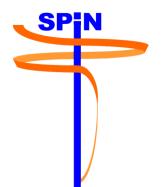
How to set up an acute pain team in hospitals - UK experience

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Kiev May 2010

• severe post-op pain common (40%) in 1990

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- 'Pain after Surgery' document published 1990

THE COLLEGE OF SURGEONS OF ENGLAND

THE COLLEGE OF ANAESTHETISTS





COMMISSION ON THE PROVISION OF SURGICAL SERVICES

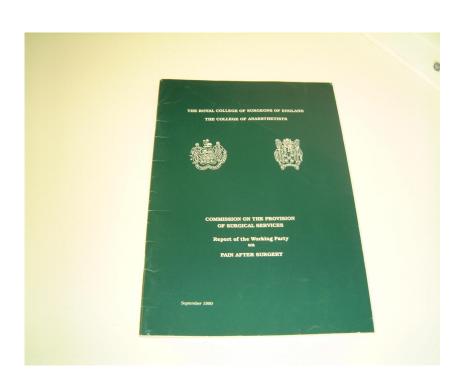
Report of the Working Party on PAIN AFTER SURGERY



• 'Acute Pain Teams'



- 'Acute Pain Teams'
- staff education



- 'Acute Pain Teams'
- staff education
- assess / record pain



- 'Acute Pain Teams'
- staff education
- assess / record pain
- named staff member



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- assess / record pain
- named staff member
- use existing methods



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- assess / record pain
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- new methods



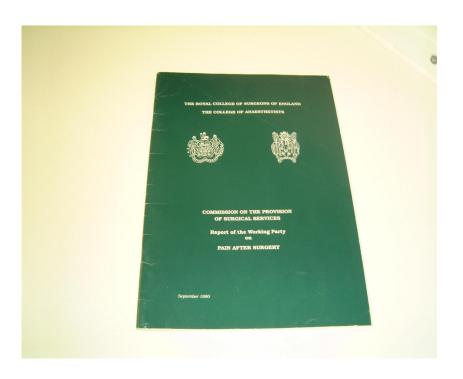
- 'Acute Pain Teams'
- staff education
- assess / record pain
- named staff member
- use existing methods
- new methods
- audit/research



• main aim;

'is to provide effective post-operative pain relief for all patients in all clinical settings'

'Pain after Surgery'



• did the recommendations help?

effect of introducing acute pain service

• University of Wales, Cardiff



- University of Wales, Cardiff
- effect of acute pain service



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- effect of acute pain service
- 7 stage study (1991)



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- pain assessed at every stage



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- visual analogue score (VAS)
 100 mm



effect of introducing acute pain service

- University of Wales, Cardiff
- effect of acute pain service
- 7 stage study (1991)
- pain assessed at every stage
- visual analogue score (VAS)
 100 mm

No pain worst pain imaginable



acute pain services ... effect of introducing acute pain service

• Stage 1 - current practice

acute pain services ... effect of introducing acute pain service

Stage 1 - current practice
 <u>major</u> surgery
 pain on movement
 median pain score
 VAS - 78

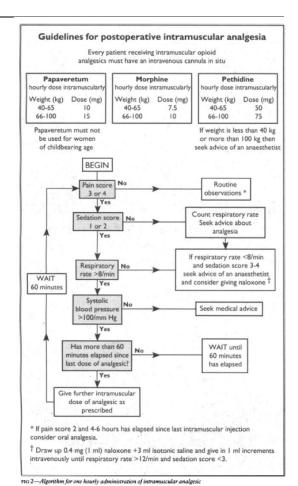
- Stage 1 current practice
- Stage 2 pain assessment chart

