

10 Years of Improving Pain Assessment Documentation in a Foundation Trust Hospital

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Background

- It is recognised that the assessment of pain is essential to its appropriate management
- Asking patients to score their pain is a simple, quick method of identifying pain and helping to evaluate the efficacy of pain management
- Pain is now commonly advocated as the '5th Vital Sign' (Department of Veterans Affairs, 2000)
- We initially audited the prevalence of pain within our Trust as part of a larger project pre- 2004 (Dix et al, 2004)
 - None of the patients at that time had pain assessment formally documented on the vital signs chart
 - 10.7% of patients reported they had not been asked about their level of pain
 - Pain scoring on the vital signs chart was introduced as part of the action plan following the project

Objectives

- To determine the percentage of patients who had pain score documented on the vital signs chart at least once in 24 hours
- Additional objectives in the 2015 audit:
- To determine the percentage of patients who had pain score documented with every set of vital signs
 - To determine the frequency of use of the Abbey scale (Abbey et al, 2002) – a tool used for identifying pain in the cognitively impaired

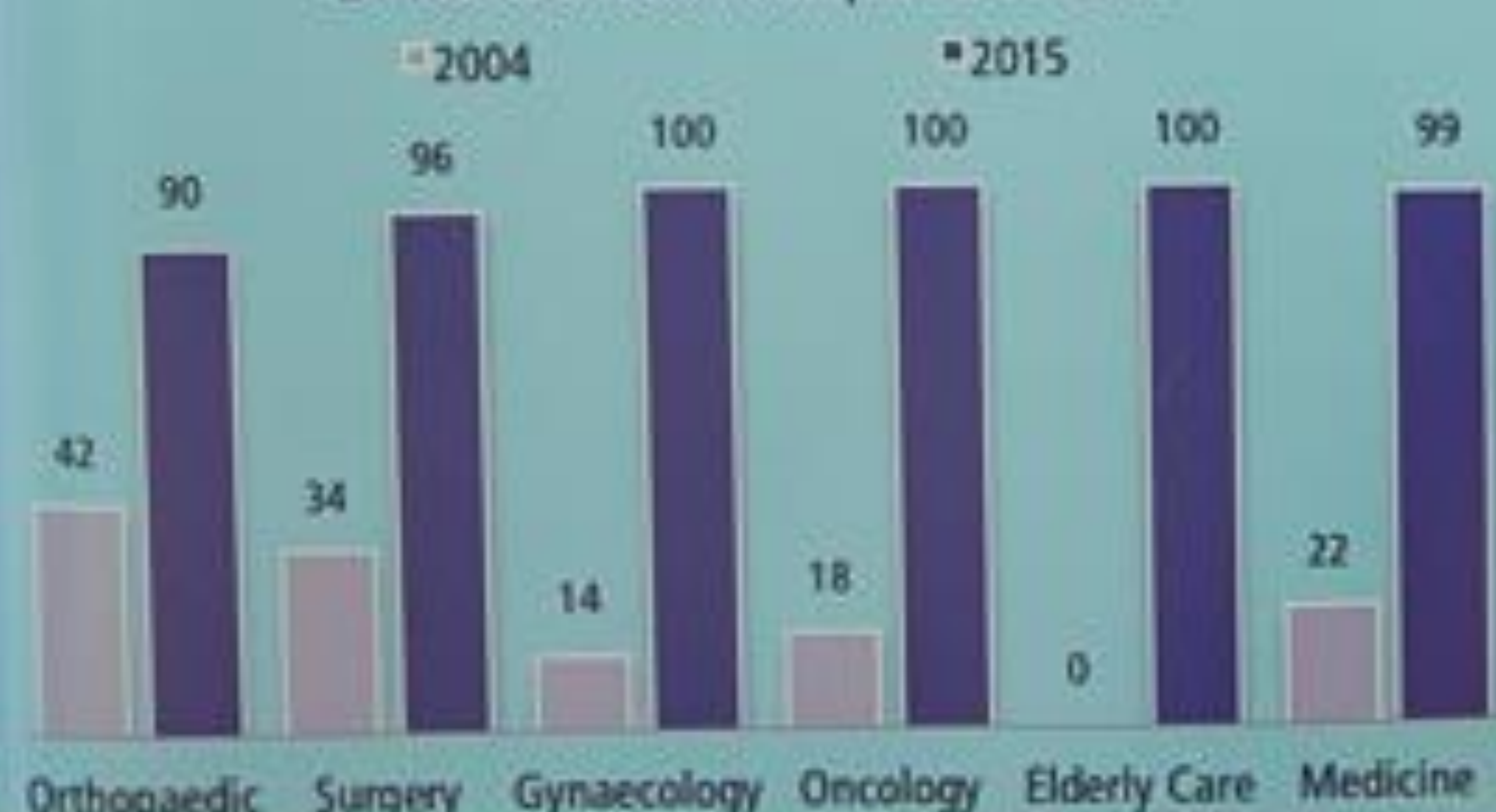
Methodology

- Prospective audit of in-patient vital signs chart
- Each ward area audited once
- N = 433 (2004); N = 461 (2015)
- Collated and analysed using Excel

Results

- The score generally used to assess pain was the 0-10 numerical rating scale
- The Abbey Scale was formally introduced into the Trust to assist in the identification of pain in cognitively impaired adults
- After introduction only 5% of patients with cognitive impairment had the Abbey Scale used to help assess their pain in the 2015 audit

% of patients with pain score documented at least once every 24 hours in 2004 compared to 2015



2015 data: % of patients with pain score documented once in 24 hours compared to with every set of vital signs



Conclusion

- The documentation of pain scores on the vital signs chart has become standard practice and is generally well documented.
- There remains a question over the preferred frequency of documentation and the accuracy of that documentation.
- The main area of concern is with the assessment of pain in adults with cognitive impairment – the Abbey Scale was poorly used.

Recommendations

- Review the assessment of pain in cognitively impaired adults – together with Elderly Care Team.
- Review standard for frequency of pain scoring within the Trust.
- Review alternative ways to collect accurate pain scores.

References

- Department of Veterans Affairs: Pain as the 5th Vital Sign toolkit. Accessed Online: www.va.gov/PAINMANAGEMENT/docs/Pain_As_The_5th_Vital_Sign_toolkit.pdf (11/07/2014)
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