Pain and trauma

NURSE PRACTITIONERS EMS (NP-EMS) PERFORMED ULTRASOUND (US)-GUIDED FASCIA ILIACA COMPARTMENT BLOCK (FIC-BLOCK) IN PATIENTS WITH A SUSPECTED PROXIMAL FEMUR FRACTURE. PRELIMINARY DATA

JLT Breedveld*, CW van Vliet, E den Boer, AAJ Heutinck, GJ van Geffen, XRJ Moors, C Slagt, Regional Ambulance Service Brabant Midden-West-Noord, Den Bosch, The Netherlands; *Radboud Universal Medical Center, Nijmegen, The Netherlands; #Erasmus Universal Medical Center, Rotterdam, The Netherlands.

Background Prehospital pain treatment options for patients with a suspected proximal femur fracture consist mainly in the administration of IV-analgesics by EMS paramedics. The US-guided fascia iliaca compartment block is another suitable option applied by NP-EMS in prehospital emergency care. Therefore we examined whether NP-EMS are able to successfully perform an US-guided FIC block in order to provide analgesia.

Method NP-EMS were educated in the execution of an US-guided FIC block. Hereafter the NP-EMS were dispatched to patients suspect for a proximal femur fracture. After confirmation of the diagnosis, the block was performed under sterile conditions using a SonoSite iViz us-machine equipped with a 13–6 MHz linear transducer (Secma) and a 80 mm block-needle (Stimuplex ultra 360, 22G). Under direct visual guidance the needle was inserted and 0,3 ml/kg lidocaine (10mg/ml) with adrenaline 5 ug/ml was injected. The quality of visualization of the needle in relation to the nerve, pain relief using Numeric Rating Scale (NRS) and occurrence of complications were evaluated.

Results In 99 patients an US-guided FIC-block was performed. One NRS score was lost, so 98 data pairs (before and after FIC Block) were available for analysis. Data were not normally distributed (D’Agostino & Pearson omnibus normality test P < 0.001). The block was effective in 96 patients, median NRS-pain score before FIC block was 8 interquartile range [7–9]. NRS decreased to median 3 interquartile range [1–6] after the FIC block, P < 0.0001 using Wilcoxon matched-pairs signed rank test Figure 1. No complications were noted. In two patients a correct visualization of the needle or spread of local anesthetic was not obtained.

Conclusion Well-trained NP-EMS can successfully and effectively perform an US-guided FIC block for providing adequate pain relief in patients with a suspected proximal femur fracture in the pre hospital setting.

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REFERENCES
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Conflict of interest SSe, JTG is member of the steering committee of the German Resuscitation Registry. The authors declare that they have no competing interests.

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Miscellaneous

DEVELOPING A YOUNG PERSONS ADVISORY GROUP (YPAG) TO INFORM THE DESIGN OF A STUDY TO IMPROVE PRE-HOSPITAL PAIN MANAGEMENT FOR CHILDREN AND YOUNG PEOPLE (CYP)

Background Patient and public involvement is an integral component of clinical research. A YPAG is group of young people with active involvement in the design and conduct of clinical research aimed at CYP. Active collaboration with a YPAG can be mutually beneficial and can have a positive impact on study design and conduct. We report on the involvement of young people, their influence on study design and the perceived benefits to members.

Method A UK secondary school was approached and ten 16–17 year old students agreed to form a YPAG. Three 1-hour sessions were planned involving arts-based activities to explore key challenges, predetermined iteratively by the