Introduction: A variety of pain assessment tools exist for children, however none of the current scales were created specifically for family use. Further, none provide direct guidance with regards to pain treatment threshold. This study aimed to validate a novel, three faced, coloured coded (red, yellow, green), family-friendly pain tool, the Stoplight Pain Scale, by comparing it to the widely accepted and validated Faces Pain Scale-Revised (FPS-R). This novel tool has the capability to guide families with regards to treatment, as well as measure pain. Methods: A prospective observational cohort study was conducted at the Stollery Childrens Hospital emergency department (ED) (Edmonton, Alberta) from November, 2014 to February, 2017. Demographic information was collected, and patients (3-12 years) and their caregivers were asked to rate their pain using the novel Stoplight Pain Scale as well as the FPS-R. Pain was measured at presentation to the ED, immediately following painful procedures, and thirty minutes after analgesia administration. Patients and their caregivers also indicated their preferred scale for assessing pain. Results: A purposeful random sample of 227 patients were included for analyses; 61/227 (26.9%) of patients were 3-5 years old and 166/227 (73.1%) were 6-12 years old. 53/227 (23.3%) of patients had been previously hospitalized. Correlation between the two pain scales was consistently fair to moderate; using Kappa Statistics, a baseline correlation for Stoplight and FPS-R was fair for both caregivers (0.38, 95% CI 0.28-0.48) and patients (0.36 95% CI 0.27-0.45). The Stoplight Pain Scale had fair to moderate correlation between caregiver and patient scores, (0.37, 95% CI 0.27-0.47), compared to FPS-R which showed poor to fair agreement between caregiver and child scores (0.20, 95% CI 0.12-0.29). Regardless of age or hospitalization status, 64% of patients (139/218) and 54% caregivers (118/220) preferred the Stoplight Pain scale (p = 0.001). Conclusion: The Stoplight Pain Scale correlates moderately well with FPS-R, a validated pain assessment tool for children and shows good correlation between patients and caregivers assessment of reported pain. The Stoplight Pain Scale is a simple, easy to administer tool that may have a role in empowering family involvement in ED pain management. Future research should focus on at-home study of the tool. Keywords: pain, measurement, self-report

Introduction: Ideal management of alcohol withdrawal syndrome (AWS) incorporates a symptom driven approach, whereby patients are regularly assessed using a standardized scoring system (Clinical Institute Withdrawal Assessment for Alcohol-Revised; CIWA-Ar) and treated according to severity. Accurate administration of the CIWA-Ar requires experience, yet there is no training program to teach this competency. The objective of this study was to develop and evaluate a web-based curriculum to teach clinicians how to accurately assess and treat AWS.

Methods: A three-phase educational program consisting of a series of 3 e-learning modules of core competency material, in-person seminar to orient learners to high fidelity simulation, and summative evaluation in an OSCE setting using a standardized patient. To determine the ED impact of the AWS curriculum, we conducted a preliminary analysis on a subsample of participants (n = 22) enrolled across all 3 sites by March 31, 2017. At VGH and SPH (n = 14), 25% fewer patients required an ED visit in the post-survey reporting compared to pre-survey. During the monitoring period, the monitoring nurse observed seven likely decompensations necessitating multiple emergency department (ED) visits and hospitalizations. If patients are able to receive timely interventions and optimize self-management, recurrent ED visits may be reduced. In this feasibility study, we piloted the application of home telemonitoring to support the discharge of HF patients from hospital to home. We hypothesized that TEC4Home would decrease ED revisits and hospital admissions and improve patient health outcomes.

Methods: Upon discharge from the ED or hospital, patients with HF received a blood pressure cuff, weight scale, pulse oximeter, and a touchscreen tablet. Participants submitted measurements and answered questions on the tablet about their HF symptoms daily for 60 days. Data were reviewed by a monitoring nurse. From November 2016 to July 2017, 69 participants were recruited from Vancouver General Hospital (VGH), St. Pauls Hospital (SPH) and Kelowna General Hospital (KGH). Participants completed pre-surveys at enrollment and post-surveys 30 days after monitoring finished. Administrative data related to ED visits and hospital admissions were reviewed. Interviews were conducted with the monitoring nurses to assess the impact of monitoring on patient health outcomes.

Results: A preliminary analysis was conducted on a subsample of participants (n = 22) enrolled across all 3 sites by March 31, 2017. At VGH and SPH (n = 14), 25% fewer patients required an ED visit in the post-survey reporting compared to pre-survey. During the monitoring period, the monitoring nurse observed seven likely avoided ED admissions due to early intervention. In total, admissions were reduced by 20% and total hospital length of stay reduced by 69%. At KGH (n = 8), 43% fewer patients required an ED visit in the post-survey reporting compared to the pre-survey. Hospital admissions were reduced by 20% and total hospital length of stay reduced by 50%. Overall, TEC4Home participants from all sites showed a significant reduction in ED readmissions and clinical flow.