Pain Score R (rest) M (movement)		R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/N
Worst possible pain	4								$\overline{}$	$\overline{}$	$\overline{}$					
Severe pain	3															
Moderate pain	2															
Mild pain	1		\square	$\overline{}$	$\overline{}$			$\overline{}$		$\overline{}$						
No pain	0															
Sedation Score		Т													1	
Awake	0															
Drowsy	1															
Asleep/Rouseable	2															
Unrouseable	3															
Vausea Score																
No Nausca	0														_	Н
Nausea	1															
Vomiting	2															
Patient Controlled Analgesia (PCA)																
Number of Demands	T															
Number of Good Demands					-											
Total amount of Drug																
Level of Block																
Applies only to patients with an epidural																

- Stage 1 current practice
 VAS 78
- Stage 2 pain assessment chart
 VAS 65*
 *P < 0.05

Pain Score R (rest) M (movement)		R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M	R/M
Worst possible pain	4		1							$\overline{}$	$\overline{}$		$\overline{}$			
Severe pain	3		\square	$\overline{}$					$\overline{}$	$\overline{}$			$\overline{}$	$\overline{}$	$\overline{}$	
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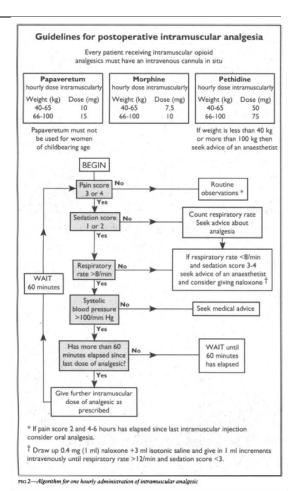
- Stage 1 current practice
- Stage 2 pain assessment charts
- Stage 3 analgesia algorithm



Guidelines for postoperative intramuscular analgesia Every patient receiving intramuscular opioid analgesics must have an intravenous cannula in situ Papaveretum Morphine Pethidine hourly dose intramuscularly hourly dose intramuscularly hourly dose intramuscularly Weight (kg) Dose (mg) Weight (kg) Dose (mg) Weight (kg) Dose (mg) 40-65 10 40-65 7.5 40-65 66-100 15 66-100 10 66-100 Papaveretum must not If weight is less than 40 kg be used for women or more than 100 kg then of childbearing age seek advice of an anaesthetist **BEGIN** Routine Pain score observations * 3 or 4 Yes Count respiratory rate Sedation score Seek advice about 1 or 2 analgesia Yes If respiratory rate <8/min Respiratory No and sedation score 3-4 rate >8/min seek advice of an anaesthetist WAIT and consider giving naloxone T Yes 60 minutes Systolic No blood pressure Seek medical advice >100/mm Hg Yes Has more than 60 WAIT until No minutes elapsed since 60 minutes last dose of analgesic? has elapsed Yes Give further intramuscular dose of analgesic as prescribed * If pain score 2 and 4-6 hours has elapsed since last intramuscular injection consider oral analgesia. [†] Draw up 0.4 mg (1 ml) naloxone +3 ml isotonic saline and give in 1 ml increments intravenously until respiratory rate > 12/min and sedation score <3.

- i.m. morphine algorithm ...
- moderate/ severe pain
- morphine 7.5 -10 mg i.m. one hourly
- sub-cutaneous (s.c.) equally effective
- indwelling s.c. cannula
- less painful

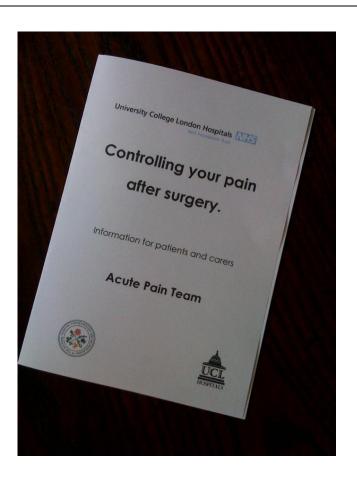
- Stage 1 current practice VAS -78*
- Stage 2 pain assessment charts
 VAS 65*
- Stage 3 analgesia algorithm
 VAS 58* *P < 0.05



- Stage 1 current practice
- Stage 2 pain assessment charts
- Stage 3 algorithm
- Stage 4 nerve blocks/infiltration



