

The Prescription and Administration of Analgesics in a Foundation Trust Hospital

Julie Murdoch, Lucy Price, Laura Cook, Dr Richard Wassall, Dr Mark Jackson

Background

- Effective pain management is dependent upon the identification of pain but also the appropriate prescription and administration of analgesics
- Regular administration of analgesics is advised in order to maintain the efficacy of the drugs used
- Analgesic prescription is often based on the ladder initially proposed for managing cancer pain (*World Health Organisation, 1986*) - see example below

Example of pain ladder based on WHO Analgesic Ladder



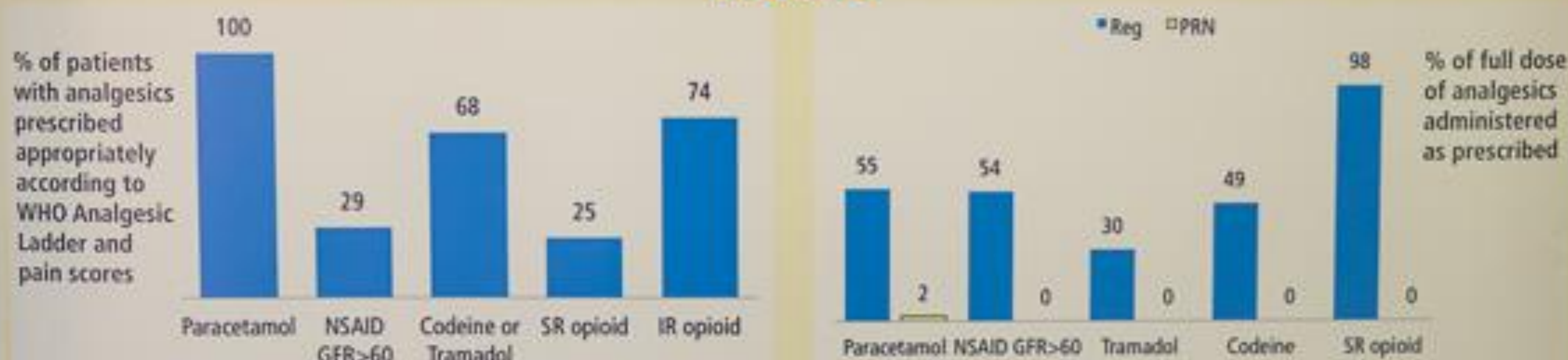
Aim

To determine if analgesics are prescribed and administered appropriately within our Trust.

Methodology

- Prospective audit of in-patient vital signs chart (pain score) and prescription chart
- Each ward audited once
- N = 474
- Collated and analysed using Excel

Results



Conclusion

- The analgesic ladder is followed in some, but not all cases
- Slow release opioid is the only analgesic given regularly as prescribed, all the other drugs are given less than 55% of the time. PRN analgesia is rarely given. Some patients may therefore have suboptimal analgesia
- Prescribing NSAIDs could be improved but many patients have contraindications to the use of NSAIDs other than renal impairment and this was not elicited
- There are many factors involved in the prescription and administration of analgesics, including patient choice, type of pain and presence of adverse effects. It was not within the scope of this audit to consider the complexities and many variables involved in the decision making regarding analgesic choice and its administration

Recommendations

1. Prescribe analgesics regularly for patients who report pain, using the analgesic ladder as a guide
2. Regularly evaluate pain and review prn analgesic requirements
3. Encourage staff to consider NSAIDs particularly in the management of acute pain
4. Potential for research to evaluate staff perceptions associated with analgesic prescribing and administration
5. Potential for research to evaluate patient perceptions associated with analgesics
6. Encourage nursing staff to give analgesia if prescribed regularly and review why it is not given