice.
ENA Annual Achievement Awards

The ENA Annual Achievement Awards recognition program provides an opportunity to recognize exemplary emergency nursing professionals, innovators, leaders, and those who continually go above and beyond the call of duty in demonstrating a commitment to the specialty and profession. In addition, ENA State Council Achievement Awards recognize ENA state councils for achieving best practices and organizational excellence in the core areas of association management, including administration, governance, communication, public relations, education, membership, advocacy, and government affairs.

Academy of Emergency Nursing® (AEN)

Fellows in the ENA Academy distinguish themselves through a variety of accomplishments in areas of emergency nursing education, policy, practice, and research. Their passion and determination combine to create a foundation of experience and wisdom, impact future emergency nursing initiatives, and promote and maintain the highest quality standards of emergency practice.

In a continued commitment to the profession, the AEN provides guidance, counsel, and vision through the ENA Mentoring Program. This is an online networking and career development resource that establishes short- or long-term mentoring relationships with emergency nursing colleagues. This program was created in partnership with the Academy of Emergency Nursing to inspire professional growth.
Trends and Issues in Emergency Nursing

Emergency care settings have become the healthcare safety net for many people. The underinsured and uninsured frequently use the emergency department as a substitute for primary healthcare. Lacking preventive healthcare and early illness intervention, these patients are frequently more seriously ill by the time they seek care (Burke & Paradise, 2015; U.S. Department of Health & Human Services, 2020). Insured individuals also present to emergency care settings for episodic care when other options are less convenient or accessible. Improved care for chronic health conditions and the growing older adult population have resulted in patients with more complex and chronic health conditions seeking medical care in the emergency care setting. These factors, coupled with reduced inpatient beds, hospital closures, and lack of behavioral health services, have led to unprecedented crowding and heavy workloads in the nation’s emergency care settings. Solutions for these problems require involvement and strategies from the stretcher-side nurse to senior leadership and must not be considered as just an emergency department issue.

The Impact of Crowding, Boarding, and Throughput

The unpredictability of patient flow, increasing patient volume, and higher acuity create challenges for the safe staffing of emergency departments. Moreover, throughput issues and heavy workloads in combination with the aging workforce create staffing and nursing retention challenges. Optimal staffing is essential for a culture of safety (ANA, 2010). In addition, retaining emergency nurses who achieve a broad range of skills is essential for patient safety and meeting the healthcare needs of the US population. Creating a work environment that is safe and healthy requires a whole-system approach. Healthy work environments are associated with improved nursing outcomes such as increased autonomy and control over practice; increased job satisfaction; and decreased nurse burnout, sick time, and turnover (Dakin, 2019). Research clearly demonstrates that transformative leadership identifies the essential characteristics necessary to achieve, establish, and maintain a healthy work environment (Dakin, 2019). A crucial component of that environment in healthcare is safe staffing, to which several factors contribute, including patient census and acuity, length of time required for care delivery, and workload.

Advances in the care of stroke, myocardial infarction, cardiac arrest, trauma, sepsis, burns, and behavioral health issues, to name a few, add to the workload of an already challenged emergency nursing workforce. Many emergency nurses find it difficult to sustain the extraordinary physical and emotional demands of nursing in emergency care settings. These demands potentially lead to burnout, job dissatisfaction, moral distress, and nurses leaving the emergency nursing specialty or the profession altogether, resulting in a shortage of experienced emergency nurses to provide direct patient care and demonstrate clinical expertise. These shortages not only contribute to, but can also be caused by an unhealthy work environment that includes lateral violence (The Joint Commission, 2016; Wolf, Perhats, & Delao, 2019), which may lead to nurse absenteeism, the intent to seek employment elsewhere, and can have a negative impact on patients’ safety, further adding to the issues of nurse retention (Kowalenko et al., 2013; Stene et al., 2015; Wolf et al., 2019).

Another unfortunate trend in the emergency department is violence against healthcare
workers (Wolf et al., 2014). Violence against healthcare workers is very evident in the emergency setting, where constant influx of patients and visitors can lead to a chaotic environment. Extended wait times in crowded emergency departments fuel impatience, leading to exasperation or flares of temper from both patients and family members (Cohen et al., 2013; Phillips, 2016; Wolf et al., 2014). The training and education of emergency nurses must make them skilled in workplace violence prevention to provide a safe environment for staff, patients, family members, and visitors. Through early recognition, mitigation, and de-escalation of potentially violent situations, many of these events may be prevented.

A multitude of complex factors lead to the boarding of admitted patients in the emergency department (ENA, 2017c, 2021b; Rogers, 2020). Emergency nurses are challenged with providing inpatient care to this patient population while maintaining safe, efficient care for other emergency department patients that continue to present with various acuities. A shortage of behavioral healthcare options further burdens emergency care settings. Emergency nurses may care for behavioral health patients from a few hours to several days or, in some cases, weeks, while awaiting safe transfer of care to appropriate behavioral healthcare settings. With the continued decline in availability of community-based behavioral health services, emergency departments are often the only source of care and become a safety net for these patients (Kalser, 2019; Olfson, 2016; Nicks & Manthey, 2012; Niedzwiecki et al., 2018).

Many hospitals are redesigning and restructuring the triage process to assist with the bottlenecks in patient flow hospital-wide, not just in the emergency department. The development of a successful triage process to facilitate patient movement is paramount to improving throughput but requires a team approach (Gilboy et al., 2020) that includes emergency nurses competent in the use of evidence-based triage systems and protocols (ACEP & ENA, 2015). Reductions in wait times for emergency department patients improve the patients’ experience and decrease the likelihood of poor outcomes due to treatment delays or escalating violence (Guttmann et al., 2011; Morley et al., 2018). Competent triage of patients seeking treatment in the emergency department is crucial to assure timely attention to patients with emergent conditions and contributes to optimal patient outcomes. Recent growth in the number of freestanding emergency care centers may help to ease the crowding (Brim & Riwitis, 2020; Hesselink & Schoon, 2019). However, controversy exists with regard to financial and regulatory issues (ACEP, 2015).

The role of the emergency nurse is to be competent in using the triage system; be knowledgeable regarding available primary, preventive, and community healthcare services; be proactive with hospital leadership in advocating for and assisting with the development of strategies and solutions; advocate for the use of mobile integrated health and community paramedic programs and the expansion of other healthcare programs; advocate for the use of the APRN with full practice authority; implement evidence-based approaches that increase throughput and reduce patient wait times and associated adverse events (Brim & Riwitis, 2020); and collaborate with other healthcare professionals along the continuum for a safe, quality, and efficient transition of patient care.

For a variety of reasons, many patients find it difficult to navigate follow-up care instructions after an emergency care visit. Thus, it is essential for emergency nurses to take the necessary time and use appropriate screening tools (e.g., health literacy assessments, interpreter assistance) to assure patients understand how to manage their condition after discharge. Some emergency departments have instituted a nurse callback system in which
a nurse calls the patient within 24 hours of discharge to assess patient progress and determine if further intervention is indicated.

**Emergency Nurses: Educators of Injury Prevention and Wellness**

As frequent witnesses to a plethora of preventable injuries and health conditions, emergency nurses have become advocates in their communities, using their expertise to promote injury prevention education and positive health behaviors. Some of the health and behavioral issues addressed include proper use of motor vehicle safety restraints, bicycle and motorcycle helmet use, consequences of impaired driving, firearm safety, suicide risk prevention, recreational sports and helmet safety, poison prevention, and harm reduction strategies for alcohol and drug misuse and abuse.

The U.S. continues to struggle with the opioid overdose epidemic (U.S. Department of Health & Human Services & CDC, 2020). Emergency nurses are in a unique and strategic position to respond to this epidemic by engaging and educating patients and their family members, emergency first responders and law enforcement, and state and federal legislators regarding the use of naloxone to reverse narcotic effects and prevent overdose deaths. Methamphetamine abuse and intoxication has caused increased emergency presentations for cardiac complications, aggression with high risks for injury to personnel, and psychiatric symptoms (Sibanda et al., 2019).

The reduction of health inequities or disparities between different groups and the improvement of population and environmental health are important emergency nursing priorities. By assessing the community for injury prevention and health behavior needs, emergency nurses actively involve the community and key stakeholders in the best-fit injury prevention and health promotion programs. Through emergency department care coordination and public health outreach focusing on preventing injuries and diseases, emergency nurses not only advocate for patients, but also become innovators for change and improvement. In 2020, an increased awareness of persistent inequities and biases in society resulted in The American Academy of Nursing and the ANA issuing a joint statement calling for social justice reform in the pursuit of optimal health (American Academy of Nursing & ANA, 2020).

In addition to population health advocacy, emergency nurses are active participants in disaster management teams and emergency preparedness efforts across the country and around the world, serving as members of community emergency response teams (CERT), disaster medical assistance teams (DMAT), the U.S. Medical Reserve Corps (MRC), and as volunteers for non-governmental organizations (NGOs) both in disasters and underserved areas. The emergency setting continues to be the primary healthcare entry point for victims of mass casualty incidents. Whether due to an act of violence or as a result of climate change or natural/man-made disaster, emergency nurses are at the forefront of triaging, routing, and caring for the resultant influx of patients. Climate change influences human health both directly and indirectly (Kolbuk et al., 2020). Temperature extremes, air pollution, increased allergens, extreme weather events, rising sea levels, and altered patterns of infectious disease vectors all impact human health.

Emergency nurses adapt and assist in mitigation strategies to improve health outcomes and anticipate needs. In coordination with local authorities, emergency nurses help develop disaster plans, ensure access to necessary equipment and supplies, and serve as leaders on disaster management teams. Recognizing the significant psychological toll of
mass casualty events or individual catastrophic situations on caregivers, emergency nurses have been pivotal in promoting the integration of Critical Incident Stress Management (CISM) in post-event support and have been instrumental in the formation of CISM teams specifically geared to healthcare workers.

Emergency nurses, in cooperation with international, national, and state jurisdictions, as well as local health departments, are on the front line to provide surveillance of emerging endemic and pandemic illnesses. Emerging infectious diseases are a global danger to public health. During the last 30 years, several infectious disease outbreaks, such as COVID-19, HIV and AIDS, Ebola virus disease (EVD), influenza, Middle East respiratory syndrome (MERS), severe acute respiratory syndrome (SARS), and the Zika virus have gained attention. A variety of factors contribute to disease emergence, including population growth, climate and ecological changes, increasing contact with animals, overuse of antibiotics, international travel and trade, lack of herd immunity, and inadequate public health infrastructure. While not every infectious disease is a major public health threat, some have resulted in global pandemics with enormous consequences. A worldwide pandemic in 2020 caused by a novel coronavirus brought new focus to the need for highly skilled, adaptable emergency nurses and collaboration between all healthcare providers pre- and post-acute care. Even common outbreaks such as seasonal influenza can inundate the nation’s emergency care settings with patients suffering from acute illness, those seeking exposure prevention, and the worried well. Emergency nurses are confronted with providing care for all these patients while also safeguarding their own health. Emergency nurses understand the current infectious disease landscape, participate in timely information-sharing, and advocate for public health.

Additional responsibilities of the emergency nurse include competency in environmental safety, prevention of hazards such as exposure to blood and bloodborne pathogens, decontamination procedures, hazardous waste handling and disposal, infection prevention and control, isolation, handling of other potentially infectious materials, radiation safety, and response to active shooters and terrorism. Proficiency in and an understanding of the Occupational Safety and Health Administration (OSHA) standards and recommendations and the Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee’s (HICPAC) recommendations and guidelines provide the framework for safety.

The Emergency Nurse Advocate

While understanding the public health landscape is necessary for improving community health outcomes, understanding the population served is vital. Cultural competence, while not new to healthcare, has become mandatory with the continually expanding diversity of the patient population (Darnell & Hickson, 2015; Sharifi et al., 2019; Young & Guo, 2016). Cultural competence is grounded in the ethical principles and influences of ethical decision making; it is deeply dependent on and comprised of many different ethical principles, morals, values, beliefs, regulations, legal issues, and personal and professional experiences (Louw, 2016). Emergency nurses must understand that patients’ health is largely impacted by the social determinants of their lives. Existing literature has presented ample evidence that vast racial disparities in healthcare exist among Black, brown, and Indigenous peoples (Kharbanda, 2021). The emergency department is not excluded from this; in fact, emergency departments across the U.S. do not provide equal care to patients who present for an emergency evaluation (Kharbanda, 2021; Marin, et al., 2021). For example, a
analgesia for acute pain found that Black and Hispanic patients were less likely than white
to receive analgesia for acute pain (Lee, et al., 2019). Another study found that Black and
Hispanic pediatric patients were less likely to have their care needs classified as
immediate/emergent (Zhang, et al., 2018). Blacks and Hispanics were also respectively 28
and 3% less likely than whites to be admitted to the hospital following an emergency
department visit (Zhang, et al., 2018). Implicit bias or subconscious beliefs and attitudes
still impact delivery of care (Johnson, 2020).

