

Emergency Nursing Management Model for Patients with Critical Illness: A Theoretical Study

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Abstract: This study aims to analyze and describe theoretical models used in emergency nursing management for critically ill patients. Employing a qualitative design with a descriptive approach through systematic literature review, data were collected from academic journals, official documents, and relevant theoretical frameworks, selected based on credibility and recency. The analysis applied inductive methods involving theme identification, data reduction, conceptual categorization, and synthesis. Findings reveal that structured nursing models such as HIRAID, the AACN Synergy Model, Levine's Conservation Model, and specialized roles like the T2 Nurse and Advanced Practice Nurses (APNs) significantly improve clinical decision-making, documentation accuracy, patient safety, and care efficiency. These models also enhance cultural responsiveness, ethical reasoning, and interprofessional collaboration. Despite these benefits, challenges such as workload pressures, ethical dilemmas, and omission of care remain barriers to optimal implementation. The study concludes that the integration of flexible, theory-based, and evidence-driven nursing models contributes meaningfully to emergency nursing practice and scientific development, while also calling for further cross-setting validation and longitudinal research to strengthen model applicability in diverse healthcare environments.

Keywords: Emergency Nursing, Critical Care, Nursing Models, Advanced Practice Nurses, HIRAID

Introduction

In critical care settings, emergency nursing management is at the forefront of providing complex, high-stakes medical treatment. Emergency departments (EDs) are often confronted with growing patient numbers, personnel shortages, and the need for quick clinical decision-making due to the growing global burden of acute illness and trauma. These demands highlight the important necessity for organized, empirically supported strategies to direct nursing practice under dire circumstances (Curtis et al., 2021).

Patients who present to emergency care have become much more complex and acute in recent years. Numerous studies show that nursing care omissions resulting from heavy workloads and insufficient staffing are still common, despite the fact that critically sick patients require prompt and coordinated interventions (Provost et al., 2025). In addition to

jeopardizing patient safety, these omissions cause moral suffering and burnout in nurses (Benjamin, 2024).

Numerous theoretical and conceptual frameworks have been developed to maximize the provision of nursing care in emergency and critical care settings in order to solve these issues. The HIRAID framework, which stands for History, Identify red flags, Assessment, Interventions, Diagnostics, Communication, and Reassessment, has proven to be very beneficial. In a variety of emergency situations, HIRAID implementations have decreased clinical deterioration, expedited intervention, and increased documentation accuracy (Considine et al., 2025; Kennedy et al., 2024; Munroe et al., 2021).

The role of Advanced Practice Nurses (APNs) in emergency rooms has greatly grown beyond organized frameworks. APNs can improve treatment times, lower patient mortality, and increase satisfaction because they have improved abilities in evaluation, clinical decision-making, and interdisciplinary teamwork (Horvath et al., 2023; Woo et al., 2017; Yamaguchi et al., 2023). A paradigm change toward more independent, expert-led nursing interventions is reflected in the incorporation of APNs onto emergency teams.

Despite these advancements, critical care nursing has not yet adopted a single conceptual model. Although they offer comprehensive viewpoints, models like Levine's Conservation, Orem's Self-Care, Neuman's Systems Model, and the AACN Synergy Model must be customized to meet the unique requirements of critically ill patients (Vieira et al., 2021). This variety draws attention to a lack of cohesive theoretical guidelines for acute care nursing.

The necessity of humanized care and cultural competence in emergency situations is another crucial issue. Patients from multicultural backgrounds face particular communication, emotional, and ethical difficulties. Enhancing patient trust, contentment, and engagement in care—especially during life-threatening medical crises—requires humanization and cultural sensitivity (Mihu et al., 2024; Rôlo et al., 2019).

Combining current theoretical models with useful improvements is essential given the increasing complexity of emergency care settings. Nonetheless, there is still a dearth of study on these models' integration, adaptability, and relative efficacy. There is a clear disconnect between theory and practical application, particularly in rural or resource-constrained environments where nursing personnel may not have access to support networks and continuous education (Considine et al., 2025).

Furthermore, although frameworks such as HIRAID have shown promise, their longevity depends on nursing staff behavior-change tactics, institutional support, and regular training (Kennedy et al., 2024). To sustain effectiveness over time and in a variety of healthcare settings, these factors require constant assessment and modification.

