

ETHNIC DIFFERENCES AND ANALGESIC ADMINISTRATION IN THE
EMERGENCY DEPARTMENT

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PROBLEM: Pain is the most common presenting complaint in Emergency Departments (EDs) and is reported to be inadequately treated (Ducharme, 1994; Todd et al., 2000). Numerous studies have revealed that racial and ethnic minority groups often receive less than optimal pain treatment when compared with white Americans (Bonham, 2001; Ducharme, 1994; Todd et al., 2000), even though experimental studies have not found differences in the ability to discriminate painful stimuli based on race and ethnicity (Todd, 1996; Zatzick & Dimsdale, 1990). Todd and colleagues (1993; 2000) concluded that pain treatment for long-bone fracture in the ED was different if you were Hispanic or African-American, demonstrating that both ethnicity and race were significant factors in the under-treatment of pain in the ED.

PURPOSE:

The purpose of this research was to investigate the assessment and treatment of pain in a sample of ED patients 18 years and older admitted with long bone fractures using a retrospective chart review to gather the data.

METHOD: A quantitative retrospective design was used for this research study.

SAMPLE: The purposeful sample was composed of 120 (51%) of Caucasians, 21 (9%) African Americans, and 93 (40%) Hispanic patients at three hospitals listed by ICD-9 coding having had a long-bone fracture during the last 3 years. The average age of the patients was 49, with 86% (202) being male. Records were excluded if the patient-subject was < 18years old or had a diagnosis of chemical impairment, dementia, delirium, or if a notation was made in the record concerning disorientation to name, time, or place.

FINDINGS: The overwhelming majority of the sample received an opio id or combination of no n-opio id and opio id medication. The patients' reports of pain were noted in both the physician notes (77%) and nurses' notes (82.5%). A pain intensity tool was not consistently used for assessment. Only 67% of patients' records had a pain assessment recorded using a pain intensity rating tool. A large percentage of patients (90%) were required to wait over 90 minutes, before being discharged from the ED to home or inpatient unit. No significant differences were detected in pain medication administration when considering the following variables: age, gender, ethnicity, payer status, healthcare provider gender, type of analgesia ordered, route of the dose, use of a clinical tool to measure pain intensity, length of time in ED, and the time between admission to the ED and actual administration of the pain medication.

CONCLUSIONS: These findings revealed that ethnicity/race were not significant factors related to the assessment and treatment of pain in the ED. Conflicting findings are present in the literature warranting continued research in this area.