National uprisings due to discrimination and racial inequality make it even more lucid that
patients of color are struggling to survive in current societal structures and institutions.
The healthcare system situation is no different. Emergency nurses serve as patient
advocates and have a duty to champion what is best for the patient. While the driving force
behind disparities in healthcare delivery is multifactorial, it is imperative that emergency
nurses recognize the impact of implicit and conscious biases on the delivery of care.
Holistic care for all individuals demands the practice of cultural awareness and
competence. The emergency nurse’s recognition and knowledge of diversity, equity, and
inclusion in health practices is necessary to fully evaluate the patient’s health condition
and to plan appropriate care. Sensitivity to an individual’s cultural health beliefs, coping
behaviors, and support systems is required to assist patients and their families during their
times of crisis.

Another issue requiring emergency nurse awareness is human trafficking. The emergency
nurse is often the first healthcare professional to have contact with victims and may be
able to initiate a rescue from their captor(s) (Breuer & Daiber, 2018; Greenbaum, 2016;
Tiller & Reynolds, 2020; Varma et al., 2015). In fact, nurses may often be the only
individuals in positions of trust who can connect with trafficking victims (Belles, 2012;
Peters, 2013), a difficult-to-approach population at risk for injuries similar to those of
victims of domestic violence and sexual assault (Peters, 2013). To rapidly identify human
trafficking victims and ensure their safety, emergency nurses require education and
ongoing training.

Adapting to Challenges

Yet another evolving challenge for emergency departments is use of new technologies.
Smart pumps, real-time locating systems, safety systems, bar coding, and even tablet
device charting have an impact on emergency nurses. These new technologies continue to
be developed; however, researchers have not yet determined the impact. Whatever
outcomes new technologies bring, it is crucial for emergency nurses to be knowledgeable
regarding healthcare legislation and regulation, and flexible in responding to change.

Current issues in emergency nursing include safety in the workplace, moral distress, and
compassion fatigue as results of secondary traumatic stress, lateral violence, and
inadequate staffing patterns (Abdolmaleki et al., 2019; Clark et al., 2020; Hooper et al.,
2010). The COVID-19 pandemic has also caused nursing shortages, job dissatisfaction,
staffing issues, emergency department overcrowding, increased lengths of stay,
interpersonal violence, and inadequate supplies (Al Thobaity & Alshammari, 2020; Deitrick
et al., 2020). The COVID-19 pandemic shed light on the impact of insufficient personal
protective equipment, moral distress, and compassion fatigue in emergency nursing
(Kramer et al., 2020). Promotion of wellness, health, and resilience in emergency nursing
is paramount in these circumstances; being on the front lines of crises can contribute to
significant psychological distress.
ENA has a role in supporting the nursing workforce through combating workplace violence, addressing emergency department overcrowding, and promoting healthy work environments (Wolf et al., 2019). Emergency nurses and other emergency department staff face serious risks of workplace violence, including both verbal and physical assaults (Wolf et al., 2019). Despite continued education, legislation, and research to increase awareness and understanding of the issue, many emergency nurses are reluctant to report incidents of workplace violence for a variety of reasons: they believe it is not violence if they did not sustain an injury, reporting can be laborious and futile, patients are not seen as responsible because of their age or illness, and workplace violence is an expected part of the job (Wolf et al., 2019). Further research is essential to determine effective prevention and mitigation strategies, educational priorities for nurse recognition of potential high-risk patients, and conditions for the proactive reduction of workplace violence (Wolf et al., 2019).

These are not the only trends and issues impacting emergency care settings throughout the world. There are legal implications of practice as well. Thus, it is essential that emergency nurses have an awareness of the legal and regulatory implications of emergency nursing practice that includes jurisdictional laws and accreditation agency requirements. Legal and regulatory issues impacting emergency nurses include requirements for effective communication with patients, family members, and visitors; protection of the confidentiality and integrity of health information; and emergency consent and informed decision-making, including advance directives and regulations governing patient transfer and medical screening.

Trends and issues in emergency nursing, much like the specialty itself, will continue to evolve. It is imperative that emergency nurses keep abreast of relevant changes in emergency nursing practice and factors that may impact patients, themselves, and the care setting.

**What Could the Future of Emergency Nursing Look like?**

Over the last 50 years, emergency nursing and healthcare have undergone significant changes. For example, the introduction of advanced practice nurses such as nurse practitioners and clinical nurse specialists in the 1970s and 1980s significantly expanded nursing’s scope of practice (Snyder et al., 2006). What could the future of emergency nursing look like? Current trends in emergency nursing allow speculation about the future of the emergency nursing profession.

What could be the possible changes emergency nurses see at the bedside or with patient care? Imagine if computer keyboards were no longer required to document patient care. While caring for a patient, a voice- or movement-activated device could document care, and nurses would simply review and dictate any changes or additions. Patients could be monitored wirelessly, all from a watch-like device. Artificial intelligence could help identify subtle changes in a patient’s condition.

Will emergency departments be more mobile? Emergency care could be more readily available in the home at low cost when provided by nurses and EMS using newer telehealth technologies. Perhaps with better technology, primary care physicians would be able to monitor their patients at home and possibly admit patients from home, bypassing the emergency department altogether. Perhaps a single-payer, universal healthcare system will be adopted, which might alleviate some of the non-urgent presentations in the
emergency department setting and streamline billing for health systems.

In the future, beyond providing resources and education for emergency nurses, ENA could have an even greater role in educating the public to prevent injury and illness. Also, ENA’s international presence will likely continue to grow, uniting emergency nurses around the globe to share best practices, and evidence-based practice and research will continue to drive quality care.

As a result of the COVID-19 pandemic, perhaps the use of masks will, much like the use of gloves during the HIV/AIDS pandemic, become part of standard personal protective equipment for preventing the spread of more common infections. It is anticipated there will continue to be emerging aggressive infectious disease threats and patients may be more unstable, but more advanced technology will help drive early planning and detection. Global warming, international conflicts, civil unrest, and natural and manmade disasters may likely increase, creating new patient care challenges. Emergency nurses will need to be prepared for these, with ENA continuing to lead the efforts.

Summary

Each emergency care setting is unique, as is every nurse. The role of emergency nurses continually evolves to address the trends and issues emerging in emergency care. What remains constant, however, is the need to provide excellent nursing care. Emergency nurses provide visionary leadership and education and continue to reinforce the evidence supporting emergency nursing as a nursing specialty. The unpredictability of patient needs for emergency care creates many unique challenges for emergency nurses. Thus, it is necessary for emergency nurses to continue to adapt and find solutions for emerging healthcare issues. The array of complex and unique factors impacting emergency nurses daily also provides incentives and opportunities for advocacy and change. While these growing trends and issues present distinct barriers and challenges, emergency nurse collaboration with interprofessional colleagues and key stakeholders can help to improve the delivery of emergency care. ENA advocates for emergency nurses through promoting their education and certification, influencing relevant policy, and endorsing a community of care and a culture of respect for emergency nursing practice.
Ethics for Emergency Nurses

Emergency nurses may encounter a range of ethical issues or dilemmas in their practice, from witnessing a colleague omit handwashing prior to a procedure, to suspecting that an adolescent is being trafficked, to experiencing lateral hostility in the environment. Conflicts surrounding treatment goals, informed consent, and access to care may occur daily. Advances in genetics, genomics, machine learning systems, and other technological innovations challenge nurses’ ability to keep pace with the associated ethical issues (Hoskins et al., 2018; Savage, 2017; Tluczek, et al., 2019).

The ability to have a voice or to be heard in these situations and others of increasing complexity (moral agency) is dependent upon several factors or skills including:

- Continual appraisal of personal and professional values and how they may impact interpretation of an issue and decision making
- An awareness of ethical obligations as mandated in the Code of Ethics for Nurses with Interpretive Statements, also referred to as “the Code” (ANA, 2015a) (ethical awareness/sensitivity)
- Knowledge of ethical principles and their application in the decision-making process (ethical decision-making)
- Having the motivation and skills to implement a chosen decision (ethical motivation and action)

Taken together, these skills comprise ethical competence, identified initially in James Rest’s Four Component Model (FCM) of moral development (Rest, 1986). The development and demonstration of ethical competence in nursing practice has been shown to promote moral agency, mitigate moral distress, and increase moral resilience (Koskenvuori et al., 2018; Kulju et al., 2016; Lechasseur et al., 2018; Milliken, 2018; Rushton et al., 2016; Rushton et al., 2017).

Values

Ethical behavior or comportment in nursing practice evolves from personal and professional values that inform and direct nurses’ decisions. A personal value can be defined as “a belief upon which one acts by preference” (Olpin & Hesson, 2015, p. 135). Personal values are formed over time and can be influenced by family, culture, education, and the environment, among other factors. Instrumental values are personal characteristics nurses possess or aspire to, such as being caring and compassionate, while terminal values are those considered most important, such as independence and security.

Identified professional values in nursing include altruism, respect for human dignity, and courage (Schmidt & McArthur, 2018). Professional values may be consistent with personal values and impact ethical action. Self-reflection and an awareness of personal and professional values help the nurse identify and articulate the value or values that are being reflected or challenged in an ethical situation. Self-reflection also assists in the ability to step back and listen to others’ interpretations of the same situation. Awareness of personal and professional values and understanding those of others are vital to ethical competence and practice as nurses increasingly work with healthcare consumers and colleagues from different cultural backgrounds. For example, a value of respect for individual autonomy may not be shared by a culture that values communal decision making (Johnstone, 2019).

As interpretive statement 2.2 in the Code states: “Nurses must examine the conflicts
arising between their own personal and professional values, the values and interests of others who are responsible for patient care and healthcare decisions, and perhaps even the patients themselves” (ANA, 2015a, p. 5).

**Ethical Competence**

Ethical competence is the ability to recognize an ethical situation/issue (awareness/sensitivity), the ability to determine a justifiable action (reflection/decision making), and have the motivation, knowledge, and skills to implement the decision (comportment and action).

**Ethical Sensitivity**

Ethical sensitivity is the ability to recognize a moral problem and is a prerequisite for decision making and action. It is an awareness of how one’s actions or inactions may affect others and thus assume a sense of responsibility or obligation (Lützén & Ewalds-Kvist, 2013; Milliken, 2018). Ethical sensitivity in patient care may enable nurses to respond to suffering and vulnerability (Weaver & Mitcham, 2016; Weaver et al., 2008). Ethical sensitivity is also relevant to relationships with colleagues and identification of organizational or environmental ethical issues such as insufficient ethics resources or suboptimal staffing. As Benner observed, “It is not an exaggeration to say that in every clinical encounter, there may be ethical issues at the personal, provider, and social levels” (Benner, 2003, p.375).

Ethical sensitivity and awareness may be developed through value clarification, self-reflection, and group reflection on practice, which may mitigate bias and prejudgement (Grace & Milliken, 2016; Lee et al., 2020). Using ethics resources, such as a consult service or individual ethicist, may assist with issue clarification and decision-making. If support is unavailable, nurses may contact a facility that has ethics resources or their respective professional organizations. Graduate-level prepared and advanced practice registered nurses may also serve as resources through role modeling, thus contributing to the development of nurses’ ethical awareness, sensitivity, and competence.

**Ethical Decision-making Process**

Ethical decision making is determining the right thing to do. This deliberative process should reflect knowledge of ethical principles, theories, and professional codes. Numerous ethical decision-making models have elements of reaching a judgment through organizing and identifying facts so that one can reflect on the issue. Although not based on a specific ethical theory, the steps of the nursing process or SBAR (situation, background, assessment, recommendation) is an example that can be used to guide data collection and ethical analysis (Dúason et al., 2021; Lewis et al., 2021).

ANA’s *Code of Ethics for Nurses with Interpretative Statements* (the Code) and its nine provisions serve as the foundational ethical framework for the nursing profession, regardless of practice setting or role, and provide guidance for the future (ANA, 2015a). Its nine provisions explicate key ethical concepts and actions for nurses in all settings (ANA, 2015a).
The Code of Ethics for Nurses with Interpretive Statements

The nine provisions of the Code describe “the ethical values, obligations, duties, and professional ideals of nurses individually and collectively” (ANA, 2015a, p. viii). The first three provisions address the nurse’s fundamental values and commitments, while provisions 4, 5, and 6 consider accountability and duties to self and others. Aspects of obligations at the professional and societal levels are addressed in provisions 7 through 9.

Each provision’s accompanying interpretive statements offer specific guidance in the application of that provision in emergency nursing practice. The Code also provides direction in addressing ethical issues that arise at the clinical, organizational, and societal levels (ANA, 2015a).

(The nine provisions are reproduced with the permission of the American Nurses Association.)