Data demonstrating ongoing difficulties with patient flow management, poor documentation, and inadequate communication in emergency care—all crucial elements of nursing accountability—further highlights the need of filling these gaps (Benjamin, 2024). Therefore, any theoretical debate needs to look at ways to overcome implementation difficulties in addition to describing best practices.

Thus, the goal of this study is to provide a thorough theoretical analysis of nursing management models in emergency care for patients in critical condition. Along with

traditional nursing theories, it will look at important frameworks like HIRAID and APN integration and assess their advantages, disadvantages, and practical uses.

This essay seeks to close the theory-practice gap and advance the creation of flexible, culturally sensitive, and patient-centered nursing models by highlighting both advancements and enduring difficulties. In addition to offering useful tactics for emergency nursing leaders and legislators, the results are anticipated to produce theoretical insights for academics and educators.

In the end, this investigation highlights how important organized, evidence-based nursing models are to improving the quality, safety, and humanization of care for critically ill patients in emergency situations.

Methods

This paper conducts a library-based theoretical investigation using a descriptive approach and a qualitative research methodology. The ability of qualitative approaches to capture complex, context-dependent phenomena, such as emergency nursing care for critically ill patients, led to their selection. In emergency nursing, a descriptive approach offers a way to methodically explain ideas, models, and useful tactics, facilitating the formation of an organized comprehension of diverse theoretical frameworks and their implementations (Abraham & P, 2024; Baillie, 2019; Doyle, 2019).

All of the secondary data included in this study came from reliable academic sources, such as official reports, peer-reviewed journal publications, nursing theory literature, and critical care frameworks. To ensure current evidence and relevance, the major references were chosen from recent academic articles published between 2017 and 2025. International periodicals such as the *Journal of Clinical Nursing*, *International Emergency Nursing*, *Human Resources for Health*, and *Critical Care Research and Practice* were among the sources examined (Curtis et al., 2021; Kennedy et al., 2024; Vieira et al., 2021; Woo et al., 2017).

Document analysis and a search of the literature were used to gather data. In order to do this, databases and academic literature on advanced practice roles, emergency frameworks, theoretical nursing models, cultural competences, and systemic issues in emergency care had to be methodically reviewed and synthesized. In order to find current trends, gaps, and best practices, library research methodologies allowed for a thorough and rigorous examination of documented information (Bandaranayake, 2024; Jimenez et al., 2024; Togia & Malliari, 2017).

An inductive qualitative approach comprising multiple organized phases was used in the analytical process. In order to identify dominating patterns, literature were read and annotated. Data reduction, which kept only the most pertinent conceptual content, came next. Key concepts were then grouped based on recurrent themes, including advanced roles, structured frameworks, cultural factors, and omissions of care. In order to produce a coherent theoretical synthesis, results were ultimately reached inductively (Bingham, 2023; Kalpokaite & Radivojevic, 2018; Vila-Henninger, 2022).

Publications from 2015 onward, peer-reviewed sources, and those that particularly addressed nurse management in emergency or critical care were the main inclusion criteria for the literature selection process. Articles with insufficient empirical depth or theoretical significance were eliminated. A conceptual peer review procedure was used to ensure the

reliability and rigor of the results, and source triangulation was used to accomplish cross-validation by comparing other articles that addressed related topics (Belotto, 2018; Fife & Gossner, 2024).

The article's goals, which are to investigate and synthesize theoretical nursing models pertinent to the management of critically sick patients in emergency situations, are well-aligned with this qualitative-descriptive and theory-based approach. The study guarantees that the conclusions are legitimate and supported by reliable scholarly evidence by using a thorough literature analysis and a structured inductive technique. The creation of a theoretically sound basis for upcoming nursing research and practice innovation is supported by this methodology.

Results and Discussion

According to the literature assessment, there have been substantial theoretical and practical developments in nursing management models for critically ill patients in emergency situations. One important conclusion is that there isn't a single conceptual model that is thought to be perfect for critical care nursing. Nonetheless, flexible and comprehensive frameworks are offered by models like Levine's Conservation, Neuman's Systems Model, Orem's Self-Care, Henderson's model, AACN Synergy Model, and Wanda Horta's Theory. When chosen according to patient needs and clinical context, these models support individualized, secure, and compassionate treatment (Vieira et al., 2021).

