Abstract posterpresentaties poster carrousel Trends Acute Zorg - 7 juni 2012

Pain management in acute trauma patients

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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 ED'-s, including those in the Netherlands. To improve early pain management in trauma patients, professionals in the chain of emergency care recently developed an evidence based guideline. The guideline requires all professionals involved in treating trauma patients with acute pain in the chain of emergency care to collaborate and synchronize their pain management strategies. To make the new guideline work and successful, 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
The study consists of a retrospective medical record study and a focus group discussion. The medical record study data collection was done by extracting information from electronic medical files from the patients who entered the ED. Information about pain management, like pain assessment methods and (non)pharmacological pain treatment will be gathered . This information will be compared with the indicators from the new guideline. Files from (at least) 150 acute trauma patients, older than 16, who visited the emergency department from January 2012 till March 2012 will be studied. The focus group discussion of 5 to 10 professionals will display the opinions of professionals working at the ED Almelo about barriers and facilitators influencing guideline adherence. Data from the discussion will be analyzed using thematic analysis, a qualitative analytic method for identifying, analysing and reporting patterns (themes) within data.

Results and Discussion
Electronic medical files have been retrieved for about 1000 patients matching the including criteria and a random group of 150 records will be extracted. A focus group discussion has been planned end May or the beginning of 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.