Provisions

- **Provision 1**
  The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

A family arrived at a busy pediatric emergency department and stood in line waiting to be registered. The emergency nurse sitting at the greeter desk next to the registration clerk said hello to the family as they arrived at the counter. The mother spoke with the registration clerk to have the child registered in the electronic patient tracker board, while the emergency nurse spoke with the father who was holding the child in his arms. The nurse asked, “What can we help you with today?” The father responded in Spanish, which the nurse did not understand. The nurse retried saying more slowly, “What is wrong with your child?” The father pointed at his daughter’s throat and again responds in Spanish, which was still not understood by the nurse. The nurse then stood up, looked at the child from across the elevated countertop, and said while pointing to the lobby, “Have a seat. We’ll call you as soon as we can.” The nurse typed a note into the record: Patient’s airway, breathing, circulation, and disability appear intact. Patient complains of sore throat. Patient and family not able to respond in English. Interpreter services paged. About 30 minutes later, the charge nurse recognized that the patient has been in the lobby without a full triage assessment even though other patients have been triaged and taken to treatment rooms. The charge nurse asked the triage nurse, “Have you triaged the pediatric patient with the sore throat yet? She still shows on the board as not having been triaged.” The triage nurse said, “We’re still waiting on the interpreter. I checked a few minutes ago, they should be here in about 20 minutes.” The charge nurse asked why the interpreter phone service was not used. The triage nurse responded, “I don’t like using that phone. I did take a peek at the patient in the lobby, she looks fine.”

There are more than 40 million foreign born persons in the United States, primarily from Latin America. About 60% of these individuals are likely to have limited English-speaking ability. When arriving at the emergency department, patients with limited English-speaking capacity need to be shown compassion and respect by communicating with them and their visitors in their preferred language. The purpose of the greeter nurse is to conduct an initial, partial assessment to determine the presence of impairment to airway, breathing, or circulation, or a disability warranting immediate clinical intervention.
However, without a clear chief complaint, the patient in this scenario could have had a partially obstructed airway not immediately audible or visible during a quick assessment. Further, delaying the triage assessment until an interpreter physically arrives places the patient in a hierarchy based on primary language or country of origin. Compassion and respect would be demonstrated in this case study by using a telephone interpreter service and expediting clinical care until the patient’s chief complaint, history, and triage assessment are complete.

- **Provision 2**
  
  The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.

Behavioral health patients often present to the emergency department with unique challenges. On these occasions, the emergency nurse ensures patient safety, advocates for the patient’s best interests, and facilitates informed decision-making by assisting with access to information on choices consistent with the patient’s own values. These actions are not without challenges.

Emergency departments throughout the country see behavioral health patients daily. This patient population requires focused attention to patient safety, advocacy, and informed decision making. The nurse needs to do these tasks with a patient focus, but also in collaboration with other disciplines or family members. When conflicting opinions and options arise, the nurse must maintain a focus on the patient and what is in their best interests.

A young female presented to the emergency department after swallowing a foreign object. She had been seen for a similar chief complaint multiple times, often with short intervals between visits. She had history of depression and suicidality, and often swallowed objects as a means of relieving her stress and pain. She was well known by the caregivers, and her treatment plan had not been effective after previous visits. During this visit, her physical exam was benign, vital signs within normal limits, and her diagnostic testing revealed the swallowed object in her stomach. The patient required emergent endoscopy for foreign body removal without needing a medical admission to the hospital, but her disposition was unclear. Given the patient’s frequent visits to the emergency department, the nurse advocated for her to have a psychiatric evaluation post-procedure.

The emergency department physician attending heard the nurse’s concerns and appreciated the perspective. The physician agreed to have psychiatry consult with the patient and help in determining disposition. The patient, who lived in a group home, was not able to return to her setting until she could be determined safe to do so. The emergency nurse advocated that the consult was appropriate.

In these situations, the emergency nurse’s primary commitment is always to the patient. Reviewing the patient’s frequent visits against the patient’s current presentation, the emergency nurse realized the need for further interprofessional collaboration with the emergency physician or APRN and case manager. After extensive discussion of available resources with the emergency physician, case manager, and patient, the nurse presented a variety of options that might allow the patient to safely continue living independently.

The psychiatrist consulted, reviewed the medical record, and interviewed the patient. It was determined that psychiatric hospitalization was the preferred disposition, one that
could offer an acute treatment plan with time and resources to help in identifying a longer-term solution. The nurse was able to be the voice of the patient when she was unable to speak for herself and to advocate for her treatment plan.

This scenario illustrates how the complexity of healthcare compels the committed participation of all health professionals to foster collaboration and successful provision of safe, high-quality, patient-centered healthcare. Addressing patients’ needs requires recognition of their place within society. Open and honest discussions about available resources, treatment options, and capacity for self-care are essential. When a patient’s actions deviate from those of others, as in this scenario, the role of the emergency registered nurse is to help resolve the conflict.

- **Provision 3**
  The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Harm can be caused by many factors and occur in a variety of circumstances. Safety is a global issue in healthcare and estimates regarding the size of the problem are staggering. Harm to the patient caused by infections, delays in treatment, medication errors, incorrect treatment, and injuries due to devices are some of the topics that fill the literature on patient safety. Injury prevention and health promotion activities continue to be a priority for emergency registered nurses. Nursing advocacy in the emergency care setting is particularly important because the patient may be incapacitated, critically ill, or injured, and decisions often need to be made quickly. The following illustrates some of the factors an emergency nurse considers in practicing the advocacy role in several domains.

Emergency department discharge dispositions for homeless patients can be challenging. These patients typically have limited access to follow-up care and prescribed medications. The complexity of care coordination for homeless discharged patients has increased with the global pandemic. Advocating for these patients is especially important related to social determinants of health and the likelihood of their need to quarantine following exposure to persons under investigation.

A 23-year-old male presented to the emergency department with a cough and fever he had had for two days. As part of the preliminary COVID-19 screening, he related a recent potential COVID-19 exposure at the homeless shelter where he resided. The patient shared with the emergency department nurse caring for him that he did not know where he would go at discharge if he were COVID-19 positive. The local homeless shelters required a COVID-19 test for residents receiving care at a healthcare facility for COVID-19-related complaints and would not allow a COVID-19-positive resident to return until released by the local health department. The patient’s clinical work-up revealed he was COVID-19 positive. Aware of his inability to return to the shelter and the potential to expose others living on the streets, the emergency nurse advocated for a temporary safe place for him to stay.

Collaborating with the emergency department social worker and a local care navigator, the nurse was able to find a safe location for the patient to stay at discharge. The nurse’s advocacy clearly helped prevent further disease spread, provided a location for the health department to complete patient follow-up, and allowed the patient to feel safe.

This case raised a number of advocacy concerns for the emergency nurse: Should the
patient be released into the public and potentially infect others? Is the patient’s current state reflective of an unsafe environment? Who is responsible for aftercare? The advocacy role of the emergency nurse is multifaceted, and includes legislative and educational efforts to promote individual and community safety; providing care regardless of immigration status or ability to pay; constant vigilance regarding potential abuse, neglect, or exploitation across the age span (including human trafficking and body packing); flawless forensic evidence management; facilitating provision of spiritual support; and compliance with laws regarding consent for care, organ/tissue donation, and advance directives.

- **Provision 4**
  The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and provide optimal care.

Nurses assume primary responsibility for the care their patients receive and are accountable for their own practice. In addition to observing the scope and standards of nursing practice, emergency registered nurses are accountable to a code of ethical conduct with moral principles such as beneficence, fidelity, loyalty, and respect for the dignity, worth, and self-determination of patients. In the following scenario, the registered emergency nurse and the APRN’s actions are consistent with the aforementioned obligations in promoting health and providing optimal care.

A car crashed into a crowd and exploded along a parade route in town, resulting in a multiple casualty event. Various first responders were called, among them a registered emergency nurse and an APRN experienced in emergency care. Because both had trained and drilled for disasters, they knew disaster triage is a fundamental function quite different from everyday hospital triage. The goal of disaster triage is to do “the greatest good for the greatest number” (Jacobson, 2020). They realized treatment would involve the use of multiple standardized evidence-based assessment tools, and that this event would test their commitment to providing respectful and dignified care that is both moral and ethical.

They applied *Simple Triage and Rapid Treatment* (START) (Jacobson, 2020), a common disaster triage system that consists of sorting patients into four color-coded groups according to needed level of care. Working with the emergency medical services (EMS) providers on scene, they called for everyone who could hear them to stand up and move over to a designated area. These “green” patients were ambulatory and could be bused to another location for ambulatory care. They assessed patients whose care could be delayed without deterioration as “yellow”. Others with compromise to airway, breathing, or circulation were assessed as “red” or immediate. The last assessment group was labeled as “black” or expectant, unlikely to survive. For this last group, pain assessment and pain relief would be paramount. They knew to use valid reliable pain scale assessment tools. The numeric 1–10 scale could be used on a few, but others needed to have their pain rated using the *Critical-Care Pain Observation Tool*, assessing facial expression, body movements, and muscle tension (Gélinas et al., 2006). The last component with the tool is compliance with a ventilator, which was not applicable in these cases. For children, the *FLACC scale* was used, assessing Face, Legs, Activity, Cry, and Consolability. Respect and dignity were the foundation of their care. There were several burn patients, and the APRN used the *Rule of Nines* (Edwards, 2020) to determine extent of total body surface area (TBSA) burned. Using the TBSA, the APRN was then able to apply the Parkland formula (Edwards, 2020) for fluid replacement, the evidence-based tool widely used throughout
the country. The registered emergency nurse computed the formula and initiated the intravenous lines. Their verification as Trauma Nursing Core Course (TNCC) providers had equipped them with knowledge of the American College of Surgeon’s criteria for transfer to a trauma center (Radtke, 2020). The American Burn Association Burn Injury Referral Criteria (Edwards, 2020) also provided vital information on preparing these patients for transfer. The registered emergency nurse documented assessments and the APRN made recommendations to flight personnel as to potential patients for transfer to the nearest level one trauma center or burn center.

Using their authority, accountability, and responsibility for their nursing practice roles, they made decisions and took action to provide optimal care. They also used moral caring to respectfully inform, reassure, and explain to patients and family. They provided dignity by attending to the dying. These nurses were able to be consistent with their moral principles of conduct using the art (caring, respect, dignity, and morality) and science (standardized, evidence-based tools) of nursing.

- **Provision 5**
  The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Emergency registered nurses have a right and a duty to act according to their personal and professional values, accepting compromise only if it preserves their moral integrity and does not jeopardize the wholeness of character or well-being of themselves or others. In the emergency care setting, nurses may be placed in circumstances where moral standards in nursing practice are violated. In such cases, it is the duty of the emergency registered nurse to convey to the appropriate authority any concerns and objections to participating in these types of situations in a timely and appropriate manner. In the following instance, when a new and deadly infectious disease epidemic erupted, many healthcare professionals, unfamiliar with the disease, its process, and particularly with use of personal protective equipment (PPE), found it necessary to protect themselves to prevent further transfer of the infection and allow them to safely care for infectious individuals.

The epidemic was growing at an increasing rate and keeping abreast of practice guidelines became difficult for many emergency departments. In the following example, one nurse, concerned by her hospital’s lack of guidelines, protocols, education, and available PPE, had the moral courage to state her intent to object to caring for potentially infectious individuals in the future until these deficiencies were addressed.

M, a staff nurse in the emergency department, was asked to work temporarily on an isolation unit. On day one, nurses were given four N95 masks and told to rotate them, one per week, for the next four weeks. They were given a single isolation gown for their five-person assignment. When M voiced concerns over the possible safety issues, the staff were told that “this is what they had signed up for” and to return to their assignment. M understood the concept of a duty to treat and that when nurses are adequately prepared and protected, it is reasonable to invoke the duty to treat, meaning the nurse cannot refuse to care for the patient. However, the duty to self is equally important, as is the duty to promote health and safety. The nurse may not prioritize the duty to treat over the duty to self when the duty to treat is unsupported by leadership and may result in infection, morbidity, and mortality, which render the nurse unable to provide care.

M brought these concerns to other colleagues, their union representative, and the hospital
ethics committee to attempt to resolve this conflict.

The objections of this nurse provided the impetus for the institution to evaluate its policies and procedures and to change existing nursing practice. Nurse administrators worked to resolve the issues, and the integrity of the nursing staff was preserved. To ensure the situation would not recur, a committee was formed that instituted frequent PPE training and competency evaluations. Nurses are required to provide for patient and personal safety, avoid patient abandonment, and to withdraw only when assured nursing care is available to the patient. When the integrity of nurses is compromised by institutional action (or inaction) or professional practice, nurses have a duty to express their concerns either individually or collectively to the appropriate authority. This type of behavior indicates personal integrity and demonstrates reflection, discernment, and wholeness of character.

- Provision 6

The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive safe, quality healthcare.

Virtues such as altruism, compassion, courage, honesty, patience, and wisdom are characteristics or behaviors that demonstrate moral excellence. These characteristics underpin the central tenets of nursing, which include respect for human dignity and a commitment to maximizing health and independence. Emergency registered nurses have an obligation to create a culture of excellence and maintain a supportive and ethical practice environment. In the following instance, the harmful effects of lateral violence negatively impacted the work environment, nurse retention, and the emergency registered nurse’s ability to deliver optimal patient care.

