

Pain Management at Teule Hospital, Muheza, Tanzania (2012-2013)

Dr Kathryn James (CT1 Anaesthetics, Royal Glamorgan Hospital)

Dr Frances Ashby (CT1 Medicine, University Hospital of North Staffordshire)

Introduction

Pain, an unpleasant sensory and emotional experience associated with actual or potential tissue damage is experienced by many patients in hospital worldwide.^[1]

Principles of pain management set out by the World Health Organisation (WHO) aim to ensure that pain is managed adequately throughout the world. If these principles are followed, it has been shown that pain relief can be achieved for 80% of patients.^[1] Adherence to these principles is important for patient care globally.

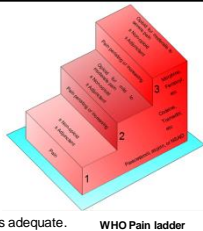
Aims

1. To determine whether patients at Teule Hospital were prescribed analgesia in line with WHO guidelines:

- By the oral route (where possible)
- At regular intervals
- From the most appropriate step of the analgesic ladder

2. To assess whether patients felt that their analgesia was adequate.

WHO Pain ladder



Standards

	Standard	Target	Exceptions
1	Patients in pain should have oral analgesia prescribed.	95%	Nil by mouth or unconscious
2	Patients who remain in pain should be given analgesia regularly	90% prescribed and administered regularly.	Patient not available or declined
3	Patients in pain should be on the correct level of analgesia for their pain as per the WHO pain ladder*.	90%	Patient declined analgesia

*Analgesia from steps 1 and 3 of the analgesic ladder are available at Teule Hospital

Population

Teule is a 330 bed district Hospital located in Muheza, North East of Tanzania. The hospital covers a total area of 4922 km² and a population of about 280,000. 90% of the population live in rural areas.^[3,4]



Methods

The initial audit sampled 57 adult inpatients at Teule Hospital from two medical and surgical wards, who had experienced pain during their hospital admission. Data was collected from patients' drug charts and through patient interviews over a two day period in November 2012. Recommendations were implemented and the audit repeated in May 2013, when 66 patients were sampled.

Results

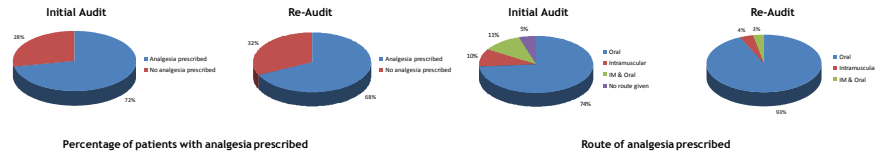
Initial Audit

Fifty three patients were included in the audit after nine patients were excluded. They consisted of 14 female medical patients, 17 female surgical patients, 9 male medical patients and 13 male surgical patients. 88% of patients had experienced pain during their hospital admission.

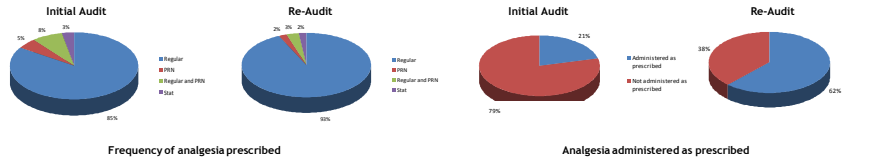
Re-Audit

Sixty two patients were included in the audit after four patients were excluded. They consisted of 16 female medical patients, 22 female surgical patients, 8 male medical patients and 16 male surgical patients. 100% of patients had experienced pain during their hospital admission.

Standard 1: Patients in pain should have oral analgesia prescribed



Standard 2: Patients who remain in pain should be given analgesia regularly



Standard 3: Patients in pain should be on the correct analgesia for their pain as per the WHO pain ladder



Discussion

Standard 1

- Improvement in percentage of prescriptions for oral analgesia from 74% to 93% of total analgesic prescriptions. Almost meets target of 95%.
- Only 68% of patients in pain sampled in the re-audit had analgesia prescribed, a decrease from 72%.

Standard 2

- The target of 90% of all patients in pain having regular analgesia prescribed was met in both audits, with an increase from 92% to 93% of all patients in pain.
- 62% of analgesic prescriptions were administered as prescribed in the re-audit, compared to only 21% in the initial audit
- Prescriptions were subjectively more legible with fewer abbreviations in the re-audit.

Standard 3

- 61% of patients in the re-audit felt that they had received adequate analgesia, an improvement from 54% of patients in the initial audit.
- Of these patients with inadequate analgesia, 16% were not on any analgesia, and 50% on step 1 of the analgesic ladder, which is similar to results in the initial audit.

Conclusions

- Improvements in pain management at Teule Hospital have been shown following the education sessions and launch of the Pain Campaign subsequent to the results of the initial audit.
- Despite increased awareness of pain management at Teule Hospital, analgesia, especially morphine is still underused.
- Ongoing education is required regarding analgesia and its administration for all members of the multidisciplinary team.

Recommendations

- Analgesia should be prescribed and administered in line with the WHO guidelines:
"By mouth, by the clock, by the ladder".
- All patients should be asked about pain on admission and on every ward round.
- Analgesia from step one of the analgesic ladder should be prescribed to all patients who report pain.
- If a patient remains in pain despite maximum dosage and frequency of simple analgesia, morphine should be started.

Literature Cited

- [1] Watson M, Lucas C, Hoy A, Wells J. Oxford Handbook of Palliative Care. 2009, 2nd ed.
- [2] WHO (1996). Cancer pain relief: with guide to opioid availability (2nd ed.). Geneva:WHO.
- [3] Hospitali Teule Muheza Available online: www.teule.org.tz.
- [4] Feast trial sites Available online: <http://www.feast-trial.org/trialsites/muheza>

Acknowledgements

With thanks to all staff and patients at Teule Hospital, Muheza.

Further Information

The audit cycle will be repeated in Teule in 2017, and the same audit will be carried out at the Royal Glamorgan Hospital in South Wales to compare pain management in the two hospitals, in relation to the WHO pain management guidelines.