

Analgesia Administration for Traumatically Injured Patients in a Canadian EMS System

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BACKGROUND

Pain management in the traumatically injured patient is an often delayed component of overall patient care. This study seeks to investigate and describe characteristics of Advanced Care Paramedics' (ACP) use of a Medical Directive to provide analgesia for patients with isolated hip or extremity trauma.

STUDY DESIGN

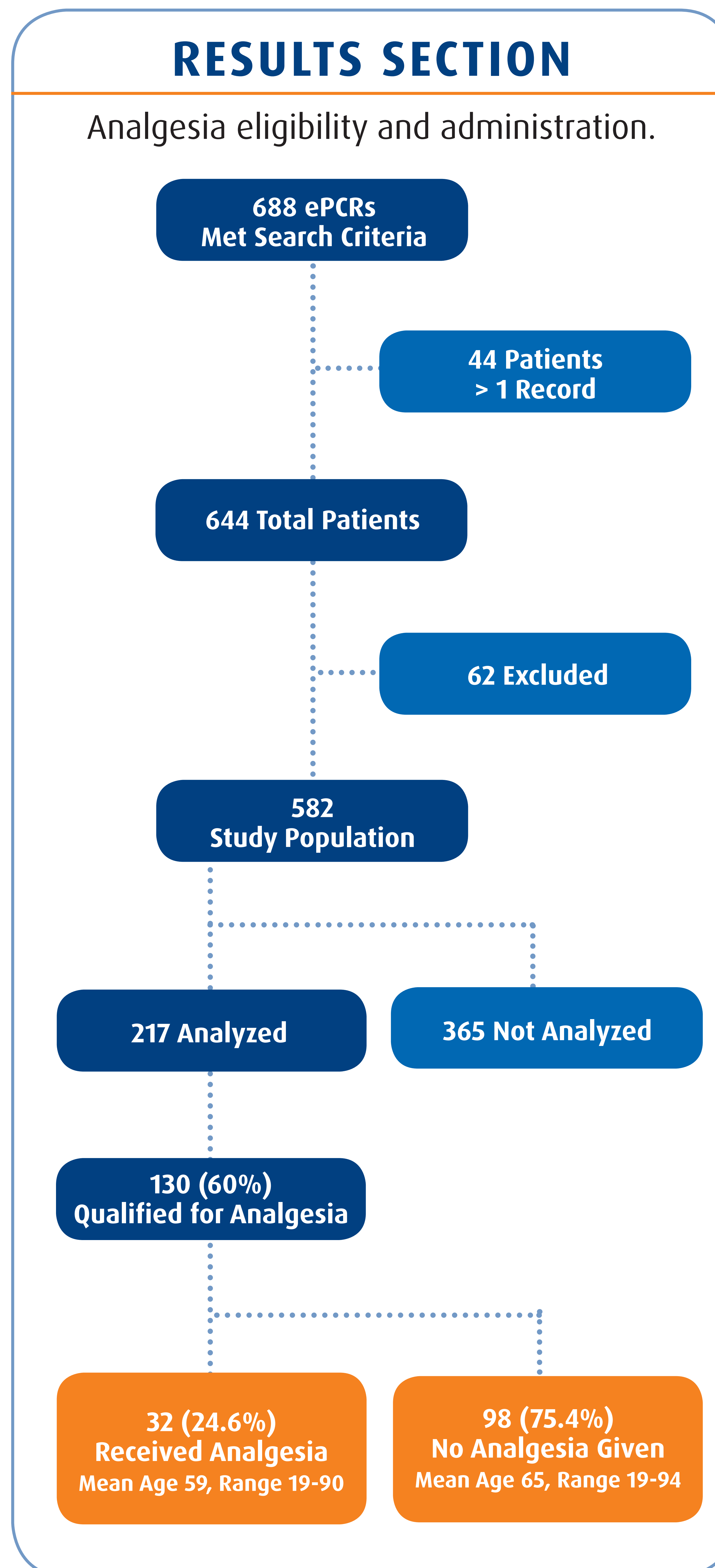
Retrospective analysis of consecutive electronic patient care reports (ePCR) in which an ACP responded to a traumatically injured patient in the catchment area of a single Level 2 Trauma Centre. Exclusion criteria included patients <18 years, vital signs absent patients, and incomplete or incorrectly coded records.