A new emergency registered nurse who two days previously had completed her orientation program, was assigned a critical patient. The physician asked her to set up for chest tube insertion. Anxious and feeling overwhelmed by the request, the nurse approached her most recent preceptor who was talking with another staff member. The new nurse politely interrupted the conversation and asked for help. Obviously perturbed by the interruption, the preceptor sharply replied they had already reviewed the tray setup during orientation and returned to his conversation. As the new nurse turned, she heard him laugh, ridiculing her for her lack of knowledge. The charge nurse happened to be passing, heard the exchange, and stopped to offer assistance to the new nurse.

After the tray was set up, the charge nurse approached the new nurse to discuss the incident. The nurse was reluctant but acknowledged the experience did cause her to consider leaving the emergency department. She went on to detail several other instances where help was not forthcoming and cruel comments were made. Feeling responsible for improving the moral environment, the charge nurse addressed her concerns with the nurse manager and quickly discovered the institution had no clear policies or procedures in place to address lateral violence. She then advocated for organizational changes to create a zero-tolerance environment to promote respectful interactions, peer support, and open identification of difficult situations. The charge nurse requested professional development education dealing with lateral violence and ethical problem-solving for all staff. An ethics committee was established in the emergency department and formal compensation services initiated to include grievance procedures, mechanisms to prevent reprisals, consulting services, and specific policies and procedures for combatting discrimination and incivility in the workplace. Emergency registered nurses have a duty to
do what is right and contribute to a moral climate that fosters communication, mutual
caring, respect, justice, and generosity. This charge nurse exercised her right and
advocated for much-needed changes for a safe and respectful healthy working
environment.

• **Provision 7**
The nurse, in all roles and settings, advances the profession through research and
scholarly inquiry, professional standards development, and the generation of both
nursing and health policy.

Emergency registered nurses develop practice standards based on nursing’s ethical
commitments and the developing body of knowledge. The following instance is a prime
example.

In a routine review of the emergency department’s patient return visits report, the
Emergency Clinical Nurse Specialist (CNS) identified a high incidence of revisits for acute
exacerbations of asthma, most often occurring in the late evening and night. Patients with
asthma seek emergency care when they are unable to manage at home. Return visits for
the same diagnosis typically alert providers to a possible less-than-optimal patient
outcome and satisfaction with care. In reviewing the patients’ medical records, the CNS
noted the emergency department’s management of these patients usually involved
nebulizer treatments provided as a matter of policy by a respiratory therapist (RT). Most
patients on discharge received prescriptions for inhalers, but there was a high incidence of
these prescriptions not being filled. Reasons given for not filling the prescription included
no pharmacy open at time of discharge and no money to fill the prescription.

The ED Nursing Shared Governance Council and a Quality Improvement team composed
of staff nurses, emergency medicine physician, the RT, and the CNS was formed to
investigate the issue. They conducted a review of the literature on emergency department
management of asthma and studied the policies/procedures governing RT services.
Research revealed the administration of a short-acting beta-agonist via an inhaler with
spacer was equally as effective as a nebulized treatment in management of an asthma
attack both for adults and children. Policy review revealed registered nurses could
administer inhaled medications. The team concluded primary treatment for these patients
to be medication administered via inhaler rather than nebulizer, that administration of the
treatment by an emergency department nurse would facilitate more efficient initiation of
care, that discarding the inhalers at time of discharge was wasteful, and that giving the
patient the inhaler upon discharge was both cost effective and addressed the issues
associated with prescriptions not being filled.

Giving patients medications from the emergency department (even those used by them in
the emergency department) for home use is considered medication dispensing and is not
permitted by state pharmacy regulations. A representative from the pharmacy
department was added to the team to develop a process and policy for correct labeling
and patient education regarding the dispensed inhalers that would comply with state
pharmacy regulations. A joint medical–nursing asthma protocol was written and approved.

The CNS and RT developed and conducted an educational program for the staff, and
competencies were validated. Nurse callback to these patients within 24 hours was
implemented to assess health status and patient/family satisfaction, and asthma patient
revisits and time to initiation of inhaler treatment were monitored monthly. Data
demonstrated a significant reduction in revisits. Assessment of nurse satisfaction with the new procedures revealed they were pleased; patients felt more in control of patient care; with multiple calls to RT eliminated, their workload was actually reduced; and RT was able to respond more quickly to critically ill patients. Team members presented their project as a poster session at a national emergency nursing conference, providing the opportunity to share how research, evidence-based practice, and teamwork positively impact patient outcomes.

- **Provision 8**
  The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Healthcare is a universal human right, and emergency registered nurses are presented with opportunities every day to improve health through nursing care, patient and family education, and community engagement. Emergency registered nurses are committed to helping individuals and communities achieve the highest attainable standard of health. This commitment requires collaboration with other health professionals in protecting human rights, promoting health diplomacy, and reducing healthcare disparities by addressing institutionalized injustice wherever it occurs. Every day, cases present to the emergency department that not only test the professional relationships among the emergency registered nurses, the patients, the patients’ families, and other healthcare professionals, but also pose challenges to the duty to protect human rights, promote health diplomacy, and reduce healthcare disparities.

In the following instance, the emergency registered nurse was confronted with multiple challenges extending far beyond simply providing nursing care. During the initial assessment of a pregnant minor, the patient told the emergency registered nurse she had run away from home following numerous arguments with her parents over drug use. The patient revealed she was stranded, hungry, tired, out of money, and had begun sleeping on the streets. A group of other homeless youths introduced her to heroin and now she was exchanging sexual favors to support her addiction. The nurse realized this patient presented a complex set of challenges. There were human rights and confidentiality issues as well as questions of how to address the health issues of a homeless youth. This would require collaboration with various other members of the healthcare team such as the APRN, physicians, public health departments, social workers, and case managers. Facilitating and coordinating this cooperation among healthcare professionals is an essential aspect of emergency nursing practice to ensure patient safety. Emergency nurses have a duty to address patient choices that may be risky or self-destructive and offer resources to modify behavior. Each and every patient contact presents opportunities to provide health education, practice advocacy, facilitate community engagement, and demonstrate diplomacy.

- **Provision 9**
  The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy. (ANA, 2015a)

Professional nursing associations provide a venue for nurses to address issues impacting their practice and the patients they serve. Nursing values are articulated through the Association’s mission, vision, standards of practice, code of ethics, position statements, clinical practice guidelines, research, educational offerings, professional journals, and
other resources.

The national ENA, through local chapters and state councils, legislative action networks, Association member events, and collaboration with other healthcare association colleagues and entities, encourages nurses to participate in efforts supporting safe nursing practice, optimal emergency patient care, and advances in social policy.

Emergency registered nurses advocate for safe practice and quality care at the state and national levels by participating in ENA’s governmental affairs initiatives, serving on state and local community boards and committees, and meeting with legislators during annual legislative advocacy days held locally and in Washington, D.C. At these events, members are provided with perspectives on healthcare policy and learn to advocate effectively on behalf of patients and community. Emergency registered nurses have worked together to support funding for trauma centers, behavioral healthcare, emergency medical services for children, workplace violence, substance abuse in the US, and full practice authority for advanced practice registered nurses, to name a few.

ENA gives a voice to the nursing profession and the specialty of emergency nursing. ENA recognizes the need for continual improvements in nursing, educational requirements to practice, development of advanced practice roles and responsibilities, and a commitment to evidence-based practice. Position statements are developed to help educate and support emergency registered nurses’ efforts to improve patient care, address practice issues, and advocate for social justice in nursing and health policy. When data showed medication errors to be the most common and preventable cause of harm to pediatric patients, and the literature recommended the strategy of weighing and documenting weights only in kilograms to decrease medication errors, ENA developed a position statement that was subsequently endorsed by the American College of Emergency Physicians, the American Academy of Pediatrics, the Institute of Safe Medication Practices, the American Academy of Emergency Medicine, and the Society of Pediatric Nurses. Through multilevel collaboration and collegial partnerships, the Association speaks with a unified voice to uphold the roles and responsibilities of the nurse.
According to the ANA, the standards of professional nursing practice are authoritative statements of the actions and behaviors that all registered nurses, regardless of role, population, specialty, and setting, are expected to perform competently (ANA, 2021). These published standards may serve as evidence of the standard of practice, with the understanding that the application of the standards and accompanying competencies depends on context, circumstances, or situation. (ANA, 2021).

The standards are subject to change with the dynamics of the nursing profession as evidence is discovered and new patterns of professional practice are developed and accepted by the nursing profession and the public. In addition, specific conditions and clinical circumstances may also affect the application of the standards at a given time, such as during a natural disaster, epidemic, or pandemic. The standards are subject to formal, periodic review and revision.

Significance of Standards

As described by the ANA, the standards of practice describe a competent level of nursing practice as demonstrated by the critical thinking model known as the nursing process. The nursing process includes the components of assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. Accordingly, the nursing process encompasses significant actions taken by registered nurses and forms the foundation of the nurse’s decision-making, practice, and provision of care. The standards of professional performance describe a competent level of behavior in the professional role, including activities related to ethics, advocacy, respectful and equitable practice, communication, collaboration, leadership, education, scholarly inquiry, quality of practice, professional practice evaluation, resource stewardship, and environmental health. All registered nurses are expected to engage in professional role activities, including leadership, reflective of their education, position, and role. Registered nurses are accountable for their professional actions to themselves, healthcare consumers, peers, and ultimately to society.

The Function of Competencies in Standards

A competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment (ANA, 2014). The competencies that accompany each standard are applicable to all licensed registered nurses. Where appropriate, additional discrete competencies applicable only to the licensed advanced practice registered nurse are identified. The competencies that accompany each standard may be evidence of demonstrated compliance with the corresponding standard. The list of competencies is not exhaustive. It is important to note that recognition, licensure, and scope of practice of the RN and APRN vary by state, so it is essential for nurses to be familiar with their state’s laws and regulations governing nursing practice. Throughout each standard, competencies of the RN, graduate-level prepared RN, and the APRN are listed. To better understand the differences between each role, the definitions are listed below:

Registered nurses (RN) are individuals who are educationally prepared and then licensed by a state, commonwealth, territory, or government regulatory body to practice as a registered nurse. “Nurse” and “professional nurse” are synonyms for a registered nurse in this document. Numerous jurisdictions have identified “nurse” as a protected title.
Graduate-level prepared registered nurses are registered nurses prepared at the master’s or doctoral educational level; have advanced knowledge, skills, abilities, and judgment; function in an advanced level as designated by elements of the nurse’s role; and are not required to have additional regulatory oversight.

Advanced practice registered nurses (APRN) are a subset of graduate-level prepared registered nurses who have completed an accredited graduate-level education program preparing the nurse for special licensure recognition and practice for one of the four recognized APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP). APRNs assume responsibility and accountability for health promotion and/or maintenance, as well as the assessment, diagnosis, and management of healthcare consumer problems, which includes the use and prescription of pharmacologic and nonpharmacologic interventions (APRN Joint Dialogue Group, 2008). Some clinicians in this classification began APRN practice prior to the current educational preparation requirement and have been grandfathered to hold this designation.

Standards of Practice Overview

The standards of practice include those elements that reflect the delivery of care by emergency nurses. Each standard is accompanied by competency statements that provide key action elements of that standard. The Standards of Practice are:

1. Assessment
   The emergency nurse collects pertinent data and information relative to the healthcare consumer’s health or the situation.

   1a. Triage
   The emergency nurse triages each patient using an appropriate five-level triage system that places patients into one of five groups from 1 (most urgent) to 5 (least urgent) to prioritize those who require more immediate care while optimizing patient flow and to expedite those who require the most immediate care.

2. Diagnosis
   The emergency nurse analyzes assessment data to determine actual or potential diagnoses, problems, and issues.

3. Outcomes Identification
   The emergency nurse identifies expected outcomes for a plan individualized to the patient or the situation.

4. Planning
   The emergency nurse develops a collaborative plan encompassing strategies to achieve expected outcomes.
5. Implementation
   The emergency nurse implements the identified plan.

5a. Coordination of Care
   The emergency nurse coordinates care delivery.

5b. Health Teaching and Health Promotion
   The emergency nurse employs strategies to promote health and wellness.

6. Evaluation
   The emergency nurse evaluates progress toward attainment of goals and outcomes.

Standards of Professional Performance Overview

The standards of professional performance describe a competent level of behavior in the professional role, including activities related to ethics, advocacy, respectful and equitable practice, communication, collaboration, leadership, education, scholarly inquiry, quality of practice, professional practice evaluation, resource stewardship, and environmental health. All emergency nurses are expected to engage in professional role activities appropriate to their education and position. Emergency nurses are accountable for their professional actions to themselves, their healthcare consumers, their peers, and ultimately to society.

