



EuSEN

European Society for emergency Nursing

Dear Colleagues,

This year's board meeting was held in Reykjavik, Iceland from the 25-27th of May 2016. Unfortunately we only had limited time to enjoy the beauty of the country as we had a full schedule to work through the 3 days.



Here is a summary of what we discussed:

Economy and sponsors

The statutes will be soon notarised in Belgium to start collaborations with sponsoring bodies.

It was further decided to hold all future board meetings in Belgium.

Competencies of Emergency Nurses – European standards

The main agenda point of the board meeting was the establishing of European Competencies for Emergency Nurses. The final paper will be presented in the next newsletter.

Networking

Since the last newsletter, president Door Lauwaert had visited a conference in Abu Dhabi and talked about EuSEN. Furthermore, he was invited at the conference of the Croatian Nurses Society of Anesthesia, Reanimation, Intensive Care and Transfusion to represent EuSEN. Unfortunately Door could not attend that conference due to the terrorist attack in Brussels. Later that month Door was also invited by the Croatian Nurses Society of Emergency Medicine (CNSEM) on their 3rd Emergency Medicine Congress in Vodice, Croatia. He had a presentation on "Emergency Nursing – The way ahead".

We would like to announce that Cyprus has joined EuSEN. **Cyprus**, we wish you a warm welcome to the EuSEN community!



EuSEN is still open for more European countries to join, therefore EuSEN's board delegates will join a few conferences in 2016 and do some visits in nearby countries to represent EuSEN.

Planned visits:

- Denmark
- Finland
- Germany
- Austria

Website

The website will be renewed in 2016. Check EuSEN on Facebook in the meantime.

Shadowing program

Belgium will be sending a proposition to the Netherlands to be able to send two nurses to The Hague. The aim will be to share the scope of practice about the work of an ANP in the ED. This will take place after the summer.

Meetings 2016 and 2017

EuSEM conference 1.-5th October 2016 in Vienna Austria



The next EuSEN board meeting will take place during the EuSEM congress in Vienna.

Since last year's nursing track at EuSEM's congress organised by EuSEN was a great success, EuSEN is again in charge of the nursing track at the congress on Tuesday, 4th of October 2016.

The EuSEN General assembly (GA) will take place on the very same day after the scientific program.

Check the program on:

<http://www.eusemcongress.org/en/scientific-programme/at-a-glance>)

We highly recommend to our members to attend the **2nd Global Conference on Emergency Nursing & Trauma Care from 22 - 24 September 2016** in Sitges, Spain. EuSEN members will be offered a discount for the registration fee.



In **2017** the EuSEN board meeting will be held in Belgium in the beginning of June.

The EuSEM congress in 2017 will take place in Greece, Rhodes from the 23-27th of September.

Hope to see you all soon in Vienna

Door Lauwaert; President EuSEN

Petra Valk-Zwicky; Vice-President EuSEN



In collaboration with



Full program and registration:

<http://www.eusemcongress.org/en/>

On the 4th of October 2016 the nursing track of the EUSEM congress will be organized by EuSEN

04/10/2016 EuSEN General Assembly from 19:00 till 20:00
the Erzherzog Karl Saal

EuSEN Nursing Track

SESSION 1: Prehospital Emergency Nursing

Chairs: Yves Maule (B) – Luciano Clarizia (I)

Preparing for the disaster

Mark Tyler (AUS)

Prehospital trauma care: nursing interventions

Salvatore Casillo
(IT)

Prehospital Emergency Nursing in Poland : achievements and problems

Marek Maslenka
(POL)

SESSION 2: Trauma Nursing

Chairs: Marek Maslenka (POL) – Ole-Petter Vinjevoll (N)

Taking care of the severe injured patient: human factors

Bruce Armstrong
(UK)

Multisite Terroristic attacks in Brussels (B): a challenge?

