Nurse led ultrasound guided femoral nerve block in hip fracture patients – a study of task shifting

PhD. Candidate Elin Saga

Hip fracture is associated with acute distinct pain in the proximal part of the affected extremity. Patients who experience severe pain have a higher risk of delirium, and are harder to mobilize. Factors that leads to increased length of stay, and reduced health related quality of life. Traditionally, an anaesthesiologist performs an ultrasound guided femoral nerve block in hip fracture patients in the emergency department. Unfortunately, because of corresponding interest and anaesthesiologist needed to task that are more urgent. This often leads to delay of the best pain relief and sometimes no nerve block at all.

Cognitively intact patients with untreated pain are nine times more likely to develop delirium, as opposed to patients whose pain is adequately treated [1]. Further, delirium is shown to be an independent marker for increased mortality after hospital admission [2]. Therefore, optimizing acute pain assessment and management is important. An ultrasound-guided femoral nerve block performed in hip fracture patients is a valuable alternative to systemic analgesic as it provides anaesthesia to the fractured area, thereby facilitating reduc- tion in systemic opioid administration [2].

We believe that shifting Ultrasound guided femoral nerve block from anesthesiologists to registered nurses working in the emergency department can secure patient with hip fractures sufficiently and timely pain relief.

The World Health Organization [3] endorses a task shifting approach to make more efficient use of the available human resources for health. Recently, several examples of task shifting have been described, suggesting that properly trained registered nurses can provide as high-quality primary care as physicians [4] and can have favourable patient safety outcomes [5].

Our main hypothesis is that; a single shot ultrasound guided femoral nerve block performed by nurses in the emergency department compared to today’s practice will result in better pain relief first 120 minutes after admission. Therefore, in the emergency department at Vestfold Hospital Trust we are conducting a single center randomized controlled trail comparing standard of care with nurse led ultrasound guided femoral nerve block. Therefore, we also developed a questionnaire presented to the nurses immediately after completed procedure. The trained registered nurses scores how they visualized the anatomical structures, the quality of the spread of local anesthetic, and if they experienced that the patients benefited from the procedure and if the procedure was easy or demanding.

This study has potential to point out a new direction for use of registered nurses and use of ultrasound in point of care interventions.

References


