



Preventing and alleviating patients' symptoms of nausea and vomiting while in the care of the ambulance service – a qualitative study



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ABSTRACT

Aim: The aim of this study was to describe the ambulance personnel's experiences of preventing and alleviating patients' symptoms of nausea and vomiting.

Background: Nausea is a common symptom in patients taken care of by the ambulance service. It is a complex subjective phenomenon and can cause several different illnesses. The ambulance personnel have an important assignment in preventing and alleviating nausea through early interventions.

Method: A descriptive and qualitative design including 16 semi-structured interviews and content analysis was used.

Results: One main category was identified: Adjusting care and medical treatment based on the individual patient's needs. By adjusting the care and medical treatment based on patients' individual needs and previous experience, the ambulance personnel experienced a possible relief of the patients' suffering caused by nausea and vomiting. In addition to the known multitude of underlying pathologies of nausea, the way of driving and the environment in the ambulances also may have an impact on the patients' nausea. **Conclusion:** A variety of nursing interventions and medical treatments are reported to be used to alleviate nausea for patients cared for by the ambulance service, but further research is needed to evaluate if and how the interventions have an effect on the patients' experiences. The findings in our study can be used when developing guidelines on how to care for patients suffering nausea and vomiting.

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1. Introduction

Nausea is a common symptom in patients taken care of by the ambulance service, but there are few studies that have investigated the incidence of nausea in the ambulance service (Warden et al., 2008). Nausea is described as sometimes causing greater suffering than pain in patients (Easton et al., 2012; Lehmann et al., 1999). Nausea as an effect of treatment may increase the healthcare-related suffering; the care and treatment given could cause more suffering than relief (Eriksson, 2006). According to Hawthorn, nausea

is a subjective experience and the symptom experiences vary. The patient can have nausea without vomiting or the opposite, vomiting not preceded by nausea (Hawthorn, 1998). It is difficult to measure the degree of nausea due to the phenomenon of subjectivity. Objective observations tend to underestimate the degree of nausea (O'Mahony et al., 2001). There are several different medical conditions, examinations and treatments that may cause nausea (Garrett et al., 2003). The aetiology of nausea has a multitude of underlying pathologies and includes factors such as infection, and toxic and iatrogenic causes. Further causes of nausea are: gastrointestinal, metabolic, neurological and psychiatric diseases and conditions such as pregnancy and motion sickness (Scorza et al., 2007). By treating the underlying disease and factors causing nausea, it may be prevented. If hypovolemia causes nausea, administering intravenous fluid may alleviate the problem (Kuisma et al., 2013). Nevertheless, the prevention and treatment of nausea is a complex

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matter since at present, there is no single anti-emetic medicine that blocks all receptors that may trigger nausea (Garrett et al., 2003). It is known that when being transported by ambulance, there is an increased risk of nausea and vomiting. This is caused by the ambulance's movement and the patient being placed on a stretcher with no possibility of looking outside the ambulance (Fleischhackl et al., 2003; Kober et al., 2002; Salvucci et al., 2011). However, there is sparse knowledge concerning how the ambulance personnel prevent and alleviate nausea and vomiting. Therefore, the purpose of this study was to describe the ambulance personnel's experiences of preventing and alleviating patients' symptoms of nausea and vomiting.

2. Method and materials

To achieve the purpose of the study, a descriptive and qualitative design with semi-structured interviews and content analysis was used.

2.1. Context

This study was conducted in the county of Stockholm, which has a population of about 2.1 million. The Stockholm County Council is responsible for the emergency medical services (EMS) and the service is provided by the organisations within the county and private companies contracted by the County Council. This study was carried out at one of three companies contracted by the County Council to provide the ambulance service in Stockholm. The company undertakes around 35% of the approximately 200,000 ambulance assignments conducted yearly. The ambulance assignments are distributed among 71 ambulances and one physician-manned ambulance during the daytime. During the night time (21:00–07:00), there is no physician-manned ambulance and there are 40 ambulances operating. All ambulances are manned by two persons; a specialist nurse in emergency care and an emergency medical technician (EMT), both re-certified every other year. All ambulance personnel are required to follow national and local medical guidelines. According to the national and the local medical guidelines, nausea and vomiting should be treated by using a serotonin receptor (5HT₃) antagonist (Ondansetron®) (Stockholm County Council, 2015). In accordance with the national regulations, only Registered Nurses or specialist nurses in emergency care are allowed to administer intravenous medication in the ambulance services in Sweden (Suserud, 2005).

