

European Society of Emergency Nurses

EuSEN – Happy New Year

After two meetings EuSEN is Official born in Gent 28-19th of October 2011.

Intensive work has been done true two meetings first in Pordenone, Italy in October 2010. We discuss that we all would benefit from learning from each other. In some countries in Europe emergency nursing is not recognised as a special area of nursing. This means that there is often little formal education and training provided for emergency nurses and it is not always clear what particular skills and knowledge an emergency nurse needs. EuSEN has said that it will promote the art and science of emergency nursing, especially in countries where it is not seen as a special area of nursing. EuSEN would like to make it easier for members all around Europe to communicate with each other, to share ideas and to work together for the benefit of all of our patients. We would therefore like to set some agreed standards for emergency care. We would also like to investigate the opportunity of sharing some of the clinical guidelines that are already used in some countries and that may be used in others.

The second meeting for EuSEN was hold in London 15th of April 2011. At that meeting it was decided that we will have a kick-in fee. If a organisation wants to be a member in EuSEN it should pay a kick-in fee. The organisation is after that life long membership. The kick-in fee is depending on the amount of members in the organisation.

- < 100 members: 50 Euro
- 101-300 members: 100 Euro
- 301-500 members: 200 Euro
- 500-1000 members: 300 Euro
- >1000 members: 400 Euro



***From all of us to all of you
Merry Christmas and Happy
New Year***



***Door Lauwaert
President of EuSEN***

Report from First Annual meeting for EuSEN, Gent 2011

The statutes agreed up on and it is going to be signed in a French version because the official address is in Belgium. It can be red in a English version.

The Founding members are:

Belgium
Cyprus
Germany
Italy
Malta
Netherlands
Norway
Slovenia
Switzerland
Sweden
United Kingdom

The board was elected and be elected for three years, but we wanted to have a overlap so not the whole board changes at the same time.

President: Door Lauwaert Belgium until 2014

Vice-President: Liselotte Björk, Sweden until 2013

Treasurer: Yves Maule, Belgium until 2014

Secretary; Ole-Petter Vinjevoll, Norway 2013

Board member: Paul Caleja, Malta 2014

Board member: Luciano Clarizia, Italy 2013

Board member: Petra Valk-Zwickl, Switzerland 2014

Board member: Frans de Voeght, Netherlands 2013



EuSEN board from left: Luciano Clarizia, Door Lauwaert, Yves Maule, Liselotte Björk, Ole-Petter Vinjevoll, Petra Valk-Zwickl, Frans de Voeght missing on photo Paul Caleja

Statements for Emergency Care

These statements are what we in EuSEN will work for. We think that these statements can help you at home to use as standards for your own organisations work but also for every member. They can use the statements in discussions with heads, universities, and other nurses to improve patient care at the emergency department

Agreed position statements

The inaugural meeting of EuSEN agreed on the following position statements with reference to the provision of emergency services across Europe. It is recognised that in some countries these are already achieved whilst in others they are ambitions. These standards set a minimum threshold for care in emergency care settings

1. Patient interest

- a) All patients attending for emergency care should be triaged within 10 minutes of registration and allocated a priority rating
- b) All patients or legal representatives are given adequate information from arrival to discharge from emergency care.
- c) All patients should have their pain assessed and treated within 30 minutes of registration
- d) All patients should be provided with quality and knowledge based nursing emergency care.
- e) All patients are entitled to timely and appropriate access to safe and effective emergency care

2. Competence

- a) A specialized qualification in emergency nursing should be on an advanced level and needs to be seen as a distinct nursing specialty.
- b) Triage* should be performed by a nurse with a minimum of at least 12 months of experience in emergency nursing.
- c) A Nurse Practitioner in ED should have an acknowledged specialized education.

3. Organization

- a) Every ED should use a standardised triage-system
- b) Organization should be focused on interdisciplinary cooperation on patient's centralised care.
- c) Because of the complex work in the ED, occupational reflection and professional support should be provided at any times.

* Triage: face-to-face triage and telephone triage

Please let us know what you think of the standards by contacting your national representatives

Report from One organization within EuSEN



On the photo you can see Frans De Voeght at the ED in Holland, and The Dutch present minister of Health Care, Schippers.