7. Ethics
   The emergency nurse integrates ethics in all aspects of practice.

8. Advocacy
   The emergency nurse demonstrates advocacy in all roles and settings.

9. Respectful and Equitable Practice
   The emergency nurse practices with cultural humility and inclusiveness.

10. Communication
    The emergency nurse communicates effectively in all areas of practice.

11. Collaboration
    The emergency nurse collaborates with the healthcare consumer and other key stakeholders.

12. Leadership
    The emergency nurse leads within the profession and practice setting.
13. Education
The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

14. Scholarly Inquiry
The emergency nurse integrates scholarship, evidence, and research findings into practice.

15. Quality of Practice
The emergency nurse contributes to quality nursing practice.

16. Professional Practice Evaluation
The emergency nurse evaluates one’s own and others’ nursing practice.

17. Resource Stewardship
The emergency nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, financially responsible, and used judiciously.

18. Environmental Health
The emergency nurse practices in a manner that advances environmental safety and health.
Standards of Practice

Standard 1: Assessment

The emergency nurse collects pertinent data and information relative to the healthcare consumer’s health or situation.

Competencies

**The registered nurse:**

- Creates the safest environment possible for conducting assessments.
- Collects pertinent data related to health and quality of life in a systematic, ongoing manner, with compassion and respect for the wholeness, inherent dignity, worth, and unique attributes of every person, including but not limited to demographics, environmental and occupational exposures, social determinants of health, health disparities, physical, functional, psychosocial, emotional, cognitive, spiritual/transpersonal, sexual, sociocultural, age-related, environmental, lifestyle/economic assessments (See Standard 9).
- Utilizes a health and wellness model of assessment that incorporates integrative approaches to data collection and honors the whole person.
- Recognizes the healthcare consumer or designated person as the decision-maker regarding their own health.
- Explores the healthcare consumer’s culture, values, preferences, expressed and unexpressed needs, and knowledge of the healthcare situation. (See Standard 9)
- Assesses the impact of family dynamics on the healthcare consumer’s health and wellness. Identifies enhancements and barriers to effective communication based on personal, cognitive, physiological, psychosocial, literacy, financial, and cultural considerations. (See Standard 10)
- Engages the healthcare consumer, family, significant others, and interprofessional team members in holistic, culturally sensitive data collection.
- Integrates knowledge from current local, regional, national, and global health initiatives and environmental factors into the assessment process.
- Prioritizes data collection based on the healthcare consumer’s immediate condition, the anticipated needs of the healthcare consumer or situation, or both.
- Uses evidence-based assessment techniques and available data and information to identify patterns and variances in the consumer’s health.
- Remains knowledgeable about constantly changing technologies that impact the assessment process (e.g., telehealth, artificial intelligence).
- Analyzes assessment data to identify patterns, trends, and situations that impact the person’s health and wellness.
- Validates the analysis with the healthcare consumer.
- Documents data accurately and makes accessible to the interprofessional team in a timely manner.
- Communicates changes in person’s condition to the interprofessional team.
- Applies the provisions of the ANA Code of Ethics, legal, and guidelines and policies to the collection, maintenance, use, and dissemination of data and information.
- Recognizes the impact of one’s own personal attitudes, values, beliefs, and biases on the assessment process. (See Standards 7, 9, 15)

Additional competencies for the graduate-level prepared registered nurse
In addition to the registered nurse competencies, the graduate level-prepared registered nurse:

- Uses advanced knowledge, skills, and assessment techniques and approaches to maintain, enhance, and improve health.
- Analyzes the effect of interactions among individuals, family, community, and social systems on health and illness.
- Synthesizes the results and information leading to clinical understanding.

**Additional competencies for the advanced practice registered nurse**

In addition to the competencies of the registered nurse and the graduate level-prepared registered nurse, the APRN:

- Initiates diagnostic tests and procedures relevant to the healthcare consumer’s current and ongoing health status.
- Uses advanced knowledge, skills, and assessment techniques and approaches within identified population foci to maintain, enhance, and improve health.
Standard 1a: Triage

The emergency nurse triages each patient using an appropriate five-level triage system that places patients into one of five groups from 1 (most urgent) to 5 (least urgent) to prioritize those who require more immediate care while optimizing patient flow and to expedite those who require the most immediate care.

Competencies

The registered nurse:

- May perform a triage assessment after completion of a minimum of one-year of emergency nursing experience as well as having obtained appropriate credentials and education that may include certification in emergency nursing and continuing education in trauma, pediatrics, and cardiac care, with verification or certification in those subspecialties.
- Completes a comprehensive, evidence-based triage education course and a clinical orientation with an experienced preceptor to enhance triage knowledge and skill.
- Demonstrates understanding of basic triage concepts to apply triage principles appropriately and consistently.
- Incorporates a brief physical assessment, age, developmental stage, history, risk factors, and cultural sensitivity (or awareness) when using a valid and reliable five-level triage system to determine the appropriate triage acuity level and proper patient placement.
- Demonstrates the ability to properly prioritize patients, identify their care needs, and implement interventions or diagnostics according to established organizational policies/protocols, consistent with the patient’s clinical presentation.
- Documents the triage acuity level for every patient.
- Adjusts the triage decision-making process in accordance with available resources during a disaster or pandemic.
- Communicates significant triage findings to appropriate team members in a timely manner.
- Demonstrates understanding of local, state, and federal laws associated with triage, including mandatory screening, protection of patient health information and privacy, and a medical screening exam.
- Demonstrates understanding and maintains competency related to appropriate infection control and isolation measures.
- Implements interventions or diagnostics according to established organizational policies/protocols, as warranted by the patient’s status.
- Collaborates with team members to ensure reassessment of patients already triaged in the waiting or holding areas according to policy/procedures and acuity levels.
- Collaborates with appropriate emergency preparedness personnel and incident command on institutional awareness, safety, and security measures.
- Effectively communicates with patients and visitors to explain the triage process, expectations, and limitations for patient and visitors.
- Participates in an ongoing triage competency validation process that includes observation and chart review, with remediation and further education as appropriate.
- Actively participates in triage redesign and process improvement projects, when appropriate.
Additional competencies for the advanced practice registered nurse:

In addition to the competencies of the registered nurse and the graduate-level-prepared registered nurse, the advanced practice registered nurse:

• Provides a medical screening exam as authorized under institutional regulations and bylaws.
• Facilitates diagnostic evaluations, procedural interventions, and medication administration as necessary
• Supports and participates in research involving the triage process and patient outcomes.
Standard 2: Diagnosis

The registered nurse analyzes assessment data to determine actual or potential diagnoses, problems, and issues.

Competencies

The registered nurse:

- Identifies actual or potential risks to the healthcare consumer’s health and safety or barriers to health, which may include but are not limited to interpersonal, systematic, cultural, socioeconomic, or environmental circumstances.
- Uses assessment data, standardized classification systems, technology, and clinical decision support tools to articulate actual or potential diagnoses, problems, and issues.
- Identifies the healthcare consumer’s strengths and abilities, including but not limited to support systems, health literacy, and engagement in self-care.
- Verifies the diagnoses, problems, and issues with the healthcare consumer and interprofessional colleagues.
- Prioritizes diagnoses, problems, and issues based on mutually established goals to meet the needs of the healthcare consumer across the health–illness continuum and the care continuum.
- Documents diagnoses, problems, strengths, and issues in a manner that facilitates the development of the expected outcomes and collaborative plan.

Additional competencies for the graduate-level prepared registered nurse:

In addition to the competencies of the registered nurse, the graduate level-prepared registered nurse:

- Uses information and communication technologies to analyze diagnostic practice patterns of nurses and other members of the interprofessional healthcare team.
- Employs aggregate-level data to articulate diagnoses, problems, and issues of healthcare consumers and organizational systems.

Additional competencies for the advanced practice registered nurse:

In addition to the competencies of the registered nurse and the graduate level-prepared registered nurse, the APRN:

- Formulates differential diagnoses based on the assessment, history, physical examination, and diagnostic test results.
- Incorporates standardized terminologies and coding methodologies to ensure correct documentation of identified diagnoses.
Standard 3: Outcomes Identification

The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Competencies

The registered nurse:

- Engages with the healthcare consumer, interprofessional team, and others to identify expected outcomes.
- Collaborates with the healthcare consumer to define expected outcomes integrating the healthcare consumer’s culture, values, and ethical considerations.
- Formulates expected outcomes derived from assessments and diagnoses.
- Integrates evidence and best practices to identify expected outcomes.
- Develops expected outcomes that facilitate coordination of care.
- Identifies a time frame for the attainment of expected outcomes.
- Documents expected outcomes as measurable goals.
- Identifies the actual outcomes in relation to expected outcomes, safety, and quality standards.
- Modifies expected outcomes based on the evaluation of the status of the healthcare consumer and situation.

Additional competencies for the graduate-level prepared registered nurse, including the advanced practice registered nurse:

In addition to the competencies of the registered nurse, the graduate level-prepared registered nurse, including the APRN:

- Defines expected outcomes that incorporate value, clinical effectiveness, and are aligned with the benchmarks identified by members of the interprofessional team.
- Differentiates outcomes that require care process interventions from those that require system-level actions.
- Takes an active role in educating others regarding the identification of anticipated outcomes.
- Identifies quality outcome measures in relation to expected outcomes, safety, and quality standards.
Standard 4: Planning

The registered nurse develops a collaborative plan encompassing strategies to achieve expected outcomes.

Competencies

The registered nurse:

- Develops an individualized, holistic, evidence-based plan in partnership with the healthcare consumer, family, significant others, and interprofessional team.
- Designs innovative nursing practices that can be incorporated into the plan.
- Prioritizes elements of the plan based on the assessment of the healthcare consumer’s level of safety needs to include risks, benefits, and alternatives.
- Establishes the plan priorities with the healthcare consumer, family, significant others, and interprofessional team.
- Advocates for compassionate, responsible, and appropriate use of interventions to minimize unwarranted or unwanted treatment, and healthcare consumer suffering, or both.
- Includes strategies designed to address each of the identified diagnoses, health challenges, issues, or opportunities. These strategies may include but are not limited to maintaining health and wellness; promotion of comfort; promotion of wholeness, growth, and development; promotion and restoration of health and wellness; prevention of illness, injury, disease, complications, and trauma; facilitation of healing; alleviation of suffering; supportive care; mitigation of environmental or occupational risks.
- Incorporates an implementation pathway that describes an overall timeline, steps, and milestones.
- Provides for the coordination and continuity of care.
- Identifies cost and economic implications of the plan.
- Develops a plan that reflects compliance with current statutes, rules and regulations, and standards.
- Modifies the plan according to the ongoing assessment of the healthcare consumer’s response and other outcome indicators.
- Documents the plan using standardized language or recognized terminology.
- Actively contributes at all levels in the development and continuous improvement of systems that support the planning process.

Additional competencies for the graduate-level prepared registered nurse:

In addition to the competencies of the registered nurse, the graduate level-prepared registered nurse:

- Designs strategies and approaches to meet the complex health needs of healthcare consumers.
- Develops interprofessional processes to address the identified diagnoses, health challenges, problems, issues, or opportunities in partnership with the healthcare consumer, family, and significant others.
- Leads the design and development of interprofessional processes to address the identified diagnoses, health challenges, and issues or opportunities.
Additional competencies for the advanced practice registered nurse:

In addition to the competencies of the registered nurse and the graduate level-prepared registered nurse, the APRN:

- Integrates assessment, consultative and diagnostic strategies, and therapeutic interventions that reflect evidence-based advanced knowledge and practice within specified populations.
Standard 5: Implementation

The registered nurse implements the identified plan.

Competencies:

The registered nurse:

- Demonstrates caring behaviors to develop therapeutic relationships.
- Provides care that focuses on the healthcare consumer.
- Advocates for the needs of diverse populations across the life span.
- Uses critical thinking and technology solutions to implement the nursing process to collect, measure, record, retrieve, trend, and analyze data and information to enhance healthcare consumer outcomes and nursing practice.
- Partners with the healthcare consumer to implement the plan in a safe, effective, efficient, timely, and equitable manner.
- Engages interprofessional team partners in implementation of the plan through collaboration and communication across the continuum of care.
- Uses evidence-based interventions and strategies to achieve mutually identified goals and outcomes specific to the problem or needs.
- Delegates according to the health, safety, and welfare of the healthcare consumer.
- Delegates after considering the circumstance, person, task, direction or communication, supervision, evaluation, as well as the state nurse practice act regulations, institution, and regulatory entities while maintaining accountability for the care.
- Documents implementation and any modifications, including changes or omissions, of the identified plan.

Additional competencies for the graduate level-prepared registered nurse:

In addition to the competencies of the registered nurse, the graduate level-prepared registered nurse:

- Translates evidence-based findings into practice.
- Demonstrates ethical and critical decision-making, effective working relationships, and a systems perspective.
- Uses theory-driven approaches to effect organizational or system change.
- Applies quality principles while articulating methods, tools, performance measures, and standards as they relate to implementation of the plan.
- Uses systems, organizations, and community resources to lead effective change and implement the plan.
- Leads interprofessional teams to effectively communicate and collaborate. Serves as a consultant to provide additional insight and potential solutions.

