Utilization of trauma guidelines by ER nurses in Thailand

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ABSTRACT

Objective: To improving trauma nursing practice in Thailand and other countries. Methods: As part of a larger study of 164 ER nurses, 83 nurses provided narrative responses to questions of CNPG utilization and barriers to implementation. Using a qualitative descriptive design and analysis, three major themes were identified: Guidelines reflect good practice; Nurses do not always follow guidelines; and System problems limit use. Results: The results suggest optimized guideline adherence would require using judgment in following CNPG; ensuring organized teamwork is essential; and providing maximum resources would promote optimal care. Conclusion: Clinical nursing practice guidelines (CNPG) have been developed in Thailand for resuscitation care of emergency room (ER) trauma patients. However, many nurses do not use guidelines effectively.

1. Introduction

Resuscitation of a critically injured patient in the emergency room (ER) is a crisis situation both for the injured patient who has a life-threatening condition, and the trauma team members who are responsible for timeliness of care. Since lives can be saved with optimal care and appropriate management (Simons and Kirkpatrick, 2002; Cothern et al., 2007), rapid resuscitation is critical (Rainer et al., 2007). Thirty-four percent of trauma deaths occur within 1–4 hours following injury. Many of these deaths are potentially preventable with early and appropriate intervention (Demetriades et al., 2004). Delay in treatment and errors in judgment are considered to be the leading causes of preventable deaths (Teixeira et al., 2007). Thus, clinical guidelines have been developed to reduce significant variations in practice and to improve quality of care.

A review of the literature about the management of life-threatening situations involving trauma patients in Thailand ERs found that there are treatment guidelines for physicians (The Trauma Association of Thailand, 2007), preliminary indicators for suggested trauma care (Suwaratchai et al., 2008), and studies of effective treatment for injuries (Prichayudh et al., 2009; Sriussadaporn et al., 2004; Sriussadaporn, 2000; Phurenpathom et al., 2000; Mahaisavariya, 2008). Many hospitals have developed internal policies for triage, ATLS in trauma care, activation of a trauma team, and inter-hospital trauma transfer.

In contrast, there is only one clinical nursing practice guideline (CNPG) to help guide the nursing management of life-threatening conditions of injured patients (Unhusuta & Trauma Nurses Network of Thailand, 2007). In 2007, implementation of these guidelines was initiated, beginning with 12 hospitals. Many ER nurses are not prepared for the demands of their role, due to the lack of any formal education programs in the country to prepare nurses for specialized work. The TNCC (Trauma Nursing Core Course) widely used and accepted internationally has not been fielded in this country. Therefore a need was indicated for action to improve the quality of trauma nursing care in Thailand.

In September 2008, the Thai Trauma Nurses Network's quarterly meeting focused on the quality of trauma care. It was discussed whether the CNPG could be the basis...