with patients and their families while in the waiting room or while in the department waiting for test results, providing them with information about their health, tailored to their needs. In smaller hospitals, the staff nurse educator could supply ED RNs with the appropriate education and suitable resources for them to provide health promotion and patient education. While it is still the role of every RN to provide health-promoting advice to her patients, this new role may assist in overcoming some barriers.

Recommendations for future research include examining the qualitative data for prominent themes and patterns, exploring other variables not included in the study such as ED RNs' knowledge of health promotion and patient education topics, and the evaluation of implemented programs of health promotional activities in the ED. A study of the overall effectiveness of health promotion and patient education in EDs that looks at outcomes and rates of return to the department would be worthwhile.

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Clinical tip: Hypothermia

By Elizabeth Hextall

On a cold January day, our ER treated the fourth patient with hypothermia (core temp 27°C) of the winter. To infuse warm solution into the bladder, we applied principles borrowed from intra abdominal pressure monitoring. We hung a litre of NS put through a Hotline warmer with a stopcock on the end of the IV tubing. The sampling line on the Foley catheter has a clear link design so the stopcock (or IV tubing) connects directly. We then clamped (using plastic forceps) the drainage tubing to the catheter bag and infused 500 ml warm NS into the bladder and let it dwell 20 minutes.

Then we closed the stopcock connected to the sampling port, unclamped the drainage tubing and let the saline drain into the catheter bag. Once drained, we reclamped the drainage tubing and infused more warm saline to repeat the process.

The core temp increased one degree within minutes following bladder infusion. Prior to bladder instillation, the patient had warmed intravenous infusing and our Blanketrol had been applied. The biggest bonus of infusing saline into the bladder this way is that the warmth of the solution is controlled, and it frees up a pair of hands to do other nursing tasks. The down side is that you have to have more than one Hotline warmer in your ER...

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