Dutch Association of ED nurses

The Dutch Association of ED nurses (NVSHV) is the most important profession of nurses working in acute health care in the Netherlands. The association was founded in 1993 and has 750 members, a quarter of the total of ED nurses. The board consists of seven members. During the past years the Association has acquired a strong position in the forces of the acute health care. There is a good partnership between the Association and the Ministry of Health Care. We played an active role in the realization of a report about the classification of ED's. There is a close cooperation in projects with other chain partners like the Dutch Association of Nurses (V&VN); together we made the report code against child abuse. The Association is frequently involved in research. The directive 'Pain Treatment at Trauma Patients in the Emergency Chain' is a recent example of research. Currently the Association participates in a project on triage. With the financial support of the Ministry of Health Care we are working on the realization of an unique Dutch Triage Standard (NTS), a route that obtains a lot of political and administrative attention. But we are also concerned with a safe working environment. With the new website (www.nvshv.nl) we inform the members and not members about important developments. The members also receive four times a year the journal 'Triage'.

E-newsletter and website

At the moment the best way to communicate with our many thousands of national organisation members across Europe is by the electronic newsletter and you will receive this if you are a member of your national group

The board decided to develop a website as one of the first priorities. Our hope is that the website dedicated to its activities and that member from different countries will be able to communicate with each other electronically.

Our website administrator will be Paul Calleja from Malta who has experience of setting up and maintaining the Maltese Emergency Nurses Association (MENA) website

We will of course let you know when our website is active

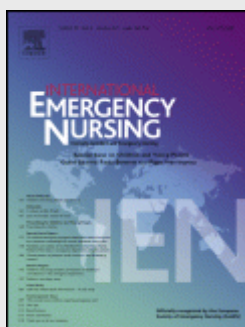
Official Journal for EuSEN

International Emergency Nursing

International Emergency Nursing is a peer-reviewed journal devoted to nurses and other professionals involved in emergency care. It aims to promote excellence through dissemination of high quality research findings, specialist knowledge and discussion of professional issues that reflect the diversity of this field. With an international readership and authorship, it provides a platform for practitioners worldwide to communicate and enhance the evidence-base of emergency care. The journal publishes a broad range of papers, from personal reflection to primary research findings, created by first-time through to reputable authors from a number of disciplines. It brings together research from practice, education, theory, and operational management, relevant to all levels of staff working in emergency care settings worldwide.

Discounts for European society of Emergency Nursing (EuSEN) members.

40% discount members subscribe directly with us and we send the copies of each issue of the journal as it is published. The subscription year runs from Jan – Dec but a member may subscribe at any time of the year and will be sent back issues for the year.



For more information: contact s.davies@elsevier.com

http://www.elsevier.com/wps/find/journaldescription.cws_home/714557/description

Conferences and meetings

CONFERENCE NVSHV, March 27 2012.

The Dutch Association of ED nurses Association organizes her 14th national conference. The conference is the perfect place to share valuable information.

More about the conference can be found at www.nvshv.nl.
Contact folmcom@xs4all.nl

Bilbao, Spain

Bilbao Congress Centre, Spain, April 19th a& 20th 2012

Hosted by the sociedad Espanola de Enfermeria de Urgencias y Emergencias (SEEUE)

Details at
www.enfermeriadeurgencias.com

Qawar, Malta

**Dolmen Hotel resort, Qawra, Malta
October 11th & 12th 2012**

3rd International Orthopaedic Nursing Conference.

Hosted by the Association of Maltese Ortopaedic Nurses (AMON)

Details at:
www.insightnursing.com/conference.html

Switzerland

7th & 8th November 2013

Conference together with EuSEN

Soon you find more details at:
www.notfallpflege.ch

The next full meeting of
EuSEN will take place
23th and 24th of
November 2012

Christmas and New Year Greetings



*Hi everyone!
I would like to send best Christmas wishes and
Happy
New Year, and spectacular development of
EuSEN.
Marek Maslanka, Krakow, Poland*



*Together we make difference-
Merry Christmas and Happy New
Year
Liselotte Björk
SENA- Swedish Emergency Nursing
association*

BEST WISHES FOR 2012

V.V.V.S



**Merry Christmas and a Happy New Year
Glædelig Jul og godt nytår
God Jul och Gott Nytt År
Kala Christougenna Ki'eftihismenos O Kenourios Chronos
Joyeux Noël et Bonne Année
Fröhliche Weihnachten und ein glückliches Neues Jahr
Prettige kerstdagen en een gelukkig nieuwjaar**