Yves Maule (B)

Training staff in major trauma education

Bruce Armstrong
(UK)

SESSION 3: Emergency Nursing Education

Chairs: Petra Valk-Zwinkl (CH) - Jochen Bergs (B)

Emergency Nursing education in Australia

Mark Tyler (AUS)

Educating the future emergency nurse: professional competence and development

Thordis K.
Thorsteinsdottir
(ICEL)

Development of an e-learning program to increase knowledge and awareness for the recognition of elderly abuse in the ED

Sivera Berben
(NL)

SESSION 4: Emergency Nursing Research

Chairs: Frans de Voeght (NL) - Guðbjörg Pálsdóttir (ICL)

Emergency Nursing Research: Why? How?

Christine Van Der
Linden (NL)

Applying research into emergency nursing – examples from Iceland

Thordis K.
Thorsteinsdottir
(ICEL)

Thinking outside the box: a few things I have learned from other fields of research

Jochen Bergs (B)

2ND GLOBAL CONFERENCE ON EMERGENCY NURSING & TRAUMA CARE

22 - 24 September 2016 | Sitges (nr Barcelona), Spain

More info: <http://www.globaledconference.com/>

Early Society Member Registration	€250 plus Spanish VAT @21% = €302.50
Late Delegate Registration	€450 plus Spanish VAT @21% = €544.50
Late Society Member Registration	€350 plus Spanish VAT @21% = €423.50
Student ¹ Registration	€230 plus Spanish VAT @21% = €278.30
Pre Conference Workshop Registration	€100 plus Spanish VAT @21% = €121.00
Conference Dinner Ticket	€65 plus Spanish VAT @21% = €78.65

¹Student rate applies to those registered for a higher degree. Student registrations must be accompanied by a signed letter from your head of department attesting to student status.

Reduced rate for Society Members - Eligible Societies

Members of the following societies are currently eligible for the reduced society member registration fee. If you would like to add your society to this list please contact [Charlotte Alman](#).

- Aeromedical Society of Australasia
- African Federation for Emergency Medicine
- Air Medical Physicians Association
- Association of Air Ambulances
- Australian College of Emergency Nursing (ACEN)
- Emergency Nursing Association (ENA)
- College of Emergency Nursing Australasia (CENA)
- Enfermeria SEMES: Sociedad Española de Medicina de Urgencias y Emergencias
- EuSEN
- Flight Nurses Australia
- Hong Kong Emergency Nurses Association (HKENA)

Sponsoring & Endorsing



Organised by



Supporting Organisations



POLSKIE
TOWARZYSTWO
PIELĘGNIARSTWA
RATUNKOWEGO

Exhibitors



In collaboration with EuSEN

The main purpose of the European Society for Emergency Nursing (EuSEN) is to promote the art and science of emergency nursing across Europe and provide a platform for knowledge and information sharing amongst its members in the interest of our patients (Website EuSEN). At this moment, 13 countries (15 organizations) participate in EuSEN, each having its' own clinical practice guidelines, emergency nursing education styles, and nursing research priorities. These differences put a challenge to the implementation of evidence-based practices throughout Europe. At the same time, the differences between countries create opportunities for multinational research projects. For example, investigating the effects of different interventions to the same clinical problem. There are also many similarities, which again creates opportunities to create research projects using multicenter designs with large patient numbers.

To promote and support research activities of EuSEN's members, the Executive Board of EuSEN will install a Research Advisory Committee (RAC). The aims of EuSEN RAC are, amongst others:

- To facilitate collaborative research projects. EuSEN RAC members will utilize networks within their region to encourage proposals for multinational nursing studies.
- To discuss multinational nursing research priorities, clinical practice guidelines, and external research opportunities.
- To review multinational nursing research proposals, assessing quality of the study design and feasibility of the study.

EuSEN RAC reports to the Executive Board of EuSEN. The EuSEN website will be used to communicate research-issues.