Additional competencies for the advanced practice registered nurse:

In addition to the competencies of the registered nurse and the graduate level-prepared registered nurse, the APRN:

- Uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.
- Prescribes traditional and integrative evidence-based treatments, therapies, and
procedures that are compatible with the healthcare consumer’s cultural preferences, norms, and abilities.

- Prescribes evidence-based pharmacological agents and treatments according to clinical indicators and results of diagnostic and laboratory tests.
- Provides clinical consultation for healthcare consumers and professionals to improve care and outcomes.
Standard 5a: Coordination of Care

The registered nurse coordinate care delivery.

Competencies

The registered nurse:

- Collaborates with the healthcare consumer and the interprofessional team to help manage healthcare based on mutually agreed upon outcomes.
- Organizes the components of the plan with input from the healthcare consumer and other stakeholders.
- Manages the healthcare consumer’s care to reach mutually agreed upon outcomes.
- Engages healthcare consumers in self-care to achieve preferred goals for quality of life.
- Assists the healthcare consumer to identify options for care and navigate the healthcare system and its services.
- Communicates with the healthcare consumer, interprofessional team, and community-based resources to effect safe transitions in continuity of care.
- Advocates for the delivery of dignified and person-centered care by the interprofessional team.
- Documents the coordination of care.

Additional Competencies for the graduate level-prepared registered nurse:

In addition to the competencies of the registered nurse, the graduate level-prepared registered nurse:

- Provides leadership in the coordination of interprofessional healthcare for the delivery of integrated system-level healthcare consumer services to achieve safe, efficient, timely, person-centered, and equitable care.
- Manages identified healthcare consumer panels or populations.

Additional Competencies for the advanced practice registered nurse:

In addition to the competencies of the registered nurse and the graduate level-prepared registered nurse, the APRN:

- Synthesizes data and information to prescribe and provide necessary system and community support measures, including modifications of environments.
- Serves as the healthcare consumer’s provider in coordination of healthcare services in accordance with state and federal laws and regulations.
Standard 5b: Health Teaching and Health Promotion

The registered nurse employs strategies to teach and promote health and wellness.

Competencies

The registered nurse:

- Provides opportunities for the healthcare consumer to identify needed health promotion, disease prevention, and self-management topics such as:
  - Healthy lifestyles
  - Self-care and risk management
  - Coping, adaptability, and resiliency
- Uses health promotion and health teaching methods in collaboration with the healthcare consumer’s values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, language preference, spirituality, culture, and socioeconomic status.
- Uses feedback from the healthcare consumer and other assessments to determine the effectiveness of the employed strategies.
- Uses technologies to communicate health promotion and disease prevention information to the healthcare consumer.
- Provides healthcare consumers with information and education about intended effects and potential adverse effects of the plan of care.
- Engages consumer alliance and advocacy groups in health teaching and health promotion activities for healthcare consumers.
- Provides anticipatory guidance to healthcare consumers to promote health and prevent or reduce risk.

Additional competencies for the graduate-level prepared registered nurse, including the advanced practice registered nurse.

In addition to the competencies of the registered nurse, the graduate-level prepared registered nurse, including the APRN:

- Synthesizes evidence on risk behaviors, gender roles, learning theories, behavioral change theories, motivational theories, translational theories for evidence-based practice, epidemiology, and other related theories and frameworks when designing health education information, tools, and programs.
- Evaluates health information resources for applicability, accuracy, readability, and comprehensibility to help healthcare consumers access quality health information.
Standard 6: Evaluation
The registered nurse evaluates progress toward attainment of goals and outcomes.

Competencies
The registered nurse:

- Uses applicable standards and defined criteria (e.g., Quality and Safety Education for Nurses [QSEN], Quadruple Aim, Institute for Healthcare Improvement [IHI]).
- Conducts a systematic, ongoing, and criterion-based evaluation of the goals and outcomes in relation to the structure, processes, and timeline prescribed in the plan.
- Collaborates with the healthcare consumer, stakeholders, interprofessional team, and others involved in the care or situation in the evaluation process.
- Determines, in partnership with the healthcare consumer and other stakeholders, the person-centeredness, effectiveness, efficiency, safety, timeliness, and equitability of the strategies in relation to the responses to the plan and attainment of outcomes.
- Uses ongoing assessment data, other data and information resources and benchmarks, research, and meta-analysis for the analytic activities to revise the diagnoses, outcomes, plan, implementation, and evaluation strategies as needed.
- Documents the results of the evaluation.
- Reports evaluation data in a timely fashion.
- Shares evaluation data and conclusions with the healthcare consumer and other stakeholders to promote clarity and transparency in accordance with state, federal, organizational, and professional requirements.

Additional competencies for the graduate-level prepared registered nurse, including the advanced practice registered nurse
In addition to the competencies for the registered nurse, the graduate-level registered nurse, including the APRN:

- Synthesizes evaluation data to determine the plan’s impact on the healthcare consumer and population health.
- Uses results of the evaluation to recommend and conduct research, process, policy, procedure, or protocol revisions when warranted.
Standards of Professional Performance

Standard 7: Ethics

The registered nurse integrates ethics in all aspects of practice.

Competencies

The registered nurse:

- Uses the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a) as a moral foundation to guide nursing practice and decision-making.
- Demonstrates that every person is worthy of nursing care through the provision of respectful, person-centered, compassionate care, regardless of personal history or characteristics. (Beneficence)
- Advocates for healthcare consumer perspectives, preferences, and rights to informed decision-making and self-determination. (Respect for autonomy)
- Demonstrates a primary commitment to the recipients of nursing and healthcare services in all settings and situations. (Fidelity)
- Maintains therapeutic relationships and professional boundaries. Acts to prevent breaches to privacy and confidentiality.
- Safeguards sensitive information within ethical, legal, and regulatory parameters. (Non-maleficence)
- Identifies ethics resources within the practice setting to assist and collaborate in addressing ethical issues.
- Integrates principles of social justice in all aspects of nursing practice. (Justice)
- Refines ethical competence through continued professional education and personal self-development activities.
- Depicts one’s professional nursing identity through demonstrated values and ethics, knowledge, leadership, and professional comportment.
- Engages in self-care and self-reflection practices to support and preserve personal health, well-being, and integrity.
- Contributes to the establishment and maintenance of an ethical environment that is conducive to safe, quality healthcare.
- Collaborates with other health professionals and the public to protect human rights, promote health diplomacy, enhance cultural sensitivity and congruence, and reduce health disparities.
- Represents the nursing perspective in clinic, institutional, community, or professional association ethics discussions.

Additional competencies for the graduate-level prepared registered nurse, including the advanced practice registered nurse.

In addition to the competencies of the registered nurse, the graduate-level prepared registered nurse, including the APRN:

- Demonstrates advanced knowledge of ethical analyses, ethical principles of respect for autonomy, beneficence, nonmaleficence, and justice, and their relationship to ethical nursing practice.
- Acts as an educational resource by providing leadership in developing nurses’ ethical competence, including ethical decision-making, to address emerging or
recurrent ethical issues.

- Creates open moral spaces conducive to interprofessional ethical dialogue.
- Mediates ethical conflicts acting as a liaison among individuals, family, and the healthcare team.
- Advances ethics knowledge and practice through scholarly inquiry, professional standards development, and policy generation.
- Represents the profession as a subject matter expert, advisor, or consultant, locally, statewide, regionally, nationally, and internationally.
Standard 8: Advocacy

The registered nurse demonstrates advocacy in all roles and settings.

Competencies

- Champions the voice of the healthcare consumer.
- Recommends appropriate levels of care, timely and appropriate transitions, and allocation of resources to optimize outcomes.
- Promotes safe care of healthcare consumers, safe work environments, and sufficient resources.
- Participates in healthcare initiatives on behalf of the healthcare consumer and the system(s) where nursing happens.
- Demonstrates a willingness to address persistent, pervasive systemic issues.
- Informs the political arena about the role of nurses and the vital components necessary for nurses and nursing to provide optimal care delivery.
- Empowers all members of the healthcare team to include the healthcare consumer in care decisions, including limitation of treatment and end of life.
- Embraces diversity, equity, inclusivity, health promotion, and health care for individuals of diverse geographic, cultural, ethnic, racial, gender, and spiritual backgrounds across the life span.
- Develops policies that improve care delivery and access for underserved and vulnerable populations.
- Promotes policies, regulations, and legislation at the local, state, national level to improve healthcare access and delivery of healthcare.
- Considers societal, political, economic, and cultural factors to address social determinants of health.
- Role models advocacy behavior.
- Addresses the urgent need for a diverse and inclusive workforce as a strategy to improve outcomes related to the social determinants of health and inequities in the healthcare system.
- Advances policies, programs, and practices within the healthcare environment that maintain, sustain, and restore the environment and natural world.
- Contributes to professional organizations.

Additional competencies for the graduate-level prepared registered nurse:

In addition to the competencies of the registered nurse, the graduate-level prepared registered nurse:

- Analyzes the impact of geographic, societal, political, economic, and cultural factors on healthcare disparities.
- Develops alliances with various groups to promote advocacy goals.
- Pursues resources to improve the delivery of care services and outcomes.
- Influences leaders, legislators, governmental agencies, nongovernmental organizations, and international bodies to address the social determinant of health.

Additional competencies for the advanced practice registered nurse

In addition to the competencies of the registered nurse and the graduate level-prepared
registered nurse, the APRN:

- Promotes universal application of full practice authority in all settings and roles in meeting healthcare needs of diverse populations.
- Advocates for a direct reporting structure to the appropriate advanced practice nursing leadership position.
- Endorses the profession’s *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education* (Advanced Practice Registered Nursing Consensus Work Group & The National Council of State Boards of Nursing APRN Advisory Committee, 2008).
Standard 9: Respectful and Equitable Practice

The registered nurse practices with cultural humility and inclusiveness.

Competencies

The registered nurse:

- Demonstrates respect, equity, and empathy in actions and interactions with all healthcare consumers.
- Respects consumer decisions without bias.
- Participates in life-long learning to understand cultural preferences, worldviews, choices, and decision-making processes of diverse consumers.
- Reflects upon personal and cultural values, beliefs, biases, and heritage.
- Applies knowledge of differences in health beliefs, practices, and communication patterns without assigning value to the differences.
- Addresses the effects and impact of discrimination and oppression on practice within and among diverse groups.
- Uses appropriate skills and tools for the culture, literacy, and language of the individuals and population served.
- Communicates with appropriate language and behaviors, including the use of qualified healthcare interpreters and translators in accordance with consumer needs and preferences.
- Serves as a role model and educator for cultural humility and the recognition and appreciation of diversity and inclusivity.
- Identifies the cultural-specific meaning of interactions, terms, and content.
- Advocates for policies that promote health and prevent harm among diverse healthcare consumers and groups.
- Promotes equity in all aspects of health and health care.
- Advances organizational policies, programs, services, and practices that reflect respect, equity, and values for diversity and inclusion.

Additional competencies for the graduate-level prepared registered nurse, including advanced practice registered nurse.

In addition to the competencies of the registered nurse, the graduate level-prepared registered nurse, including the APRN:

- Engages consumers, key stakeholders, and others in designing and establishing internal and external cross-cultural partnerships.
- Conducts research and quality improvement initiatives to improve health care and healthcare outcomes for culturally diverse consumers.
- Develops recruitment and retention strategies to achieve a multicultural workforce.
- Promotes shared decision-making solutions in planning and evaluating processes when the healthcare consumer’s cultural preferences and norms may create incompatibility with evidence-based practice.
Standard 10: Communication

The registered nurse communicates effectively in all areas of professional practice.

Competencies

The registered nurse:

- Assesses one’s own communication skills and effectiveness.
- Demonstrates cultural humility, professionalism, and respect when communicating.
- Assesses communication ability, health literacy, resources, and preferences of healthcare consumers to inform the interprofessional team and others.
- Uses language translation resources to ensure effective communication.
- Incorporates appropriate alternative strategies to communicate effectively with healthcare consumers who have visual, speech, language, or communication difficulties.
- Uses communication styles and methods that demonstrate caring, respect, active listening, authenticity, and trust.
- Conveys accurate information to healthcare consumers, families, community stakeholders, and members of the interprofessional team.
- Advocates for the healthcare consumer and their preferences and choices when care processes and decisions do not appear to be in the best interest of the healthcare consumer.
- Maintains communication with interprofessional team members and others to facilitate safe transitions and continuity in care delivery.
- Confirms the recipient of the communication heard and understands the message.
- Contributes the nursing perspective in interactions and discussions with the interprofessional team and other stakeholders.
- Promotes safety in the care or practice environment by disclosing and reporting concerns related to potential or actual hazards or deviations from the standard of care.
- Demonstrates continuous improvement of communication skills.

