

[PR2-117] A Quality Improvement Project for Improving Pain Outcomes in a Pediatric Post Anesthesia Care Unit (PACU)

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Objectives:

- Assess prevalence of pain score documentation using validated pain assessment tools.
- Incidence and intervention for moderate to severe pain in PACU?

Introduction:

Improving pain management is a priority key performance indicator on the SickKids Quality Improvement Plan. SickKids pain assessment policy mandates the use of validated pain assessment tools after all procedures and intervention for moderate to severe pain. This audit benchmarked the prevalence of pain score documentation with a validated tool, incidence of moderate to severe pain and pain interventions in PACU.

Methods:

A retrospective paper-based audit with approval from Quality and Risk Management (Research Ethics Board exempt). Data was collected and anonymized from 100 consecutive PACU surgical admissions charts over 4 days in July 2013. Excluded direct PICU/NICU admissions, non-surgical procedures (MRI, CT, endoscopy), interventional radiological procedures. One exclusion because the surgery was moved.

Results:

1. Process outcomes:

Pain assessment documentation

68/99 (69%) patients had a pain assessment documented.

Total 283 documented pain assessments.

Use of validated pain assessment tools:

23/68 (34%) had pain assessment tool documented, including use of non-validated tools.

13/68 (19%) had validated pain assessment tool documented

Intervention for moderate to severe pain:

23/27 (85%) received an analgesic for moderate to severe pain. Physical and psychological interventions not documented.

8/99 (8%) received analgesics, including opioids, without documented pain assessment.

2. Clinical outcome results:

Prevalence of moderate to severe pain:

27/68 (40%) patients had at least one moderate to severe pain intensity score documented.

Conclusion:

Moderate to severe postsurgical pain was common (40%). Documentation of pain and use of validated assessment tools was variable, however, pain interventions were often given. Some patients received pain medication without pain score documentation, leading us to believe that clinical assessment for pain was done but not documented.

In response, feedback reports, reminders and educational interventions are underway and ongoing. PACU is incorporated into daily continuous improvement plan and moving forward, we will focus on factors that contribute to moderate to severe pain as the next quality improvement issue.