EuSEN is now seeking **research experts in emergency nursing** interested in volunteering on EuSEN RAC. Applicants preferably have a doctorate (or an equivalent degree), and publishing and/or reviewing experience. However, enthusiasm for multinational nursing research is the most important quality that we seek. EuSEN RAC members will routinely conduct business by email (for example, when reviewing study proposals) and may where necessary hold formal meetings via Skype. If you are interested in participating in EuSEN RAC, please submit the following information to Dr.M.Christien van der Linden

If you have a colleague who may enjoy serving on EuSEN RAC, please feel free to forward this call to him or her.

For any questions please contact: Dr. M.Christien van der Linden,
c.van.der.linden@mchaaglanden.nl

Email subject: Application EuSEN Research Advisory Committee
Your name
Email address
Telephone
City, State, Country
Name of your institution
Department or Division
Website of institution
Your title or position
Your highest degree
Number of referred articles published in English-language journals
Short motivation

The role of a clinical pharmacist on the emergency department: Benefit to the emergency nursing

I held this oral presentation (EuSEM 2015 – Torino, Nursing Track) with the purpose of introducing ED colleagues, especially the ED nurse, to emergency based clinical pharmacy. And for those who see the benefit, I propose some ideas to put your own emergency clinical pharmacy service into practice, all of this based on my own experience as an ED clinical pharmacist.

A clinical pharmacist in Belgium is a hospital pharmacist who works bedside, in close interaction with the patient, together with the physician, the nurse and other health care professionals, so the clinical pharmacist is a full member of the multidisciplinary team built around the patient. The clinical pharmacist is the 'drug specialist' on the ward, and he/she will assure a seamless drug use process, without any errors, from prescribing, through dispensing, until administration and monitoring.

ED clinical pharmacy services exist worldwide, in some countries dating back to the sixties or seventies, although they did not really take a boost until the '99 U.S. Institute of Medicine report 'To err is human' appeared and shocked the world. This report brought awareness on medication errors (ME), which were shown to be a leading cause of death and which represented an enormous cost to the society. The ED involves more severe and more frequent ME than most of the other wards. At the ED many patients are admitted because of a drug related problem, and many patients are hospitalized after entering the ED. This report called for action because medication errors are preventable. Hence a good number of patients and resources could be saved by ensuring a qualitative drug use process. Following this report, during the last 15 years, clinical pharmacy at the ED, but also in general took big steps and the clinical pharmacist became to be a valuable member of the bedside multidisciplinary team on the ward.

Here are briefly some opportunities/duties for a clinical pharmacist at the ED. This is a non-exhaustive list, applied specifically to the ED nurse. This way you may know what to expect/demand of him/her.

The clinical pharmacist is the drug specialist at the ward, this may prove useful in counseling not only the patient, but also the nurse about dispensing, administration and monitoring, hence ensuring a correct medication use process.

He can monitor (potential) adverse drug events on the ward, and drug interactions or incompatibilities. In consequence proactive measures can be installed to prevent such events, i.e. an intravenous compatibility table or an antibiotics table.

He adds an interesting and different point of view to the editing of charts, protocols, policies at the ED and throughout the whole hospital. The pharmacist's training and specialization background has different accents than a nurse's or a physician's. As such he is a desired member in different committees as well.

The clinical pharmacist has an important responsibility with respect to the monitoring of safety and quality of drugs in the population, and reporting this to his fellow health care professionals.

In conclusion, I think the clinical pharmacist can be an important link between different health care professionals, as well as between health care professionals and the patient. This way, by providing and improving continuity of care he can prevent many medication errors, and thus reduce morbidity, mortality and costs.

Triage of self-referrals at the emergency department; Dutch triage system results in same type of care needed as Manchester triage system.

Manon Bruens MSc¹, Victor Jansen MD², Rein IJmker MD², Ate Jeeninga MD³, Coriene Veldkamp³, Jacqueline Noltes MSc³, Annemarie Luttikhof³, Renate Haakmeester³, Monique Poesse², Diane Wevers², Professor Arie van Vugt².