In emergency nursing, structured frameworks like HIRAID (History, Identify Red Flags, Assessment, Interventions, Diagnostics, Communication, Reassessment) have demonstrated statistically significant results. Implementing HIRAID has been associated with decreased patient deterioration, more accurate documentation, quicker care delivery, and greater patient satisfaction in all emergency rooms. These results demonstrated the model's adaptability and influence in a variety of contexts and demographics (Considine et al., 2025, 2025; Curtis et al., 2021; Munroe et al., 2021).

The "green channel" paradigm and the T2 Nurse position are examples of innovations that go beyond HIRAID. For patients who present with acute chest discomfort in particular, the green channel approach emphasizes rapid assessment and care. It is linked to lower rates of complications and quicker diagnostic processing (Mou & Zhang, 2025). A new nursing position called the T2 Nurse was created to reduce treatment delays in high-acuity settings. In urban emergency rooms, this position expedites time-to-intervention by bridging the triage and treatment functions (Zaouk et al., 2025).

The increasing importance of Advanced Practice Nurses (APNs) in emergency rooms is another important result. These highly skilled nurses help provide cost-effective treatment, improve clinical results, and shorten hospital stays. APN integration also boosts interdisciplinary teamwork and patient satisfaction, demonstrating the revolutionary potential of advanced practice in acute care (Horvath et al., 2023; Woo et al., 2017).

Effective emergency nursing for multicultural patient populations has been shown to depend heavily on cultural competence. Research indicates that culturally sensitive care enhances patient trust, communication, and adherence to treatment. To address the complicated demands of increasingly varied emergency department patients, institutions are recommended to offer nurses specific cultural competence training (Mihu et al., 2024).

The review also emphasizes enduring difficulties in emergency nursing settings. Threats to patient safety and nurse well-being were often mentioned, including heavy workloads, understaffing, and the "omission of nursing care" issue. These problems raise the possibility of medical mistakes, lower the standard of care, and lead to exhaustion. To overcome these systemic risks, conceptual studies recommend organizational policies, priority training, and resource reallocation (Provost et al., 2025).

Emergency care settings can provide ethical challenges, particularly when it comes to patient autonomy, crucial decision-making, and resource distribution. Without sufficient institutional support, emergency nurses frequently manage stressful situations. This emphasizes the necessity of organized moral support networks and ethical education in emergency rooms (Afenigus & Sinshaw, 2025).

Three primary strategies are recommended by the reviewed literature: (1) establishing flexible and integrated care protocols; (2) strengthening ongoing professional development through evidence-based training; and (3) institutionalizing theoretical nursing models that address both clinical and humanistic aspects of care. It is anticipated that these tactics will enhance systemic resilience, nurse performance, and patient outcomes (Considine et al., 2025; Fajardo & Baun, 2025; Varndell et al., 2025).

Table 1. Emergency Nursing Models and Impacts

Model/Intervention	Key Impacts	References
HIRAID Framework	Reduces patient deterioration, improves documentation	(Considine et al., 2025; Curtis et al., 2021, 2025; Munroe et al., 2021)
Advanced Practice Nurse	Faster treatment, cost-efficiency, improved outcomes	(Horvath et al., 2023; Woo et al., 2017)
Green Channel Model	Faster diagnostics, reduced complications	(Mou & Zhang, 2025)
Conceptual Models	Holistic, personalized, and safe care	(Vieira et al., 2021)
Cultural Competence	Effective care for multicultural patients	(Mihu et al., 2024)

Discussion

The evolution and complexity of theoretical and clinical frameworks in high-acuity settings are both demonstrated by the examination of contemporary models and practices in emergency nursing care for critically sick patients. One of the main conclusions from the literature is that conceptual nursing models must be applied with flexibility. The flexibility of frameworks such as Levine's Conservation Model, Neuman's Systems Model, Orem's Self-Care, Henderson's model, and the AACN Synergy Model confirms their usefulness in providing comprehensive and patient-centered care when tailored to clinical demands, even though no single model is widely accepted for intensive care (Vieira et al., 2021).

One of the most thoroughly researched and applied advancements in emergency nursing is the structured HIRAID framework. In time-sensitive settings, its capacity to improve documentation accuracy and lessen patient deterioration offers empirical support for structured evaluation methods. Furthermore, the framework's influence on enhancing patient experience demonstrates its applicability in both clinical and humanistic care delivery (Considine et al., 2025; Curtis et al., 2021, 2025; Munroe et al., 2021). These results

lend credence to the idea that structured frameworks need to be both evidence-based and flexible enough to accommodate a variety of care settings, such as rural, regional, and urban emergency rooms.