METHODS

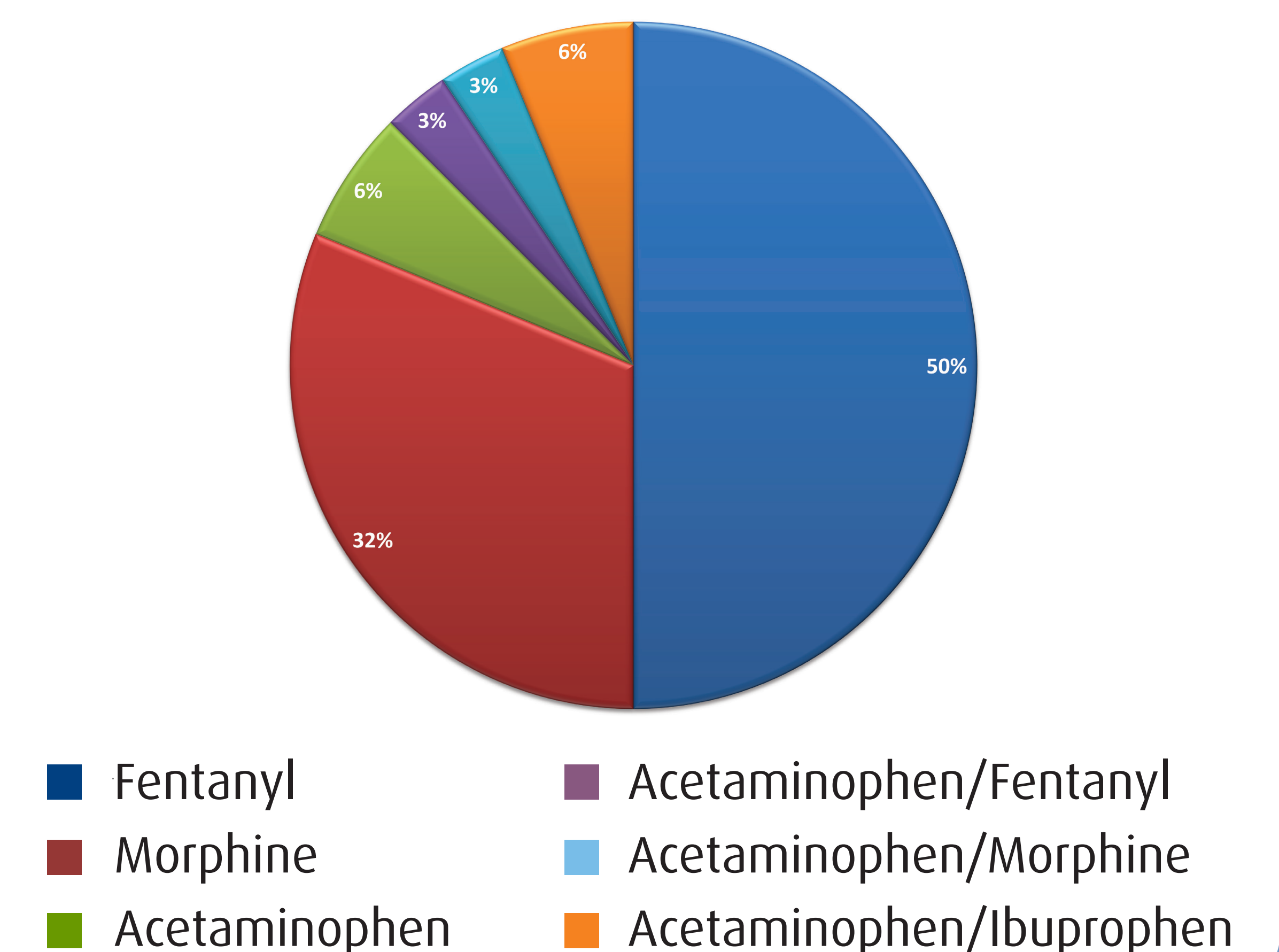
The ePCRs meeting the research criteria between December 1, 2014 and May 31, 2015 were collected. Prehospital data was reviewed to determine eligibility for and characteristics of implementation of the Medical Directive. Analysis to date has occurred on 217 of 582 eligible patients.

RESULTS SECTION

Analgesia eligibility and administration.



Analgesia administration by type.



CONCLUSION

Despite the ability to administer analgesia to patients with isolated hip or extremity trauma, preliminary data analysis shows that ACPs in this EMS system are administering analgesia to less than a quarter of eligible patients. Further analysis may provide insight into non-modifiable characteristics impacting this rate (i.e. allergies). Further studies are required to understand the impact of paramedic characteristics on analgesia administration.

LIMITATIONS

- Limitations inherent to retrospective chart reviews.
- Further analysis is ongoing that may change these results.