

Preface

Violence, injury, or trauma is a sudden event in the life of a person and their family, and often changes their lives forever. Recognized as a pervasive public health problem in the United States, and as such, one of the goals of Healthy People 2010 is the reduction of “injuries, disabilities, and deaths due to unintentional injuries and violence” [1]. The inability to prepare for a sudden event and the critical care that is often required after the incident increases the upheaval caused by the situation. Critical care nurses and other health care professionals frequently care for these patients and must deal deftly with the complex issues surrounding care. A few facts related to the significance of these problems in our health care system are as follows:

- An estimated 40 million injury-related emergency department visits occurred in 2000. More than 29.5 million nonfatal injuries were treated in emergency departments in the United States in 2000 (1 in every 100 Americans); more than 27.5 million of these injuries were unintentional [2,3].
- Unintentional injury is the leading cause of death in the United States for persons aged 1 to 34 years, and is the fifth leading cause of death for all ages [4].
- The annual costs of treating violence and injury in the United States in the late 1990s were estimated to be at least \$441 billion [4,5].

Unfortunately health care workers are not immune from violence themselves. According to the 1999 estimates from the Bureau of Labor Statistics, workplace violence in hospitals occurs at a rate of 8.3 nonfatal assaults per 10,000 workers, which is more than four times higher than the rate in the private sector [6]. This issue of *Critical Care Nursing Clinics of North America* explores the issues of violence, injury, and trauma. We have chosen to explore these issues from a life-span biopsychosocial perspective and to focus on

topics that the Centers for Disease Control and Prevention (CDC) identifies as priorities.

Traumatic injury during pregnancy may have a devastating impact on the lives of the mother and fetus. Constanty and Cruz review the epidemiology and implications of pregnancy on traumatic injuries and show how an interdisciplinary approach to patient management can result in optimal patient outcomes in critically injured pregnant patients. Shaken baby syndrome is the leading cause of traumatic death among infants. Martin and colleagues provide an overview of this complex diagnostic and management problem, focusing on mechanisms of injury, epidemiology, clinical presentation of infants and toddlers, and associated nursing and medical management.

Although men and women are victims of interpersonal violence (IPV), it is the leading cause of femicide and emergency department visits for women in the United States. The review by Amar and Cox provides information regarding epidemiology, risk factors, and screening and assessment of IPV so that nurses can become better advocates for their patients. The personal and monetary impact of gun violence in the United States is tremendous, costing almost 30,000 lives each year and \$120 billion. Baroni and Richmond discuss the scope of the problem, its risk factors, and the role that nurses can play in diminishing this costly and growing epidemic. Workplace violence is an issue of particular importance for nurses because they not only are responsible for caring for survivors, but also are at high risk for becoming victims themselves. The article by Alexy and colleagues discusses the epidemiology of workplace violence, strategies for prevention, and crisis intervention implications for nurses. Although recent attention has focused on the problem of elder maltreatment and neglect, relatively little is known about the growing problem of sexual assault of older adults. Burgess and colleagues discuss recent findings from their

research in this area and present case studies with implications for critical care nurses so that they can better recognize and intervene in this under-recognized problem.

Penetrating head injuries are responsible for as many as one half of combat-related deaths, and firearm-related brain injury has been the leading cause of death since 1990, and yet penetrating head injury receives less attention in the literature than closed head injury. Blissitt presents an overview of the problem of penetrating head injury, mechanisms of injury, pathophysiology, and patient management in the context of published national guidelines. Blast injuries were responsible for more than 50% of all injuries experienced by United States military personnel last year in Iraq [7]. The article by Bridges discusses this extremely complex injury and how provision of injury-specific care by critical care nurses can help decrease morbidity and mortality in military, industrial, or terrorist situations. With the growing numbers of United States soldiers and other military personnel returning from combat operations overseas, increased attention has been paid to the effects of the stress of combat experiences on returning war veterans. The excellent overview by Gaylord discusses the psychosocial effects of combat and implications for those caring for returning military personnel.

Another psychosocial phenomenon frequently encountered by those caring for traumatically injured patients and families is survivors' guilt. In the article by Clements and colleagues, various case studies of this disorder are discussed in the context of therapeutic nursing communication and stages of grief. The article is an excellent resource for nurses assisting those dealing with this difficult issue. Often the trauma patient presents with a history of concomitant substance use or abuse that complicates patient care. The goal of the article by McCabe is to understand the complex interplay between these factors so that nurses may recognize stage of drug use and readiness for change to promote best outcomes.

Since the invention of the bow and arrow in 3000 BC, penetrating abdominal injuries in man have occurred. The extremely interesting article by Blank-Reid uses historical case studies to present changes in the management of penetrating abdominal injury. Fire and smoke injuries remain an extremely difficult management issue for health care practitioners and can cause significant patient

pain and suffering. The article by Sicoutris and Holmes provides an excellent synopsis of patient management from the scene to the critical care unit, including a discussion of current controversies. For any chosen injury, older adults experience longer hospital stays and require more services than younger persons. With the number of older adults in the United States expected to double by 2050, critical care nurses should be knowledgeable about the management of traumatic injuries in older adults. The review by Thompson and Bourbonniere provides trauma and critical care nurses with insight into the special issues and problems of geriatric trauma patients.

Despite ongoing efforts to reduce the numbers of injuries through primary prevention efforts, including enforcement of seatbelt, child restraint, and helmet laws, certain types of injuries, such as traumatic brain injury, continue to increase. Violence remains a significant public health problem because it results more than 1.6 million deaths annually worldwide [8]. The World Health Organization launched the Global Campaign for Violence Prevention and the CDC has developed a special program for violence prevention (<http://www.cdc.gov/ncipc/dvp/CDCynergy.htm>) to address this continuing epidemic. In addition, disparities remain within certain populations that must be addressed. For instance, adults ages 65 and older are more likely to die from fire than younger victims, and the age-adjusted injury death rate for American Indians is three times higher than that of all other groups in the United States [1].

Critical care nurses and other health care professionals must continue to support injury and violence primary prevention efforts in their communities and to stay abreast of the latest secondary and tertiary prevention information. Another excellent resource is the SafetyLitsm Injury Prevention Literature Update and Web site, www.safetylit.org.

This issue provides updates in areas that Healthy People 2010 and the CDC identify as injury and violence priorities. Working together, critical care nurses and the multidisciplinary team can reduce morbidity and mortality from violence and injury and improve the overall quality of life for patients.

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