



CPD Whilst You Wee



Acute Medical Nurses

Nursing in Acute Medicine is fast, complex, and requires skilled nursing care. Acute medical nurses have the breadth of skills to care for patients who are ambulatory in Medical SDEC to those who need higher dependency care within enhanced care areas and everything in between. They work under pressure assessing, escalating, coordinating and driving patient flow with expertise only created within acute medicine. They are experts in admission and discharges, creating patient flow throughout secondary care to ensure the right patient is in the right place.

As we approach Nurses Day, we want to ensure we celebrate and show support to our nurses working within Acute Medicine. We will be showing our support via our social media links so make sure you look out and share how you also celebrate too!

Why nurses are critical to safe, timely discharges



Nurses are the ideal workforce to help support ward round flow-through prioritising those who are acutely unwell followed by those who can potentially be discharged that day. This helps support flow through the hospital and key to acute medicine as a speciality. When nurses start discharge planning at admission, flow improves and patients get home sooner and safer.

Nurses can set the tone for safe, efficient same-day care



- Rapid assessment and early identification of SDEC-appropriate patients
 - Front-loading investigations (obs, ECG, bloods, collateral history, Imaging)
 - Preparing the patient for clinical review
 - Coordinating between specialties
 - Supporting shared decision-making and safety-netting
- SDEC nursing is proactive, anticipatory, and central to keeping patients out of hospital.

How did your nursing practice today strengthen safety, flow, and care in Acute Medicine?

- Maybe you provided enhanced care at the bedside that stabilised a patient and supported the patient and their family/friends.
- Maybe you prepared a patient so thoroughly in SDEC — obs, ECG, bloods, collateral history — that they avoided an admission entirely.
- Maybe you facilitated a discharge that freed an AMU bed and prevented corridor care for the next patient arriving at the front door.
- Maybe you supported a frail patient to mobilise, eat, or hydrate — protecting them from deconditioning and shortening their stay.

These are the invisible, high-impact actions that keep Acute Medicine safe, efficient, and humane. **Pause. Notice them. They are the backbone of flow, enhanced care, and admission avoidance.**