BACKGROUND
Recognition and management of pain should be a priority within the ED. Pain assessment starts at triage and continues throughout stay in ED.

Pain relief allows for
- Improved patient assessment
- Improved patient experience
- Clear physiological benefits

Literature shows that pain assessment and management in the ED is not as good as it should be.

Table 1: The CEM Guidelines for Assessment and Management of acute pain in adults in the Emergency department (December 2014)

<table>
<thead>
<tr>
<th></th>
<th>Mild pain</th>
<th>Moderate pain</th>
<th>Severe pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>Within 20 mins of arrival</td>
<td>Within 20 mins of arrival</td>
<td>Within 20 mins of arrival</td>
</tr>
<tr>
<td>Suggested route and type of analgesia*</td>
<td>Oral paracetamol or oral NSAID</td>
<td>As for mild plus oral NSAID or Codeine phosphate</td>
<td>IV opiate or rectal NSAID Supplemented by oral analgesia</td>
</tr>
<tr>
<td>Timing of analgesia</td>
<td>Not stated</td>
<td>Offered analgesia at triage</td>
<td>Within 20 mins of arrival</td>
</tr>
<tr>
<td>Re-evaluation</td>
<td>Within 60 mins of analgesia</td>
<td>Within 60 mins of analgesia</td>
<td>Within 30 mins of analgesia</td>
</tr>
</tbody>
</table>

OBJECTIVES
To determine if the care in Plymouth ED is meeting the CEM standards for:
1. Initial pain assessment,
2. Timing of initial analgesia,
3. Correct analgesia given according to pain score.
4. Analgesia re-evaluation

METHODS
Retrospective review of case notes of adult patients who attended ED on 18th September 2015.
All adult patients where pain was recorded in the triage notes or history notes were included.
62 patients were identified. 41 minor’s patients. 21 major’s patients.
Audited against the data collection form.
The data was interpreted in excel.

RESULTS
1. Initial Pain assessment:

CEM Guideline – All patients to receive initial assessment of pain within 20 minutes of arrival

- For those in severe pain, 83% received initial pain assessment within 20 minutes of arrival and 100% within 30 minutes.
- For those in moderate pain, 65% within 20 minutes of arrival.
- 81% of patients had a pain score (1-10) or pain group (mild/moderate/severe) recorded.
- 48% had a pain score recorded

2. Timing of initial analgesia

CEM Guideline – Patients in severe pain should receive appropriate analgesia within 20 minutes, those in moderate pain should be offered analgesia at triage

- 7/18 (38%) of patients in severe pain received analgesia within 20 minutes.
- 0/7 patients were given the correct analgesia according to guidelines.

3. Correct analgesia given according to pain score

Table: Analgesia given within ED in accordance with guidelines

<table>
<thead>
<tr>
<th></th>
<th>Number n=45 (excludes patients who received pre hospital analgesia or declined analgesia)</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wholly</td>
<td>12</td>
<td>27</td>
</tr>
<tr>
<td>Partly</td>
<td>30</td>
<td>64</td>
</tr>
<tr>
<td>Not in accordance</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

- 91% received analgesia wholly or partly in accordance with CEM guideline for pain score.
- The 3 patients classed as not in accordance received only oramorph.
- 12 patients received oramorph as part or all of their analgesia. Oramorph is not in the CEM guideline.

4. Analgesia re-evaluation

CEM guideline – Patients in severe pain should be re-evaluated 30 minutes after analgesia. Patients in mild or moderate pain should be re-evaluated 60mins after analgesia

- 3/18 (16%) in severe pain had their pain re-evaluated in 30 mins.

CONCLUSIONS
Areas of good practice:
- The majority (83%) of those in severe pain received their initial pain assessment within 20mins of arrival.
- The majority (81%) of patients arriving in ED with pain were given a pain score or group.

Areas for improvement:
1. All patients to receive initial pain assessment (pain to be scored) within 20mins of arrival.
2. Administration of analgesia within 20 minutes for those in severe pain.
3. Administration of correct analgesia for pain score given.
4. Reduction in the use of oramorph (it is not part of CEM guidelines).
5. Re-evaluation of pain at 30mins for those in severe pain and 60 minutes for moderate/ mild pain.

RECOMMENDATIONS
1. Re-educate re the importance of initial pain assessment and scoring at triage.
2. Analgesia to be given at triage. Nurse prescribing for simple analgesia
3. CEM pain guidelines on screen saver
4. Re-educate on re-evaluation of pain. In majors use observation chart to record 6 vital signs (including pain). In minors, document pain score with every patient contact.

REFERENCES