Additional competencies for the graduate-level prepared registered nurse, including the advanced practice registered nurse.

In addition to the competencies of the registered nurse, the graduate level-prepared registered nurse, including the APRN:

- Leads in creating environments that promote and sustain effective and ongoing communication.
Standard 11: Collaboration

The registered nurse collaborates with the healthcare consumer and other key stakeholders.

Competencies

The registered nurse:

- Partners with the healthcare consumer and key stakeholders to advocate for and effect change, leading to positive outcomes and quality care.
- Treats others with dignity and respect in all interactions.
- Values the expertise and contribution of other professionals and key stakeholders.
- Uses the unique and complementary abilities of all members of the interprofessional team to optimize attainment of desired outcomes.
- Articulates the nurse’s role and responsibilities within the interprofessional team.
- Uses appropriate tools and techniques, including information systems and technologies, to facilitate discussion and team functions in a manner that protects dignity, respect, privacy, and confidentiality.
- Promotes engagement through consensus building and conflict management.
- Uses effective group dynamics and strategies to enhance performance of the interprofessional team.
- Partners with all stakeholders to create, implement, and evaluate plans.
- Role models the development of shared goals, clear roles, mutual trust, effective communication, efficient processes, and measurable outcomes within the interprofessional team.

Additional competencies for the graduate-level prepared registered nurse, including the advanced practice registered nurse.

In addition to the competencies of the registered nurse, the graduate-level prepared registered nurse, including the APRN:

- Participates in interprofessional activities, including but not limited to education, consultation, management, technological development, or research to enhance outcomes.
- Leads in establishing, improving, and sustaining collaborative relationships to achieve safe, quality care for healthcare consumers.
- Advances interprofessional plan-of-care documentation and communications, rationales for plan-of-care changes, and collaborative discussions to improve healthcare consumer outcomes.
- Leads high-performing interprofessional teams in response to situational needs of healthcare consumers.
Standard 12: Leadership

The registered nurse leads within the profession and practice setting.

Competencies

The registered nurse:

- Promotes effective relationships (relational coordination) to achieve quality outcomes and a culture of safety.
- Leads decision-making groups.
- Engages in creating an interprofessional environment that promotes respect, trust, and integrity.
- Embraces practice innovations and role performance to achieve lifelong personal and professional goals.
- Communicates to lead change, influence others, and resolve conflict.
- Implements evidence-based practices for safe, quality health care, and healthcare consumer satisfaction.
- Demonstrates authority, ownership, accountability, and responsibility for appropriate delegation of nursing care.
- Mentors colleagues and others to enhance their knowledge, skills, and abilities.
- Participates in professional activities and organizations for professional growth and influence.
- Advocates for all aspects of human and environmental health in practice and policy.

Additional competencies for the graduate-level prepared registered nurse, including the advanced practice registered nurse.

In addition to the competencies of the registered nurse, the graduate level-prepared registered nurse, including the APRN:

- Engages in decision-making bodies to implement an effective interprofessional environment that improves healthcare consumer outcomes and satisfaction.
- Interprets advanced practice nursing roles for policymakers and healthcare consumers.
- Models expert nursing practices to interprofessional team members and healthcare consumers.
- Mentors colleagues in their professional growth and participation in succession planning.
Standard 13: Education

The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

Competencies

The registered nurse:

- Identifies learning needs based on the various roles assumed and associated requisite nursing knowledge.
- Participates in continuing professional development activities related to nursing and interprofessional knowledge bases and professional topics.
- Seeks experiences that reflect current practice to maintain and advance knowledge, skills, abilities, and judgment in clinical practice or role performance.
- Maintains current knowledge and skills relative to the role, population, specialty, setting, and local or global health situation.
- Commits to lifelong learning through critical thinking, self-reflection, and inquiry for personal growth and learning.
- Advocates through formal consultations or informal discussions to address issues in nursing practice, demonstrating an application of education and knowledge.
- Identifies modifications or accommodations needed in the delivery of education based on the learner’s needs.
- Shares educational findings, experiences, and ideas with peers and interprofessional colleagues.
- Mentors nurses new to their roles for the purpose of ensuring successful enculturation, orientation, competence, and emotional support.
- Supports acculturation of nurses new to their roles by role modeling, encouraging, advocating, and sharing pertinent information relative to optimal care delivery.
- Facilitates a work environment supportive of ongoing education of healthcare professionals and interprofessional colleagues.
- Maintains a professional portfolio that provides evidence of individual competence and lifelong learning.
- Seeks professional or specialty certification.

Additional competencies for the graduate-level prepared registered nurse, including the advanced practice registered nurse.

In addition to the competencies of the registered nurse, the graduate-level prepared registered nurse, including the APRN:

- Analyzes issues, trends, and supporting data to determine and address the educational needs of individuals, organizations, and communities.
- Promotes the development of sustainable local, system-wide, or global programs and initiatives that facilitate professional role competence and growth.
Standard 14: Scholarly Inquiry

The registered nurse integrates scholarship, evidence, and research findings into practice.

Competencies

The registered nurse:

- Identifies questions in the health care or practice setting that can be answered by scholarly inquiry.
- Uses current evidence-based knowledge, combined with clinical expertise and healthcare consumer values and preferences, to guide practice in all settings.
- Participates in the formulation of evidence-based practice.
- Uses evidence to expand knowledge, skills, abilities, and judgment; to enhance role performance; and to increase knowledge of professional issues for themselves and others.
- Shares peer-reviewed, evidence-based findings with colleagues to integrate knowledge into nursing practice.
- Incorporates evidence and nursing research when initiating changes and improving quality in nursing practice.
- Articulates evidence-based knowledge in all settings.
- Translates evidence-based knowledge in all settings.
- Articulates the value of research and scholarly inquiry and their application to one’s practice and healthcare setting.
- Reviews nursing research for application in practice and the healthcare setting.

Additional competencies for the graduate-level prepared registered nurse, including the advanced practice registered nurse.

In addition to the competencies of the registered nurse, the graduate-level prepared registered nurse, including the APRN:

- Uses critical thinking skills to connect theory and research to practice.
- Critically appraises data and information to generate meaningful evidence for nursing practice.
- Generates knowledge by conducting or synthesizing research and other evidence that examines and evaluates current practice, knowledge, theories, criteria, and innovative approaches to contribute to quality outcomes.
- Articulates evidence-based knowledge in all settings.
- Translates evidence-based knowledge to improve organizational structures, and systems.
- Advocates for the ethical conduct of translational and other research with particular attention to the protection of the healthcare consumer as a research participant.
- Promotes a climate of collaborative research and scholarly inquiry.
- Mentors other nurses to develop scholarly inquiry skills.
- Disseminates scholarly findings through activities such as presentations, publications, consultation, and journal clubs.
Standard 15: Quality of Practice

The registered nurse contributes to quality nursing practice.

Competencies

The registered nurse:

• Ensures that nursing practice is safe, effective, efficient, equitable, timely, and person-centered.
• Incorporates evidence into nursing practice to improve outcomes.
• Uses creativity and innovation to enhance nursing care.
• Recommends strategies to improve nursing care quality.
• Collects data to monitor the quality of nursing practice.
• Contributes to efforts to improve healthcare efficiency.
• Provides critical review and evaluation of policies, procedures, and guidelines to improve the quality of health care.
• Engages in formal and informal peer review processes of the interprofessional team.
• Participates in quality improvement initiatives.
• Collaborates with the interprofessional team to implement quality improvement plans and interventions.
• Documents nursing practice in a manner that supports quality and performance improvement initiatives.
• Recognizes the value of professional and specialty certification.

Additional competencies for the graduate-level prepared registered nurse.

In addition to the competencies for the registered nurse, the graduate level-prepared registered nurse:

• Uses data in system-level decision-making.
• Analyzes trends in healthcare quality data, including examination of cultural influences and factors.
• Designs innovations to improve outcomes.
• Engages in development, implementation, evaluation, and revision of policies, procedures, and guidelines to improve healthcare quality.
• Designs quality improvement studies, research, initiatives, and programs to improve health outcomes in diverse settings.
• Provides leadership in the design and implementation of quality improvement initiatives.
• Promotes a practice environment that supports evidence-based healthcare
• Contributes to nursing and interprofessional knowledge through scientific inquiry.
• Incorporates available benchmarks to evaluate practice at the individual, departmental, or organizational level.
• Influences the organizational system to improve outcomes.
• Promotes compliance with internal and external regulatory requirements.
• Encourages professional or specialty certification.
Additional competencies for the advanced practice registered nurse.

In addition to the competencies for the registered nurse and graduate-level prepared registered nurse, the APRN:

- Engages in comparison evaluations of the effectiveness and efficacy of diagnostic tests, clinical procedures and therapies, and treatment plans, in partnership with healthcare consumers, to optimize health and healthcare quality.
- Applies knowledge obtained from advanced preparation, as well as current research and evidence-based information, to clinical decision-making at the point of care to achieve optimal health outcomes.
Standard 16: Professional Practice Evaluation
The registered nurse evaluated one’s own and others’ nursing practice.

Competencies

The registered nurse:
• Engages in self-reflection and self-evaluation of nursing practice on a regular basis, identifying areas of strength as well as areas in which professional growth would be beneficial.
• Adheres to the guidance about professional practice as specified in the Nursing: Scope and Standards of Practice and the Code of Ethics for Nurses with Interpretive Statements.
• Ensures that nursing practice is consistent with regulatory requirements pertaining to licensure, relevant statutes, rules, and regulations.
• Influences organizational policies and procedures to promote interprofessional evidence-based practice.
• Provides evidence for practice decisions and actions as part of the evaluation process.
• Seeks feedback regarding one’s own practice from healthcare consumers, peers, colleagues, supervisors, and others.
• Provides peers and others with constructive feedback regarding their practice or role performance.
• Takes action to achieve learning needs and goals identified during the evaluation process.
• Documents the evaluative process, strategies used, and next steps to enhance one’s own practice.

Additional competencies for the graduate-level prepared registered nurse.
In addition to the competencies of the registered nurse, the graduate-level prepared registered nurse:
• Disseminates best practices through activities such as presentations, publications, and consultations.
• Demonstrates leadership in evaluating practice to improve healthcare outcomes.
• Mentors nurses to perform their professional role responsibilities within their area of expertise.
• Holds leadership positions in professional and specialty practice organizations.
• Influences development of evaluation standards and guidelines in their area of expertise.
• Leads implementation and translation of evidence-based standards and guidelines into practice.

Additional competencies for the advanced practice registered nurse.
In addition to the competencies of the registered nurse and graduate level-prepared registered nurse, the APRN:
• Influences development of advanced practice standards and guidelines in their area of expertise.
• Evaluates professional practice data and benchmarks to enhance their own and other’s practice.
Standard 17: Resource Stewardship

The registered nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, financially, responsible, and used judiciously.

Competencies

The registered nurse:

- Partners with the healthcare consumer and other stakeholders to identify care needs and necessary resources to achieve desired outcomes.
- Collaborates with the healthcare consumer and other stakeholders to assess costs, availability, risks, and benefits in decisions about care.
- Secures appropriate resources to address needs across the healthcare continuum.
- Advocates for equitable resources that support and enhance nursing practice and health outcomes.
- Integrates connected health technologies into practice to promote positive interactions between healthcare consumers and care providers.
- Uses organizational and community resources to implement interprofessional plans.
- Addresses discriminatory healthcare practices and the adverse impact on allocation of resources.

Additional competencies for the graduate-level practice registered nurse, including the advance practice registered nurse.

In addition to the competencies of the registered nurse, the graduate-level prepared registered nurse, including the APRN:

- Designs collaborative and innovative strategies to use resources and personnel effectively to maintain quality and reduce waste.
- Creates evaluation strategies that address cost-effectiveness, cost-benefit, and efficiency factors associated with nursing practice.
- Engages interprofessional teams to optimize resources and healthcare consumer outcomes.
Standard 18: Environmental Health

The registered nurse practices in a manner that advanced environmental safety and health.

Competencies

The registered nurse:

- Creates a safe and healthy workplace and professional practice environment.
- Fosters a professional environment that does not tolerate abusive, destructive, and oppressive behaviors.
- Promotes evidence-based practices to create a psychologically and physically safe environment.
- Assesses the environment to identify and address the impact of social determinants of health on risk factors.
- Reduces environmental health risks to self, colleagues, healthcare consumers, and the world.
- Integrates environmental health concepts in practice.
- Communicates information about environmental health risks and exposure reduction strategies.
- Advocates for the implementation of environmental health principles in communities in which they work and live.
- Incorporates technologies to promote safe practice environments.
- Uses products or treatments consistent with evidence-based practice to reduce environmental threats and hazards.
- Examines how the healthcare consumer’s biography affects their biology, resultant health issues, and the ecosystem.
- Analyzes the impacts of social, political, and economic influences on the human health experience and global environment.
- Advances environmental concerns and complaints through advocacy and appropriate reporting mechanisms.
- Promotes sustainable global environmental health policies and conditions that focus on prevention of hazards to people and the natural environment.

