

PAIN MANAGEMENT IN ACUTE TRAUMA PATIENTS

L.A.M. Bouwmeester, RN (SEH ZGT, Almelo, HTSR, Universiteit Twente, Enschede)
D.M. Kuster, MD (SEH ZGT, Almelo)
A.H. Westmaas, MsC (UMC St. Radboud Nijmegen)
S.A.A. Berben, PhD, RN (UMC St. Radboud Nijmegen)
C.J.M. Doggen, PhD (HTSR, Universiteit Twente, Enschede)

Background

Acute pain is one of the most common complaints of patients entering the Emergency Department (ED). Literature shows that acute pain is not always treated systematically and sufficiently worldwide in EDs, including those in the Netherlands. To improve pain management in trauma patients, professionals in the chain of emergency care recently developed an evidence based guideline. Acute trauma patients are patients who have a (potential) injury and acute pain due to an accident caused in the last 24 hours. The national Dutch Safety Management System (VMS) and Inspection for Health care (IGZ) find early recognition and treatment of pain extremely important. Therefore, increased attention is paid to adequate pain management by the EDs. For successful adherence of the new guideline in daily practice, the development of an implementation strategy is necessary. This study will 1) assess the current pain management practice in alert adult trauma patients in the ED of ZGT Almelo and where it deviates from the new guideline, and 2) illustrate what barriers and facilitators influence the guideline adherence.



Methods

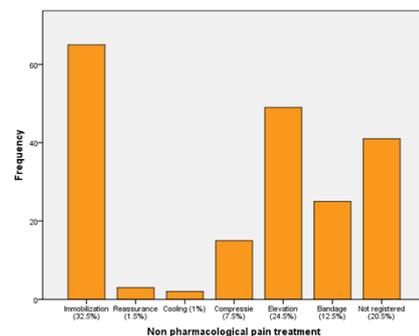
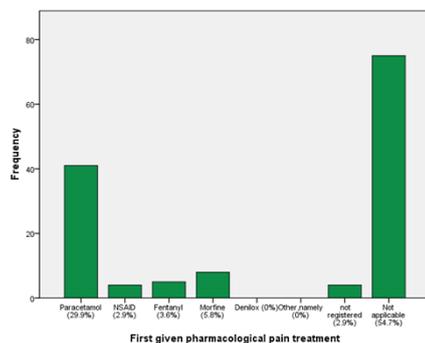
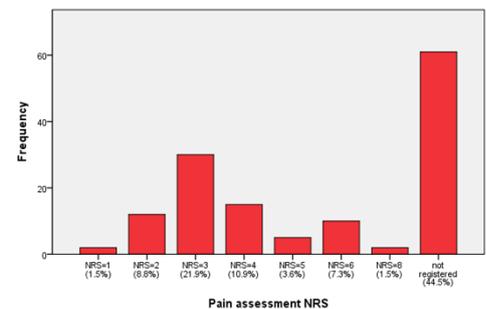
- Retrospective medical record study
 - Electronic files (± 150 random samples) of acute trauma patients (age ≥ 16) who entered the ED from January 2012 till March 2012
 - Items about pain management will be gathered and compared with indicators from the new guideline
- Focus group discussion, 5 to 10 professionals
 - Data from the discussion will be analyzed using thematic analysis

Results and Discussion

Results from the first 137 files from January and February 2012 (72 men and 65 females with a varied age of 16 to 91) are shown in the graphs below.

Striking items so far are:

- NRS is often not registered at all (44.5%), and when it is measured, than the score is only registered once.
- NRS is measured more frequently in women (67.2%) than in men (32.8%)
- Paracetamol is often the first given pain medication (29.9%), but mostly the patients does not receive medication at all (54.7%)
- Non pharmacological pain treatment is often used (79.5%), most common are immobilization (32.5%) and elevation (24.5%)



The focus group discussion has been planned in June. The results of the study will show possible deviations from the new guideline and give insight in what factors (barriers and facilitators) could influence guideline adherence. These factors can be taken into account in the possible introduction and implementation of the new guideline.