

**FACTORS RELATED TO EMERGENCY ROOM DISCHARGE
DESTINATION AMONG PATIENTS WITH TRAUMA**



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D.N.S., WALLADA CHANRUANGVANICH, D.N.S.**ABSTRACT**

In Vietnam, research in the area of emergency room triage still received little attention and there is no scientific evidence to support or give direction on emergency care. In particular, studies regarding emergency room discharge destination do not exist. This research aimed to study the relationships of age, physiological deterioration, co morbidity with emergency room discharge destination among patients with trauma. This was a descriptive correlational study conducted among 300 patients with sustained traumatic injuries and attended clinic in the trauma department, Bach Mai hospital in Hanoi, Vietnam. Data was collected from the patients' chart and Spearman's rho was employed to test the relationships between age, physiological deterioration (measured by MEWS) and co morbidity to emergency room discharge destination. Majority of the patients were male (63.0%). About 43.7 % of them had previous illness before ER visit and hypertension was the co morbid disease most frequently found (27.7%). The majority of patients sustained road traffic injury (56.7%). Bone fracture and head, face, neck injury were the major injury areas with 50.5% and 49.7%, respectively. The mean of MEWS was 1.7 (SD± 1.91). About 38.7 % of the sample showed pain level of greater than 8 on 0-10 NRS with the mean of 8.28 (SD ± 1.06). Majority of the participants (81.7%) had Glasgow coma scores between 13-15, with the mean scores of 13.77 (SD ±2.76). Most of them (59.7%) had been admitted in the hospital while 35.4 % received surgery and or admitted to intensive care unit (ICU). About 40.3% of the sample received treatment and were discharged. MEWS Score, co morbidity and pain score were positively correlated with emergency room discharge destination while Glasgow coma score was negatively correlated with emergency room discharge destination. From the results of this study it is recommended that MEWS should be utilized to classify trauma emergency patients to appropriate service to reduce workload and improve the service in emergency department. Patients should be assessed for pain level for proper pain management. Co morbid diseases as well as Glasgow coma scores should be routinely assessed in all patients on arrival at the emergency room.

**KEY WORDS: TRAUMA/MEWS/ PHYSIOLOGY DETERIORATION/
CO - MORBIDITY/EMERGENCY ROOM DISCHARGE
DESTINATION.**

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