Additional competencies for the graduate-level prepared registered nurse, including the advance practice registered nurse.

In addition to the competencies of the registered nurse, the graduate-level prepared registered nurse, including the APRN:

- Designs research addressing the connections between the environment, its conditions, and health status.
- Uses community assessment data and plans to develop policies, recommendations, and programs addressing threats as well as prevention of hazards to both the people and the natural environment.
Appendix A: ANA Position Statement: *Professional Role Competence* (ANA, 2014)
Appendix B. *Emergency Nurse Practitioner Competencies* (ENA, 2019a)

Insert PDF
Appendix C. *Emergency Nursing: Scope and Standards of Practice* (2nd ed.) (ENA, 2017a)

The content of these pages is not current and is of historical significance only.
Glossary

**Accountability**
To be answerable to oneself and others for one’s own choices, decisions, and actions as measured against a standard such as that established by the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a, p. 41).

**Acuity**
The measurement of the intensity of nursing care required by a patient. An acuity-based staffing system regulates the number of nurses on a shift according to the patients’ needs, and not according to raw patient numbers.

**Advanced practice registered nurses (APRNs)**
A subset of graduate level-prepared registered nurses who have completed an accredited graduate-level education program preparing the nurse for special licensure and practice for one of the four recognized APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).

**Advocacy**
The act or process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue, such as potable water or global health (ANA, 2015a, p. 41).

**Assessment**
A systematic, dynamic process by which the registered nurse collects and analyzes data through interaction with the individual, family, groups, communities, populations, healthcare providers, and interprofessional colleagues. Assessment may include the following dimensions: physical, functional, psychosocial, emotional, cognitive, spiritual, transpersonal, sexual, cultural, age-related, lifestyle, environmental, and economic.

**Autonomy**
The capacity to determine one’s own actions through independent choice, including demonstration of competence.

**Beneficence**
The bioethical principle of benefiting others by preventing harm, removing harmful conditions, or affirmatively acting to benefit another or others, often going beyond what is required by law (ANA, 2015a, p. 41).

**Bias**
Prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.

**Boarding**
Boarding is the practice of holding patients in the emergency department or another temporary location after the decision to admit or transfer has been made (Rogers, 2020).
Caring
The human approach that promotes dignity, healing, and wholeness, the essence and heart of nursing practice. Caring is the compassionate application of professional knowledge, skills, and competencies.

Caregiver
A person who provides direct care for another, such as a child, dependent adult, the disabled, or the chronically ill.

Certification
The process by which a nursing professional is recognized for attaining and applying a specified body of emergency nursing knowledge by exam or portfolio.

Clinical Practice Guideline
Evidence-based documents that facilitate the application of current evidence into everyday emergency nursing practice. CPGs contain recommendations based on a systematic review and critical analysis of the literature about a clinical question. CPGs serve to positively impact patient care in emergency nursing by bridging the gap between practice and currently available evidence (ENA, 2021c).

Code of ethics
A list of provisions that makes explicit the primary goals, values, and obligations of the nursing profession and expresses its values, duties, and commitments to the society of which it is a part. In the United States, nurses abide by and adhere to Code of Ethics for Nurses with Interpretive Statements (ANA, 2015a).

Collaboration
Working cooperatively with others, especially in joint intellectual efforts, in a way that includes collegial action and respectful dialog (ANA, 2015a, p. 41). A professional healthcare partnership grounded in a reciprocal and respectful recognition and acceptance of each partner’s unique expertise, power, sphere of influence and responsibilities; the commonality of goals; the mutual safeguarding of the legitimate interest of each party; and the advantages of such a relationship.

Competence
An individual who demonstrates “competence” is performing successfully at an expected level (ANA, 2014, p. 3).

Competency
An expected and measurable level of nursing performance that integrates knowledge, skills, abilities, and judgment based on established scientific knowledge and expectations for nursing practice.

Cultural humility
“Cultural humility is a humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures, and approach learning about other cultures as a lifelong
Evaluating and managing the motivations, knowledge, and skills to implement the decision

Delegation
The transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome. Example: the RN, in delegating a task to assistive personnel, transfers the responsibility for the performance of the task but retains professional accountability for the overall care.

Diagnosis
A clinical judgment based on a patient’s response to actual or potential health conditions or needs. The diagnosis provides the basis for determining a plan to achieve expected outcomes. Registered nurses make nursing and medical diagnoses depending upon educational and clinical preparation and legal authority.

Emergency nursing
A specialty recognized within the nursing profession. Emergency nursing care is episodic, primary, and typically acute, but may be chronic in nature, occurs in a variety of settings, and may be provided to individuals across the age span.

Environment
The surrounding habitat, context, milieu, conditions, and atmosphere in which all living systems participate and interact. It includes the physical habitat as well as cultural, psychological, social, and historical influences. It includes both the external physical space as well as an individual’s internal physical, mental, emotional, social, and spiritual experience.

Environmental health
Aspects of human health, including quality of life, that are determined by physical, chemical, biological, social, and psychological influences in the environment. It also refers to the theory and practice of assessing, correcting, controlling, and preventing those factors in the environment that can potentially adversely affect the health of present and future generations.

Ethical competence
Ethical competence includes the ability to recognize an ethical situation or issue (awareness and sensitivity), the ability to determine a justifiable action (reflection and decision-making), and having the motivation, knowledge, and skills to implement the decision (comportment and action).

Ethical decision-making
Determining the right thing to do. This deliberative process should reflect knowledge of ethical principles, theories, and professional codes.

Ethical sensitivity
Ethical sensitivity is the ability to recognize a moral problem when one exists and is a prerequisite to decision-making and action. It is an awareness of how one’s actions or inactions may affect others and, in so doing, assume a sense of responsibility or obligation
Evaluation
The process of determining the progress toward attainment of expected outcomes, including the effectiveness of care.

Evidence-based practice
A lifelong, problem-solving approach that integrates the best evidence from well-designed research studies and evidence-based theories; clinical expertise and evidence from assessment of the patient’s history and condition, as well as healthcare resources; and patient, family, group, community, and population preferences and values. When EBP is delivered within a context of caring, as well as an ecosystem or environment that supports it, the best clinical decisions can be made to produce positive patient outcomes.

Family
A social unit composed of people related by ancestry, legal determination, or significant others as identified by the patient.

Fidelity
Loyalty or faithfulness.

Graduate-level prepared registered nurse
Registered nurses prepared at the master’s or doctoral educational level; have advanced knowledge, skills, abilities, and judgment; function in an advanced level as designated by elements of the nurse’s role; and are not required to have additional regulatory oversight.

Health
An experience often expressed in terms of wellness and illness and may occur in the presence or absence of disease or injury.

Healthcare consumers
The patients, persons, clients, families, groups, communities, or populations who are the focus of nurses’ attention.

Healthcare provider
An individual with special expertise who provides healthcare services or assistance to patients. A healthcare provider may include nurses, physicians, pharmacists, psychologists, social workers, nutritionist/dietitians, and various other therapists and technicians.

Holistic care
The integration of body, mind, emotion, spirit, and environment to promote health, increase well-being, and actualize human potential.

Illness
The subjective experience of discomfort, disharmony, or imbalance. Not synchronous with disease.
Implementation
Activities required to execute a plan such as teaching, monitoring, providing, counseling, delegating, and coordinating.

Information
Data that is interpreted, organized, or structured.

Injury
An insult or harm caused by acute exposure to physical agents such as mechanical energy, heat, electricity, chemical, and ionizing radiation that interacts with the body in amounts or at rates that exceed the threshold of human tolerance or caused by a sudden lack of essential agents.

Interprofessional
Each professional team member’s reliance on the overlapping knowledge, skills, and abilities of other professional team members. This can drive a synergistic effect by which outcomes are enhanced and become more comprehensive than a simple aggregation of the individual efforts of the team members.

Interprofessional collaboration
Integrated enactment of knowledge, skills, values, and attitudes that define working together across the profession with other healthcare workers, patients, families, and communities as appropriate to improve health outcomes.

Justice
A principle and moral obligation to act on the basis of equality and equity; it is a standard linked to fairness for all in society. “The formal principle of justice states that equals shall be treated equally, and un-equals unequally, in proportion to their relevant differences” (ANA, 2015a, p. 44).

Lateral violence
Occurs in nursing when fellow nurses act in a way to intimidate, belittle, ignore, refuse to cooperate with or bully another nurse, and can include verbal, emotional, and physical aggression, and result in disruption to patient care and workplace incivility.

Nonmaleficence
The bioethical principle that specifies a duty not to inflict harm and balances unavoidable harm with benefits of good achieved (ANA, 2015a, p. 44).

Nursing
The protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, and alleviation of suffering through the diagnosis and treatment of human response and advocacy in the care of individuals, families, groups, communities, and populations.

Nursing practice
The collective professional activities of nurses characterized by the interrelations of human
responses, theory application, nursing actions, and outcomes.

3990  **Nursing process**
3991  A critical thinking model used by nurses that is represented as the integration of the singular, concurrent actions of these six components: assessment, diagnosis, identification of outcomes, planning, implementation, and evaluation.

3994  **Nursing research**
3995  “Systematic inquiry designed to develop knowledge about issues of importance to the nursing professions” (Polit & Beck, 2017, p. 737).

3998  **Peer review**
4000  A collegial, systematic, and periodic process by which registered nurses are held accountable for practice and which fosters the refinement of one’s knowledge, skills, and decision-making at all levels and in all areas of practice.

4004  **Plan**
4005  A comprehensive outline of the components needing to be addressed to attain expected outcomes.

4008  **Prevention**
4009  A systematic approach applied to a given population of individuals to effectively interrupt or avert the occurrence or behavior and/or severity of injury or harm.

4012  **Quality**
4013  Degree of excellence of something. The degree to which nursing services for healthcare consumer, families, groups, communities, and populations increase the likelihood of desirable outcomes and are consistent with evolving nursing knowledge.

4017  **Registered nurse (RN)**
4018  An individual who is educationally prepared and then licensed by a state, commonwealth, territory, or government regulatory body to practice as a registered nurse. “Nurse” and “professional nurse” are synonyms for a registered nurse in this publication.

4022  **Safety net**
4023  Particular providers that organize and deliver a significant level of healthcare and other health-related services to vulnerable patients who do not have other resources for healthcare.

4027  **Scholarly inquiry**
4028  The logical, organized process of searching for answers to questions via research, assessment of findings from literature searches, and examination of other knowledge sources.

4031  **Scope of nursing practice**
4032  Description of the who, what, where, when, why, and how associated with nursing practice and roles. Each question must be answered to provide a complete picture of the dynamic and complex practice of nursing and its membership and evolving boundaries.
Social determinants of health

“The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems” (World Health Organization, n.d.).

Standards

Authoritative statements defined and promoted by the profession by which the quality of practice, service, or education can be evaluated.

Standards of professional nursing practice

The standards are authoritative statements of the actions and behaviors that all registered nurses, regardless of role, population, specialty, and setting are expected to competently perform. These published standards may serve as evidence of the standard of practice, with the understanding that application of the standards depends on context.

Standards of professional performance

The Standards of Professional Performance describe a competent level of behavior in the professional role. All registered nurses are expected to engage in professional role activities, including leadership, reflective of their education, experience, and position.

Triage

The term triage originates from the French word “trier” meaning to sort (Merriam-Webster, n.d.). It is performed to classify ill and injured patients into categories of acuity and prioritization based on the urgency of their medical or psychological needs (ENA, 2020). Emergency department triage is a method, approach, or technique used to rapidly assess the severity of a patient’s injury or illness, assign priorities, and transfer each patient to a suitable treatment area (Gilboy et al., 2020).

Values

Personal and professional values inform and direct nurses’ decisions. A personal value can be defined as a belief upon which one acts by preference (Olpin & Hesson, 2015, p.135). Personal values are formed over time and can be influenced by family, culture, education, and the environment. Instrumental values are personal characteristics the nurse may aspire to, such as being caring and compassionate, while terminal values are those considered most important in achieving one’s goals, such as independence and security.

Veracity

The duty to be truthful.

Wellness

Integrated, congruent functioning aimed toward reaching one’s highest potential.
References


care and healthcare professionals in Icelandic emergency departments: A qualitative


https://doi.org/10.1186/s13049-021-00829-x


curriculum.


memories.


https://rise.articulate.com/share/-3p7YsoNuSI-UWMziOsF-

AE33NGHuAiK#/lessons/tqa82KnRzVk7hWuw5qilEyJvZZQ2Ppo6


https://www.ena.org/about#mission


Louw, B. (2016). Cultural competence and ethical decision making for healthcare professionals. *Humanities and Social Sciences, 4*(2-1), 41–52. https://doi.org/10.11648/j.hss.s.2016040201.17


World Health Organization. (n.d.). *Social determinants of health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1