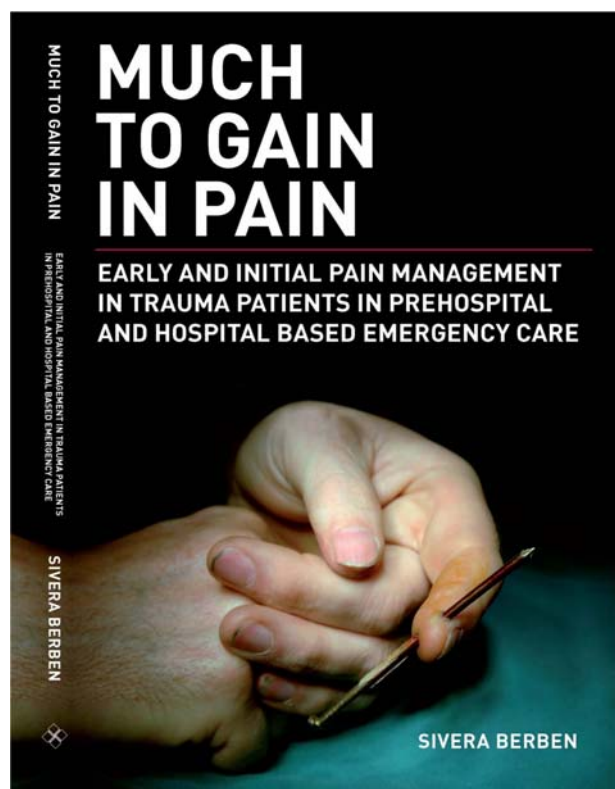
N **E** **N** **V**
Dé Beroepsvereniging voor de Acute Zorg

Clinical: submitted by Sivera Berben

Much to gain in pain. Early and initial pain management in trauma patients in prehospital and hospital based emergency care.

PhD thesis

Sivera Berben



Corresponding author: Sivera A.A. Berben, RN PhD
SEANS
Nurse & Researcher at the Emergency Department
Radboud University Nijmegen Medical Centre &
Regional Emergency Healthcare Network
4112 AZO, P.O. Box 9101,
6500 HB Nijmegen,
the Netherlands
+31 24 7440086 / + 31 641 222 555 (mobile
phone)
S.Berben@azo.umcn.nl

Introduction

Adequate pain management for trauma patients in (prehospital) emergency care is a complex problem. The overall aim of the thesis was to give insight into early and initial pain management for evaluable adult trauma patients in emergency care. Furthermore, we aimed to gain knowledge that could contribute to the improvement of pain management by professionals for this particular patient group in emergency care.

The thesis comprehends six studies. These studies focus on the following themes: the prevalence of pain, the (effect of) current pain management and factors that influence adequate pain management in ambulance Emergency Medical Services (EMS)¹ and the emergency department (ED). Furthermore, we developed recommendations for early, initial pain management in the (prehospital) chain of emergency care. This summary recapitulates the results of the four studies performed in the ED and provides an overview of the main findings of the thesis.

Summary

The first ED study² concerned the prevalence of pain and (the effect of) current pain management in trauma patients in the ED in the Netherlands. In this prospective study, we interviewed 450 trauma patients on admission to and at discharge from the ED, during all shifts in a period of two weeks, and we studied their acute pain complaints. The results showed that the prevalence of pain was high on admission (91%) and at discharge of the ED (86%). Most patients left the ED with moderate to severe pain still present. Medical and nursing staff in

the ED gave little (non)pharmacological pain treatment. A third of the patients reported adequate pain relief, nearly half of the patients experienced no difference in pain, and a small group reported a more intense pain. As we observed important gaps in current practice, this study recommended further systematic improvement of pain management in trauma patients in the EDs in the Netherlands.

