


The forensic nurse provides direct services to individual clients, consultation services to nursing, medical and law-related agencies, and expert court testimony in areas dealing with trauma and/or questioned death investigative processes, adequacy of services delivery, and specialized diagnoses of specific conditions as related to nursing.

Forensic nursing involves the areas of interpersonal violence, forensic mental health, correctional nursing, legal nurse consulting, emergency/trauma services, patient care facility issues, public health and safety, and death investigations. The Forensic Nurses' Society of Canada (FNCS) is a uniquely Canadian organization for forensic nurses and was approved as an emerging special interest group of the Canadian Nurses Association in July 2007.

In the United States, there is an Association of Legal Nurse Consultants (AALNC) and a certification process. Legal nurse consulting is recognized as a nursing specialty. In Canada, legal nurse consulting is a growing field. There is the newly formed Legal Nurse Consulting Association of Canada (LNCAC). The first annual general meeting was held in May 2009. "The LNCAC was formed to provide support, resources, and a

connection to all legal nurse consultants (LNCs) across Canada as we further develop this exciting profession across the country" (www.lncac.ca).

The shift to independent nursing practice has been very rewarding. The autonomy and use of acquired knowledge and expertise along with a flexible schedule is exactly what I was ready for. There is a network of mentors available and a growing field of expertise in forensic nursing including legal nurse consulting in Canada. 

Resources

American Association of Legal Nurse consultants (AALNC)
www.aalnc.com

Forensic Nurses Society of Canada (FNCS)
www.forensicnurse.ca

International Association of Forensic Nurses (IAFN)
www.iafn.com

Legal Nurse Consultants Association of Canada (LNCAC)
www.lncac.ca

About the author

Brenda Robson, RN, BScN, ENC(c), Global Nurse Consulting Inc., British Columbia, gnconsulting@shaw.ca



outlook
Kids' Play

Sucrose... Pediatric pain management


By Laura Ebenspanger, RN, BN

When children enter the emergency department, the likelihood of receiving invasive treatment such as a venipuncture or a heel lance is high. In order to assess, diagnose and treat the patient, certain procedures must be completed, many of which cause a painful stimuli for the child and the family. According to a research article conducted by Ali, Curtis, Jou, Klassen and Vandermeer (2007), steps can be taken to decrease the amount of pain to which many children are susceptible. The article "A randomized controlled trial of sucrose and/or pacifier as analgesia for infants receiving venipuncture in a pediatric emergency department" is a study conducted to test the effects of sucrose and the use of a pacifier as an analgesic.

An emergency department has a fast-paced environment, requiring quick and competent skills. "The ideal analgesic for procedural pain in the emergency

department should have quick onset, be effective and have no side effects" (Curtis et al., 2007). Sucrose is thought to be a taste-induced analgesia lasting approximately five minutes (2007). The article delivers evidence to prove that sucrose is an effective form of pain management for infants under the age of three months, stating that crying time is reduced (2007). The effects of sucrose are then increased when used simultaneously with a pacifier (2007). Administering 2 ml of 44% sucrose two minutes prior to the procedure produced a therapeutic effect in the study. The study concludes that pacifiers and sucrose are inexpensive, easy to use, and have no serious side effects. Therefore, this form of analgesia should be used in a pediatric emergency setting.

If emergency departments can limit the amount of pain, it will decrease the stress on the patient, as well as the family. Applying the use of sucrose to children's emergency departments requires

promotion and recognition of the effects of sucrose. This article brings to the attention that painful procedures are inevitable. However, if there is a way of minimizing the amount of pain, then why not do so? This form of analgesic may, in fact, improve the rates of venipuncture due to the decrease in crying time. It may also increase family comfort in being present in the room when procedures are performed. The protocol for administering sucrose came into effect during the past year at Children's Hospital in Winnipeg. With education and time, hopefully many nurses will recognize the positive effects of this form of analgesia, and using it will become second nature. 

References

Ali, S., Curtis, S.J., Jou, H., Klassen, T., & Vandermeer, B. (2007). A randomized controlled trial of sucrose and/or pacifier as analgesia for infants receiving venipuncture in a pediatric emergency department. *BMC Pediatrics*, 7(27).