¹Acute Zorg Euregio, Enschede, the Netherlands. ²MST, Enschede, the Netherlands, ³HDT-Oost, Enschede, the Netherlands.

Background

In the Netherlands the general practitioner (GP) acts as a gatekeeper for secondary care. Nevertheless some patients bypass the GP and go to the emergency department (ED) directly; the so called self-referrals. Therefore a lot of EDs are integrating with GP cooperation (GPCs) into one integrated emergency post (IEP). A Dutch level I trauma centre in the East of the Netherlands is planning to integrate its ED with the local GPC into an IEP in 2016. At the moment they do not know what the impact of the integration will be on their patient flows, e.g. how many of the self-referrals can be treated by the GP and how many of the self-referrals still need secondary emergency care. Furthermore with the transition to an IEP, the ED is planning to shift from the Manchester Triage System (MTS) to the Dutch Triage System (DTS). Most EDs in the Netherlands use the MTS for triaging patients, while most GPCs uses the DTS. The GPC in this study also uses the DTS.

Objective

What are the effects on patient flows when self-referrals of the ED are triaged by the GPC using DTS instead of being triaged by the ED using MTS and are their differences in outcomes concerning urgency level and type of care needed for self-referrals.

Method

Four weekends from 09:30 till 23:00 h the GPC triages the self-referrals of the ED, using the DTS. The ED nurse administers a parallel triage using the MTS and triages patients when the GPC is not able to triage a new patient within 10 minutes. For patient safety issues, all triage outcomes are digitally controlled by a GP within one hour. Number of self-referrals, level of urgency, type of emergency complaint and type of care needed (GP or ED) are analysed and if applicable compared using DTS versus MTS.

Results

During the study period 89 self-referrals came to the ED. 79 of them were triaged by the GPC using DTS and 10 by the ED using MTS. There were no differences in type of care needed between the two triage systems. After being triaged 27 (30%) of the self-referrals were directly send to the ED, 50 patients (56%) got a consult at the GPC and 12 (13%) did not needed any care, but only got an advice for self care. From the patients who got a consult at the GPC, 6 patients needed an X-ray in the hospital and one patient was send to the ED after all. Most of the self-referral patients had musculoskeletal problems (38%) as reason for encounter.

Conclusion

This study gains insight in the type of care self-referrals need presenting themselves at a Dutch level I trauma centre. Both the ED as well as the GPC can make a better staff planning for the new IEP based on the patient flows during the study. There are no studies known yet that compare the outcomes of the MTS with the DTS. This study shows that using the DTS results in the same type of care needed for self-referrals, as when using the MTS.

Keywords:

Emergency department; General Practitioner Post; Self-referral; Triage

Trauma team activation at a level 1 trauma centre: how decisions are made by emergency nurses

Rolf E. Egberink MSc ^{a, b}, Danique Hesselink MSc ^b, Maarten J. IJzerman PhD ^b,

Arie B. van Vugt PhD MD ^c, Carine J.M. Doggen PhD ^b

^aAcute Zorg Euregio, Enschede, The Netherlands

^bDepartment HTSR, MIRA Institute for Biomedical Technology and Technical Medicine, University of Twente, Enschede, The Netherlands

^cEmergency Department, Medisch Spectrum Twente, Enschede, The Netherlands

Introduction: Trauma team activation (TTA) is a kind of triage the staff of an Emergency Department (ED) exerts to determine whether a trauma team needs to be activated for severely injured patients and in what composition the team needs to be deployed. It is a difficult decision-making process which is mostly performed by ED nurses and led by guidelines and protocols. There are several factors influencing the decision-making process, such as patient factors, contextual factors and individual factors of the decision maker.

Objective: The objective of this study is to understand the TTA decision-making process at a Dutch ED. Secondly, we want to obtain insight in the importance of several factors of influence on the decision-making process for TTA according to ED nurses.