The second study³ examined the relationship between the implementation of systematic triage and a (potential) relief of pain in trauma patients in the ED in the Netherlands. The hypothesis was that the implementation of the Manchester Triage System (MTS) would be a facilitator for pain management and pain relief in the ED. In an uncontrolled before/after design, we interviewed 1,192 trauma patients on admission to and at discharge from the ED, using a standardized pain measurement instrument. This instrument included the Numeric Rating Scale. The Numeric Rating Scale is a scale from 0 to 10, whereby '0' is no pain and '10' represents unbearable pain. The study showed mixed results on the improvement of pain management after implementation of MTS. Furthermore, systematic triage by MTS had no statistically significant effect on pain relief in trauma patients in EDs in the Netherlands. On the basis of this study, we suggested that the implementation of MTS needs to be supported by the development and implementation of a pain protocol in the ED. We consider such a protocol to be a systematic intervention for the improvement of pain management.

The third study⁴ described barriers and facilitators for adequate pain management in the chain of emergency care (prehospital ambulance EMS and the ED). We adopted a qualitative approach using the Implementation Model of Change of Clinical Practice. Five focus group sessions and ten personal interviews were held with staff and managers in the chain of emergency care. Analysis showed that five concepts emerged as facilitators and barriers for the management of pain in the chain of emergency care. The concepts of knowledge, attitude and patient input were similar for the EMS and the ED setting. Professional and organizational feedback occurred as new themes, and were specifically related to the different organizational structures of the prehospital EMS and the ED. We recommend to development comprehensive strategies focused on all five concepts⁴, in order to improve pain management for trauma patients in the chain of emergency care.

The last study⁵ described the development of a national evidence-based guideline on pain management in trauma patients in the chain of emergency care. The target group for this guideline consisted of physicians and nurses in ambulance EMS and the ED, furthermore, the guideline focused on general practitioners (cooperatives) (GP(C)) and team members of the Helicopter EMS (HEMS). Thirteen professional organizations participated in the development process. Two national Dutch expertise centre's for the development of guidelines (Dutch Institute for Healthcare Improvement CBO and Netherlands Centre for Excellence in Nursing LEVV) provided methodological advice.

LEVV) provided methodological advice. Following the Evidence-Based Research development (EBRO) methodology, we formulated of five key questions and 81 recommendations. These recommendations concerned: pain assessment, influencing factors on pain perception such as the use of alcohol and drugs, (non)pharmacological pain management, and the organization of pain management in the chain of emergency care. The working group developed nine indicators for the systematic (improvement of) pain management. As we know that guidelines are not self-implementing, we recommended the development of a tailored implementation strategy for this guideline, based on the barriers and facilitators identified in study four.

Conclusion

The first conclusion of this thesis was that the prevalence of pain in trauma patients in prehospital EMS and the ED was high, while pain relief was limited. Therefore, current pain management practices require important systematic improvements. Second, we concluded that the implementation of systematic triage by MTS was not a facilitating factor for pain relief in the ED. Identified barriers and facilitators for the improvement of pain management in emergency care concerned knowledge, attitude, professional communication, organizational aspects, and patient input. Third, we concluded that six guidelines on acute and postoperative pain could provide building blocks for the development of a guideline for pain management in trauma patients in the chain of emergency care.⁶ We developed a national evidence-based guideline on pain management in the chain of emergency care. In this guideline, we described the state of the art of the performance of pain management specifically, education and (new) research.

for trauma patients in the chain of emergency care, based on the literature and on expert opinion.

Finally, based on the discussion and these conclusions, we provided several recommendations for emergency care practice, for trauma patients in the chain of emergency care, based on the literature and on expert opinion.

References

1. Prevalence and relief of pain in trauma patients in Emergency Medical Services. *Clin J Pain* 2011;27(7):587-92.
2. Pain prevalence and pain relief in trauma patients in the Accident and Emergency department. Berben SAA, Meijs THJM, van Dongen RTM, et al. *Injury* 2008;39(5):578-85.
3. Implementation of Manchester Triage System and pain relief in trauma patients in the Emergency Department. Berben SAA, Schoonhoven L, Meijs THJM, et al. Submitted.
4. Barriers and facilitators of pain management in the chain of emergency care. Berben SAA, Meijs THJM, van Grunsven PM, et al. *Injury* 2011; Epub ahead of print: PMID 21371708.
5. Guideline 'Pain management in trauma patients in the chain of emergency care'. (In Dutch) *Ned Tijdschr Geneesk* 2010;154:A2241. Available in English by corresponding author.
6. A systematic review of clinical guidelines on acute pain, focused on pain management in trauma patients in (prehospital) emergency medicine. Submitted.