2.2. Participants

A purposeful selection of participants was conducted. A purposeful sampling aims to find “information-rich cases,” those who know and can express a great deal about the issue being studied (Patton, 2002). In this study, ambulance personnel were able to share their knowledge and experience of preventing and alleviating patients' symptoms of nausea and vomiting. In accordance with the purposeful sampling, the participants were considered to be “verbal” and “outspoken” and to have clinical experience of more than 10 years. To identify the “verbal” and “outspoken” participants, the authors' knowledge about personnel working in the ambulance service was used. The reason for choosing personnel with long experience in the ambulance service was that the participants had experience-based knowledge and could have a reflexive attitude to preventing and alleviating nausea and vomiting. No consideration was given to gender in the purposeful sampling. Among the included participants, all had more than 10 years of experience with the ambulance service (range 12–26 years), seven participants were EMTs and nine were specialist nurses in emergency care. Both men (n = 9) and women (n = 7) participated. Both professions were in-

cluded in the study since both care for patients during the ambulance assignments.

2.3. Data collection

Semi-structured interviews were used for data collection. The face-to-face interviews were conducted at a time and place selected by the participant. All the interviews started with an introduction to the study and were not audio-recorded. The aim of the analysis was to answer the questions “what” and “how” in the relation to the two questions, i.e. “Can you describe how you prevent nausea when caring for patients while the care of in the ambulance service,” and “Can you describe how you alleviate nausea and vomiting when caring for patients while the care in the ambulance service?” Follow-up questions were used to clarify the answers. After interview 10, the answers given by the participants started to become repetitive, but to ensure saturation of data collection six more interviews were conducted. No additional or new descriptions on preventing and alleviating nausea emerged in the last six interviews. The interviews lasted between six and 18 minutes. The interviews were recorded and transcribed verbatim.

2.4. Analysis

Qualitative content analysis described by Elo and Kyngäs was used to describe the ambulance personnel's experiences of preventing and alleviating patients' symptoms of nausea and vomiting (Elo and Kyngäs, 2008). According to Elo and Kyngäs's framework, the analysis processes includes three main phases: preparation, organisation and reporting. The first part of the analysis aimed to reach an understanding and closeness to the content of the text, and consisted of reading all the transcribed text several times (Elo and Kyngäs, 2008). The second part of the analysis involved open coding of the text. The open coding consisted of underlining text that described preventing and alleviating nausea and vomiting, and headings were written aiming to describe the content of the headings. After the open-coding, a sheet with all headings was created and then the headings were categorised into broader categories (sub-categories). The sub-categories with similar content were then grouped together as generic categories, and finally the generic categories were grouped into a main category (Elo and Kyngäs, 2008). The first and third authors conducted the open coding together, and assessed and evaluated the sub-categories several times in order to ensure they were true to the ambulance personnel's descriptions. Co-assessment was made by the other authors to refine the codes, and the sub-, generic and the main category to accurately reflect the ambulance personnel's experiences. In accordance with the descriptive aim of this study the sub-, generic and main categories represent a general rather than a specific description of the ambulance personnel's experiences of preventing and alleviating patients' suffering due to nausea and vomiting.

2.5. Ethical considerations

In accordance with Swedish regulations, approval from an ethical committee was not needed since the conducted research did not include any personally sensitive data or entail physical encroachment. Moreover, the research did not affect the participants physically or psychologically, nor did the study entail an obvious risk of harm (Vetenskapsrådet, 2011). However, every study needs ethical consideration, and therefore the study was designed to meet the ethical principles for research described by the International Council of Nurses (ICN), ensuring anonymity, integrity and confidentiality for the participants (ICN, 2012). Before starting the interview, the respondent received written and oral information on the study, and it was emphasised that participa-

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