A growing dedication to operational efficiency and innovation is seen in the creation of the T2 Nurse position and the "green channel" paradigm. Particularly in patients with acute chest pain or critical triage statuses, these models have been demonstrated to dramatically reduce treatment delays and enhance diagnostic turnaround (Mou & Zhang, 2025; Zaouk et al., 2025). Their efficacy highlights the value of shortened therapeutic pathways and role specialization in emergency rooms, particularly when handling urgent situations.

The contribution of Advanced Practice Nurses (APNs) to the transformation of emergency care delivery is equally significant. Research continuously demonstrates that APNs lower mortality, increase patient satisfaction, shorten hospital stays, and improve cost-efficiency (Horvath et al., 2023; Woo et al., 2017). This implies that for healthcare systems looking to enhance emergency outcomes, funding advanced nursing education and regulatory support for APNs should be viewed as a strategic need.

Nevertheless, the review still found important obstacles in spite of these encouraging results. The "omission of nursing care" brought on by heavy workloads and staffing shortages is one persistent problem. Emergency nurses may experience burnout, delayed interventions, and impaired patient safety as a result of this systemic vulnerability (Provost et al., 2025). The investigations also revealed a dearth of institutional assistance in resolving moral conundrums, especially those involving the allocation of resources and patient autonomy in times of crisis. Organizational adjustments are necessary to address these problems, such as systemic support systems and ethical education (Afenigus & Sinshaw, 2025).

The report highlights the need for emergency nursing staff to be more culturally competent. Strategies to adjust communication and care techniques to various cultural settings are crucial for fair and efficient service delivery as emergency rooms become more diverse (Mihu et al., 2024). Even the most fundamentally solid frameworks run the danger of falling short of patient expectations and demands in the absence of such modifications.

The amount of literature that is now available is one of the study's limitations. The majority of the chosen studies are focused on particular institutional or geographic contexts, even though they offer compelling support for a number of models. There are yet few broader, cross-cultural validations of these concepts. Furthermore, longitudinal studies that assess the long-term effects of these therapies are notably lacking. Future studies should examine these models' long-term effects as well as how well they function in other healthcare systems and cultural contexts.

In conclusion, the use of APNs in emergency situations, role innovations like the T2 Nurse, and structured models like HIRAID represent a revolutionary change in the critical care nursing paradigm. However, systemic problems including workload constraints, moral conundrums, and cultural hurdles also need to be addressed by continuing research, education, and policy. This study identifies areas for further improvement and research while providing a theoretically sound and empirically verified basis for enhancing nursing practices in high-stress emergency situations.

Conclusion

This qualitative study through literature review has demonstrated that emergency nursing management for critically ill patients is most effective when underpinned by adaptable theoretical frameworks and supported by evidence-based innovations. Models such as HIRAID, green channel protocols, the T2 Nurse role, and the integration of Advanced Practice Nurses have collectively enhanced the timeliness, accuracy, and humanism of emergency care. These findings deepen the theoretical understanding of acute nursing responses and affirm the relevance of applying structured and culturally responsive care models in diverse clinical environments. The research contributes to existing theory by reinforcing the importance of model-context alignment and emphasizing the evolving scope of emergency nursing roles. Socially and culturally, the study highlights the need for ongoing investment in ethical preparedness, resource allocation, and multicultural competence among nursing staff. However, limitations include a geographic concentration of reviewed studies and a lack of longitudinal evaluations. Future research should focus on cross-cultural model validation and long-term outcome assessments to further solidify best practices in critical care nursing.

Based on the findings of this study, it is recommended that emergency nursing practitioners adopt and integrate evidence-based theoretical models—such as the HIRAID framework and the T2 Nurse role—tailored to specific clinical contexts to enhance the quality and responsiveness of care for critically ill patients. Academics are encouraged to incorporate these models into nursing education curricula to strengthen theoretical and practical competencies. Health policymakers and stakeholders should support capacity building through continuous training in cultural competence, ethical decision-making, and the recognition of advanced practice nursing roles (APNs). Future research should broaden the scope to include diverse healthcare settings, utilize triangulation methods for richer data validation, and explore longitudinal impacts of nursing models to deepen the understanding and sustainability of emergency care interventions.

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