Position Statement

Minimal Trauma and Pediatric Education for Emergency Nurses

Trauma is the leading cause of death for ages 1-46 years, and the third leading cause of death for all ages1. An estimated 41 million people receive Emergency Department (ED) care for trauma annually2. Thirty five percent (35%) of all pediatric ED visits are for trauma, primarily falls and striking against or struck by objects or persons (others than motor vehicle related) 3. In most instances, emergency trauma care is provided in a setting other than a trauma center. Depending upon the facility, children account for 20-30% of visits to community hospital EDs. An estimated one pediatric patient per second seeks health care in the United States4. Clearly, emergency nurses must be competent in caring for injured individuals and children.

As part of its commitment to education in support of “safe practice, safe care”, the Emergency Nurses Association (ENA) developed the Trauma Nursing Core Course (TNCC) 5 in 1986 and revises the course on a routine basis. TNCC sets the standard of practice for providing emergency trauma nursing care. The course teaches a standardized approach to the initial assessment and management of the injured patient, promoting a common framework of communication and collaboration that can ultimately save lives and improve outcomes. It is the only nationally and internationally recognized trauma nursing continuing education course developed by and for emergency nurses.

Recognizing that children constitute approximately one third of ED visits, ENA published the Emergency Nursing Pediatric Course (ENPC) 4 in 1993 and routinely revises the course to reflect the most current evidence-based practice. Acute illness is the primary reason for the majority of pediatric ED visits, and a source of pediatric mortality and morbidity, although severe life threatening illness is still relatively infrequent. Approximately, 96% of pediatric ED visits result in treatment and discharge from the ED6. Accordingly, the Pediatric Advanced Life Support (PALS) course, which some institutions use as a alternative to ENPC, pertains to only a very small number of patients, and is not a substitute for the more comprehensive and relevant ENPC. Given that children can deteriorate quickly, emergency nurses must have superb pediatric triage and nursing assessment skills, as well as knowledge of the appropriate interventions for children requiring their care. Since many pediatric injuries and illness can be prevent, the course includes preventative strategies as well. The ENPC provides emergency nurses with the knowledge to safely care for the pediatric patient.

It is the position of the New Jersey State Council of the Emergency Nurses Association that:

1. The knowledge and skills presented in TNCC assist nurses working in any emergency care setting to systematically asses the trauma patient, to intervene or assist with interventions, and to function effectively within the healthcare team.
2. The knowledge and skills presented in ENPC assist nurses to systematically assess the pediatric patient, to intervene or assist with interventions, and evaluate the outcome of these interventions.
3. Morbidity and mortality of trauma and pediatric patients can be significantly reduced by educating emergency nurses to competently provide care for children and injured individuals.
4. TNCC and ENPC should be the minimum trauma and pediatric education standard for emergency nurses who care for trauma and pediatric patients in New Jersey.
5. The Emergency Nurses Association and its constituents have the responsibility to facilitate continuing education opportunities for emergency nurses who provide care for trauma and pediatric patients.

References:

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