

CCNs experiences of nursing trauma patients

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INTRODUCTION

Disruptions of work due to an acute change in priorities are not uncommon for CCNs working in ICUs. Their skills can also be required outside the ICU as part of a mobile intensive group or as in this study, in a trauma team.

METHOD

Participating CCNs worked at a midsize hospital in Sweden with a joint ICU and postop ward. They had the task of carrying a trauma pager and assist in trauma teams at the ED. Four focus group discussions with 12 CCNs were analyzed with qualitative content analysis.

FINDINGS

From four sub-themes (below) one overall theme was identified: **Preparing for the unexpected.** The CCNs were not only depended on themselves, in being prepared (emotionally and in terms of knowledge) to care for the unexpected trauma patient, they were also depended on the communication and surrounding environment, to which they adapted their nursing practice.

Feeling competent but sometimes inadequate

The CCN's were confident in their knowledge on how to assess and provide adequate measures. However, it could be frustrating to leave a critically ill ICU-patient when joining the trauma team. This made them feel thorn between wanting to assist the patient with the greatest need.

Feeling unsatisfied with the care environment

Trauma patients sudden hospitalization could cause a turmoil (including worrying relatives and trying to show consideration for other patients in the postop/ICU). The CCN's felt they lacked room and time to fully care for the trauma patient and their relatives.

Feeling satisfied with well-functioning communication

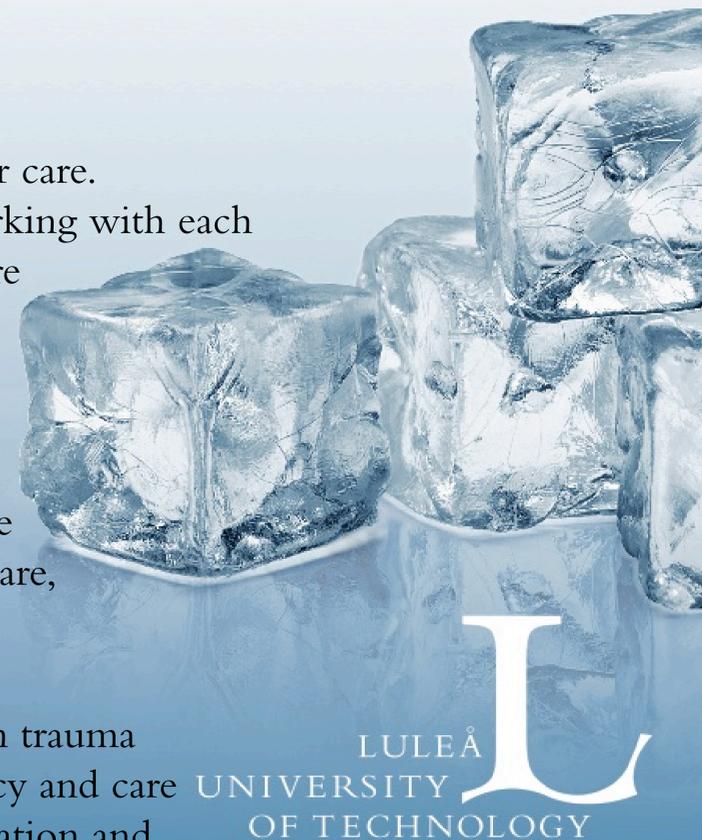
A good communication, between co-workers and patient, resulted in better care. The professional experience of those involved, and being familiar with working with each other were two improving factors. The acuity of the injured, being the more severe injury, also had a positive impact on team performance.

Feeling a need to reflect when affected

Some circumstances, for example when caring for children were experienced as more demanding. The CCNs sometimes felt a need to voice their thoughts and concerns, not just about the specific injury or medical care, but of the situation concerning a trauma patient.

CONCLUSION

Our conclusion is that there are two aspects in need of improvement within trauma care; to ensure enough resources to address the CCN's feelings of inadequacy and care environment. And to emphasize debriefings in order to improve communication and give participating staff room to express themselves.



The helicopter as a caring context: trauma patients' experiences

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INTRODUCTION

Emergency medical services (EMS) assist in primary and secondary transportations of patients after trauma. Primary, from scene of the accident to hospitals or secondary; between hospitals. The patient's medical condition, transport accessibility to the accident site and the receiving hospital's resources are some factors influencing the choice of transportation. The use of helicopter ambulance transportations has increased over the years, but little is still known about patient's perspective of helicopter emergency medical services (HEMS).

METHOD

13 persons (ages 21-76) who due to an unintended physical injury were cared for by HEMS during primary transport were interviewed. Data were analyzed using qualitative content analysis.



FINDINGS

The analysis resulted in three themes;

Being distraught and dazed by the event

The patients described being in a state of shock, unsure of the seriousness and treatment of their injuries. At the same time the helicopter ride was something special, evoking curiosity and excitement, as most of them had never been in a helicopter before.

Being comforted by the caregivers

Patients expressed how they 'handed themselves over' to the caregivers. The staff was constantly present and available for them, and although communication was restricted by headsets, their presence was experienced as positive and calming. Relatives or friends who were close by at the time of the injury were seen as best to stay being and 'sort out practicalities'; taking care of their personal belongings or preparing to meet up at the receiving hospital.

Being safe in a restricted environment

Some described the helicopter as merely a "transportation", but at the same time they acknowledged the helicopter to be 'the best, fastest and most secure' way to get to a hospital which they highly valued.

CONCLUSION

For trauma patients to be taken seriously and treated as 'worst cases' enables them to trust their caregivers and 'hand themselves over' to their care. This research shows that the environment in HEMS's should not only be looked upon as inhibiting (in comparison with resources found at a hospital). In fact, HEMS's provide additional advantageous circumstances, that may be hard to achieve in other nursing contexts, such as being the sole patient and having proximity to a small, professional team.