Methods: This study has a cross-sectional fractional factorial design. Six patient factors (attributes), of which four with four levels and two with three levels, were identified by literature review and discussed with trauma experts. SPSS® Orthoplan was used to generate a fraction (n=25) of all possible alternative scenarios (n=2304), that consisted of combinations of the attribute levels. Two combinations appeared to be impossible in practice and were removed. Three duplicate scenarios were added to evaluate consistency, but were left out for analysis of importance of the levels. Scenarios were presented to 44 ED nurses at a level I trauma centre using a questionnaire with a total of 26 clinical vignettes. ED nurses ranked the attributes according to their perceived importance. The importance of the attributes and levels was calculated with (normalized) mean rank scores to assess the relative impact of the attributes and levels on the decision-making. Consistency of the rank scores among ED nurses was calculated with the intraclass correlation coefficient (ICC).

Results: 27 ED nurses completed the questionnaire (response rate 61%). The number of team activations per respondent varied from one to five for normal ED team, from zero to nine for modified trauma team and from nine to 20 for the full trauma team. According to the mean rank score *Airway-Breathing* (2.68) scored the highest attribute importance, followed by *Mechanism of injury* (3.19) and *Circulation* (3.37). After normalizing the level mean rank scores, the level *Airway-Breathing unstable* was the most important level for TTA based on the relative rank sum weight (0.115), followed by *Mechanism of injury Fall of height >5m* (0.171) and *Airway-Breathing Intubation* (0.172). There was no difference in attribute mean rank scores between two groups of ED nurses, stratified for years of work experience. The ICC for the different levels occurring in the three duplicate vignettes varied from 0.432 to 0.795, from 0.712 to 0.802 and from 0.071 to 0.639.

Discussion: We observed variation in decisions for TTA and in consistency of the rank scores among the ED nurses under study. This raises questions about the ED nurse being the best suited professional to make the decision on TTA and if a decision support system could improve uniformity in the TTA decision-making process. The patient factors *Airway-Breathing unstable*, *Airway-Breathing Intubation* and *Mechanism of injury Fall of height >5m* were perceived the most important levels for TTA. In addition, other possible influencing factors such as contextual factors need to be taken into account.

Official Journal of European society for Emergency Nursing **EuSEN**

**Subscription available with a
45% discount for EuSEN members**



Symposium

Terrorism & Disasters

Are we ready?!



Datum 8 september 2016

Locatie Pathé Buitenhof, Den Haag

Tijdstip 17:00 - 22:00 uur

Kosten € 25,-

Accreditatie is aangevraagd

Programma

<p>17:00 - 17:40 uur</p> <p>17:40 uur</p> <p>17:50 - 18:20 uur</p> <p>18:25 - 18:55 uur</p> <p>19:00 - 19:30 uur</p> <p>19:35 - 19:55 uur</p> <p>20:00 - 20:30 uur</p> <p>20:35 - 21:15 uur</p> <p>21:20 - 21:35 uur</p> <p>21:40 uur</p>	<p>Indisch buffet</p> <p>Drs. Paul Dooij</p> <p>Voorzitter: Rijk van Borsum MCH Bronovo - Nabo Welken</p> <p>Drs. Mark Huisman, Chirurg</p> <p>"Opvang slachtoffers terrorisme"</p> <p>Mr. Kijl G. Sijmensen, Nurse anesthetist/EMT</p> <p>The terror attack in Norway 22-07-2011</p> <p>A personal experience from Oslo and Uppsala</p> <p>Dr. Elvire Côté, Director of Trauma Research, Paris Lodron Major Trauma System</p> <p>"The London Bombings, 07-07-2005"</p> <p>Paule</p> <p>Yves Yodanis, Emergency Physician, Associate Professor in Emergency Medicine, Hospital Saint - Antoine, Paris, France</p> <p>Learning for your ED from the Paris Attacks?</p> <p>Adjunct Chief Jan Vans, Urgentieopvangkundigen, Crisiscentrum MIRA & Geneeskunde Koning Eric Mercurius</p> <p>Urgentiecentrum, Overstroomd Interventiedienst MIRA</p> <p>De ervaringen van de medische afdeling van de brandweer in Zwierden op 22-03-2016</p> <p>Ten R.A.M. van der Arie M.G.</p> <p>Directeur Publieke Gezondheid, Directeur GGD Haaglanden</p> <p>Director GGD Haaglanden</p> <p>Terrorism and cascades, medical disaster management in the world of safety and security</p> <p>Boud</p>
---	--

