



## Some Emergency Departments Deprive Injured Children of Effective Pain Relief

January 15, 2012 by *Patrick A. Malone*

Anyone who has suffered a broken bone knows how painful it can be. Long bone fractures—those involving arms and legs—are common among children. Any parent wants to spare his or her kid from the intense pain of such an injury, but a recent study published in *Academic Emergency Medicine* has bad news in that regard.

Thanks to the crowded conditions in hospital emergency rooms, administering pain medication to children with long bone fractures is less effective and not as timely as it should be.

Researchers from the University of Colorado School of Medicine studied 1,229 patients treated in the emergency department of an academic children's hospital for one year. They found that patients were 4 to 47 percent less likely to receive timely care and 3 to 17 percent less likely to receive effective care when the ER was crowded.

Previous studies have shown that adults consigned to crowded emergency rooms also get lower levels of pain meds. This study appears to be the first to investigate the affect of crowding on children with fracture-related pain.

Patrick A. Malone  
Patrick Malone & Associates, P.C.  
1331 H Street N.W.  
Suite 902  
Washington, DC 20005

[pmalone@patrickmalonelaw.com](mailto:pmalone@patrickmalonelaw.com)  
[www.patrickmalonelaw.com](http://www.patrickmalonelaw.com)  
202-742-1500  
202-742-1515 (fax)

It's pretty much a no-brainer. As the lead author said, "When the emergency department gets busier, staff may be less responsive to the needs of individual patients, and as a result, patients have a higher likelihood of nontreatment and delays in treatment."

Still, it's not simply a function of too many people seeking care in an overburdened ER: Sometimes it's hospital procedure. In some emergency departments, only doctors are authorized to prescribe pain meds, in others nurses are allowed to administer them to patients meeting certain criteria.

If the ER is crowded, the solution is to hire more staff. If that's not feasible in this era of cut, cut, cut, the researchers say hospitals must "leverage the staff [they] have," which means revising pain-management procedures by allowing nurses to administer analgesics and computers or phones to signal under-treated pain.

Because overcrowding is often the result of people seeking treatment for something that isn't an emergency, the solution must be one of policy as well as practice. As the researchers said, "We as a nation need to get serious about this. Crowding needs to be a policy priority at every level."

There should be incentives for patients to seek care at their own doctor's office, including better compensation for primary care and disincentives for nonemergency use of emergency departments.

The best a parent can do is to anticipate the routine, if painful, medical emergencies children are disposed to experience. Call your doctor before you ever need ER attention, and ask him or her how you can ensure that your child receives pain mitigation in the event he breaks his leg at 9 o'clock at night.

- Should you leave a message with his or her answering service asking him or her to run interference before you reach the hospital?
- Are there are other measures you should take to cut through the crowd and get some relief?
- Is being a squeaky wheel in the ER a good thing, or counterproductive?

No one wants to prolong a child's pain; it's a matter of finding a work-around when too many voices are clamoring for too few ears.

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Washington, DC 20005

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202-742-1515 (fax)