

POSTER PRESENTATION

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Fast implementation of a visual analogue scale (VAS) in an Emergency Department

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Background

Patient satisfaction in an emergency department highly depends on sufficient treatment of pain. Since the VAS-scale is a useful tool for monitoring pain, the purpose of this study was to investigate if it was possible to implement VAS-scoring in acute patients over a short period of time.

Methods

A prospective interventional study over 12 weeks. Baseline audits were made weekly 3 times on 25 randomly chosen patient cases. The following interventions were introduced to the triage nurses. All acute patients should be asked about pain using VAS-scale, when arriving to the hospital and the value should be documented together with the vital signs. The nurses were educated in pain treatment and had access to a VAS lineal and a pocket card with treatment algorithm. After the intervention, audits were performed every week on 25 patients through the following 9 weeks. Data will be analyzed with SPC.

Study population was all acutely ill patients older than 15 years, who arrived to the emergency department and had a Glasgow Coma Scale higher than 13.

Results

Baseline data showed that 22% of the patients with surgical problems (31%) were VAS-scored with a mean score higher than 5. Less than 5 % of the orthopaedic (12%) and patients with medical diseases (57%) were VAS-scored. Already after introducing the nurses to use VAS-lineal at triage, a substantial improvement had happened. 85% of all acute patients were monitored with VAS and followed up, if they had prescribed

painkillers. The following weeks will show if it is possible to maintain the result.

Conclusion

These preliminary data show, that it is possible to implement the use of VAS-scale for assessment of pain over a short period of time, using a simple strategy in a group of nurses, who already work systematically with triage.

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