Doelgroep

- Specialisten
- ANKIOS
- Para-medici
- Verpleegkundigen
- OK medewerkers
- Overige geïnteresseerden

Inschrijving en overige informatie
www.mchaaglanden.nl/terrorismendisasters

www.mchaaglanden.nl/terrorismendisasters

Meetings - conferences - courses

EuSEN NEWSLETTER Nr. 10 2016

EN A EMERGENCY NURSING 2016

Education • Networking • Advocacy

Los Angeles
September 14-17

2ND GLOBAL CONFERENCE ON EMERGENCY NURSING & TRAUMA CARE

22 - 24 September 2016 | Sitges (nr Barcelona), Spain



EM Vienna
EUROPEAN SOCIETY FOR EMERGENCY MEDICINE

EuSEM2016
10th EUROPEAN CONGRESS ON EMERGENCY MEDICINE

1-5 October 2016
HOFBURG CONGRESS CENTRE VIENNA

www.eusemcongress.org

  

CONGRES 25 JAAR SPOEDEISENDE HULP

VAN PIONIER NAAR PROFESSIONAL

MET GASTSPREKERS OVER O.A.
WATERSNOOD VUMc, OPVANG
SLACHTOFFERS AANSLAG
BRUSSEL EN WORKSHOPS



Inschrijven
via nvshv.nl
Profiteer nu van 10%
early bird korting

DONDERDAG 6 OKTOBER 2016

HagaZiekenhuis van Den Haag



Al 25 jaar voor verbetering van de Acute Zorg!



Akuttdagene 2016

18.-19. oktober - Hell, Stjørdal

AKUTTDAGENE 2016 (The Norwegian Emergencydays) 18-19th of
October

<https://www.berg-hansen.no/eventportal/?E=1588&A=58035&Att=0&WebNo=1&Sec=IjlfGpcJBkcEiIlb>



SCHWEIZERISCHE INTERESSENSGEMEINSCHAFT NOTFALLPFLEGE
COMMUNAUTÉ D'INTÉRÊTS SOINS D'URGENCE SUISSE
WWW.NOTFALLPFLEGE.CH

KALEIDOSKOP 16 VORPROGRAMM



Machen
Sie mit an der
Posterausstellung

5. Notfallpflege-Kongress
17. - 18. November 2016 im SPZ Nottwil (CH)
Industrierausstellung

Infos und Anmeldung unter:

www.notfallpflege.ch

Swiss emergency nurse conference from
the 17-18th of November 2016

<http://www.notfallpflege.ch/notfallpflege-kongress.html>

Meetings - conferences - courses



SYMPOMED
CONGRES

19 november 2016
08:00 - 17:00

Campus Erasmus Brussel (Gebouwen B & J)

DE NIEUWE UITDAGINGEN IN DE RAMPENGENEESKUNDE



INFO & INSCHRIJVING

www.sympomed.be

Organiserend comité

Dr. F. GUERISSE (ULB)
Prof. Dr. I. HUBLOUE (VUB)
Mr. D. LAUWAERT (VVVS)
Mr. Y. MAULE (AFIU)
Prof. Dr. P. MOLS (ULB)
Prof. Dr. M. SABBE (KUL)
Dr. F. VAN TRIMPONT (ULB)

