associated with long-term sexual function and few voiding difficulties.

ORIF of the pelvic fracture may be delayed due to management of other injuries and waiting for the systemic inflammatory response to subside. Flint el al. (2010) state the optimal window of opportunity for ORIF of the pelvic fracture is six days to two weeks post injury with a satisfactory result postoperatively in gaining pain-free walking for a majority of patients.

Conclusion

Patients incurring severe pelvic trauma are at risk of hemorrhagic shock and this injury is also associated with intra-abdominal injuries. The article review presents data on assessment of the injury, effective interventions to minimize complications and newer modalities up and coming to provide the best possible outcomes for patients.

About the author

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outlook
Kids' Corner

Oral sucrose for pain in B.C. Children's ED

By Sharron Lyons, RN

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Infants and pre-verbal children are at risk for inadequate pain relief because it is difficult to identify and assess their pain. Sweet-tasting solutions have been used for management of pain in infants for centuries and now there is a growing body of evidence that the combination of small amounts of liquid sucrose combined with sucking is an effective mild pain-reliever during short-term procedures such as IV starts, immunizations, heel/finger pokes, suture removal, dressing changes and some tube insertions.

A pilot project is underway at BC Children's Hospital to test this simple intervention. Since June 2010, staff has been encouraged to consider the use of 54% sucrose solution given in 0.2 ml portions (up to 2 ml) prior to, during and immediately after minor procedures.

Since sucking enhances the analgesic effect, the baby is offered a pacifier or the breast between doses. Pain relief lasts five to eight minutes. The trial is ongoing and evaluations so far have been largely positive, with 64% of staff saying the sucrose worked very well for such procedures as urinary catheterizations, lumbar punctures, heel/finger pricks, and IV starts. Stay tuned for more articles on pain management in our youngest population in upcoming issues!

About the author

Sharron is a registered nurse who has worked at the B.C. Children's hospital for more than 30 years—the last 21 years in the emergency department where she was involved in the disaster program, and took the basic Light Urban Search & Rescue training, as well as CBRNE and Disaster Behavioural Health courses. During the Olympic/Paralympic games, Sharron worked on site in the Vancouver Village as a nursing supervisor.

Other part-time jobs have included teaching ENPC and CTAS around the province of B.C., and working with the RCMP 'E' Division and B.C. Crime Prevention Association.

She has been involved in volunteer work for many years. At present, her volunteer work includes the Representative for Children & Youth of B.C. (Investigations & Reviews Committee, 2006–2010), National Emergency Nurses Association 2005–2010, Centre Excellence in Emergency Preparedness 2006–2010, Emergency Nurses Association of B.C. (Board of Directors, 2004–2010).

Past volunteer work: Critical Incident Stress Management Team, BCCH 1987–2008, B.C. Crime Prevention Association 1985–2004, and Block Parent Program of Canada Inc., Director & Volunteer 1984–2002.

I look forward to working with a great team of emergency nurses from across Canada.