- Stage 1 current practice
- Stage 2 pain assessment charts
- Stage 3 algorithm
- Stage 4 nerve blocks/infiltration
- Stage 5 patient information sheet



- Stage 1 current practice
- Stage 2 pain assessment charts
- Stage 3 algorithm
- Stage 4 nerve blocks/infiltration
- Stage 5 patient information sheet
- Stage 6 patient-controlled analgesia (PCA)

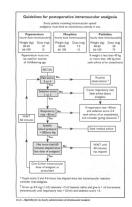


effect of introducing acute pain service

- Stage 1 current practice (VAS 78)
- Stage 2 pain assessment charts
- Stage 3 algorithm
- Stage 4 nerve blocks/infiltration
- Stage 5 patient information sheet
- Stage 6 patient-controlled analgesia (PCA)
- Stage 7 re -audit (VAS 46*)

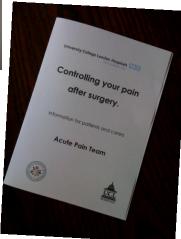
P<0.01













• what was the effect at my hospital?



- The National Hospital for Neurology and Neurosurgery (NHNN)
- specialist hospital
- 70 surgical beds
- 3000 operations/year (mainly major) remember ...
- effective pain relief for all patients in all clinical settings

NHNN

Stage 1

• started acute pain team 1997

Stage 1

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- 3 nurses (total 15 hours /week)
- doctor (8 hours /week)

Stage 1

- started acute pain team 1997
- 3 nurses (total 15 hours /week)
- doctor (8 hours /week)
- most important factor ... enthusiasm!



NHNN

Stage 2

• education nurses and doctors ward rounds, tutorials ...

NHNN

Stage 3

• introduced pain score to main observation chart

2 .

Applies only incompany with an operation

Pain Score R (rest) M (movement)		R/M														
Worst possible pain	4								/			/				
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NHNN

Stage 4

• audit

NHNN

Stage 4 - audit

- first 24 hours post-operation
- severe pain common (40% total)
- we had a problem!

NHNN

Stage 5

• introduced acute pain guidelines

'to provide effective post-operative pain relief for all patients in all settings' NHNN Acute Pain Management Guidelines



NHNN Acute Pain Management Guidelines

Copies of these guidelines

may be obtained from

may be obtained from

Neuroanaesthesia

(ext. 8711)

do not remove this copy

Stage 5 - acute pain guidelines

• categorized patients → expected pain postop

- categorized patients → expected pain post op
- minor, intermediate, major, complex major

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- encouraged analgesia 'by-the-clock'

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- based on WHO pain ladder

- categorized patients → expected pain post-op
- minor, intermediate, major, complex major
- encouraged analgesia 'by-the-clock'
- based on WHO pain ladder
- paracetamol +/- NSAID / + opioid (morphine) /
 - +/- adjunct (according to pain category)

NHNN

- Stage 5 acute pain guidelines continued
- opioid algorithm oral morphine 3 hourly prn
- initially reluctance to change (nurses/ doctors)
- observed benefit
- support for acute pain team +++

acute pain services ... acute pain guidelines

Stage 6

• re-audit

acute pain services ... acute pain guidelines

Stage 6 - re-audit

- first 24 hours post-operation
- severe pain common 1997 40% total
- *severe* pain 2002 7%

• de-skilling doctors in pain management

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- solution ...

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- surgical + anaesthetic trainees → ward round

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- very effective

- de-skilling doctors in pain management
- solution ...
- surgical + anaesthetic trainees → ward round
- very effective
- referrals to Acute Pain Team

• acute pain team must be readily available

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- introduce one change at a time

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- introduce one change at a time
- move on when ready

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- keep things simple
 - limit number of drugs

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 - limit number of drugs
 - limit number of techniques

- acute pain team must be readily available
- introduce one change at a time
- move on when ready
- keep things simple
 - limit number of drugs
 - limit number of techniques
- continual education essential





DIVINUM SEDARE DOLOREM

'It is divine to alleviate pain'

Thank you for your attention!