Feedback - getuigenissen : aanslagen luchthaven Zaventem

112 Centrale
1ste verkenning door de Politie
Feedback van de Med. Dir.
VMP Militair Ziekenhuis
MASH plan UZ Leuven
Psychologische opvang van de verschillende intervenanten

Interventieplan op meerdere sites

Communicatie : zwakke schakel maar essentieel instrument
in de goede werking van een rampenplan

Europese traceerbaarheid van een slachtoffer
in een rampensituatie

Accreditatie RIZIV en IZSP aangevraagd



KU LEUVEN

ULB
UNIVERSITÉ
LIBRE
DE BRUXELLES

Vrije
Universiteit
Brussel



30th National Congress of AFIU
14th of March 2017

Meetings - conferences - courses



Submit your book project in Emergency Nursing!

Springer is expanding its international book program in Academic Nursing. Written for highly qualified clinicians and researchers worldwide, your recent findings in Emergency Nursing will be at the forefront of the scene. Visit our website: Nursing@Springer

Springer is dedicated to producing books and eBooks of the highest quality. We publish pocket guides, monographs, contributed volumes, textbooks and atlases and we have a long tradition of commitment to the advancement of medicine through education. We provide each of our editors with individual attention and support. Please visit our book Author's website

Springer also offers the prestige of an internationally recognized medical publisher with unparalleled international marketing and distribution.

Interest in being part of this exciting development? Your publishing ideas are welcome!

Please contact Nathalie L'Horset-Poulain at: Nursing senior Editor at Springer

Nathalie.Lhorset-Poulain@springer.com



EUSEN

European Society for emergency Nursing

Are you interested in Emergency Nursing?
Then join the European Society for Emergency Nursing NOW!

The society's aim is to promote nursing activities in the field of emergency care

The Society's purpose is:

- to promote science and art of nursing in emergency care
- to promote contacts, exchange and cooperation between European emergency nursing associations
- to represent emergency nurses within and outside of Europe
- to draft and promote standards for training, implementation of the profession and management in the field of emergency nursing
- to harmonize the training of emergency nursing across Europe
- to promote cooperation with all healthcare professionals, institutions and organizations with a professional interest in emergency care
- to promote basic knowledge about emergencies throughout the population.

EuSEN is a NON-Profit association. To be a member with EuSEN you need to be a member of a local or national emergency nurse association. The association needs to have local standards and official statutes.

Do you want to learn more about the EuSEN Please contact :

The President of EuSEN

Door Lauwaert

Post address: UZ Brussel, Emerg. Dpt, Laarbeeklaan 101, 1090 Brussels, Belgium

Or door.lauwaert@uzbrussel.be

To join us - Fill in the admission form on the next page.

www.eusen.org



EUSEN

European Society for emergency Nursing

Application form EuSEN

Name of the Association

.....

Country.....

URL Website.....

Number of members.....

Does the association follow official statutes **Yes** **No**

The associations main purpose in emergency care

.....
.....
.....

Name of the President.....

Contact address, E-Mail and phone number

.....
.....

Second contact person of the association (if not the President is the contact person)

.....

Contact address, E-Mail and phone number

.....
.....

Send the application form and relevant documents presenting your organization to:

The President of EuSEN Door Lauwaert

Post address: UZ Brussel, Emerg. Dpt, Laarbeeklaan 101, 1090 Brussels, Belgium

Or door.lauwaert@uzbrussel.be

www.eusen.org



EUSEN

European Society for emergency Nursing



Board:

President: Door Lauwaert (B)

Vice-President: Petra Valk-Zwickl (CH)

Secretary: Ole-Petter Vinjevoll (N)

Treasurer: Yves Maule (B)

Website: Yves Maule (B)

Newsletter editors:

Petra Valk-Zwickl (CH) - Door Lauwaert (B)

Other executive committee members:

Luciano Clarizia (I)

Frans de Voeght (NL)

Gudbjörg Palsdottir (ISL)

www.eusen.org