One + all | we care

Royal Cornwall Hospitals NHS Trust

Analgesic Advice for Ward Doctors Clinical Guideline

V3.0

July 2019

Summary

Pain Score

S	sleep
0	no pain
1	mild pain
2	moderate pain
3	severe pain

Patient with severe pain Unrelieved by appropriate dose of oral medication or post op local anaesthetic blocks

Sedation Score

0	awake
1	dozing intermittently
2	mostly sleeping
3	Difficult to rouse

Consider intravenous morphine – 10mg diluted in 0.9% saline to 10 ml (1mg/ml)
Ensure that respiratory rate>8 breaths/min and sedation score < 2.
Ensure intravenous access and administer IV morphine 2mg

Monitor resp rate and sedation score to maintain at resp rate>8/min and sedation 1-2

For 5 minutes.

If still in pain, repeat 2mg bolus at 5 min intervals maintaining stable observations to a maximum dose of 20mg.

If now stable prescribe regular IM morphine at 0.15mg/kg

At 1-2 hrly intervals overnight and review mane.

If pain still requiring regular hourly opiates contact acute pain team

If site manager able to set up PCA then prescribe:
Morphine 50mg in 50 ml, 1mg bolus and 5 minute lockout. and maintain with this

Respiratory rate and sedation scores should be monitored at hourly intervals.

If there is an epidural in situ which is ineffective despite maximum infusion rate, seek anaesthetic advice or turn off and give IV morphine as above

The equivalent oral dose of morphine to 10mg IV is 20- 30mg oromorph
The equivalent IM dose of morphine to 10mg IV is - 15mg morphine

If you are unable to control pain after the above measures seek advice from the anaesthetist on call.

Respiratory Depression -

< 8 breaths/min
Mix 400mcg naloxone with 3 mls 0.9% NaCl –

100mcgms /ml Give in 1 ml increments

every 5 mins to Achieve resp rate>8/min and sedation score <2.

1. Aim/Purpose of this Guideline

1.1. The purpose of this guideline is to provide ward doctors with a framework to prescribe analgesia for patients.

1.2. This version supersedes any previous versions of this document.

1.3. **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

The DPA18 covers how the Trust obtains, hold, record, use and store all

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. The Guidance

2.1. You will be asked to review patients with pain and to prescribe effective pain relief, particularly at night when there is not an acute pain service and limited availability of anaesthetists on call.

2.2. Mild pain may be treated with non-opioid analgesia such as paracetamol and NSAID's where not contraindicated.

2.3. Moderate pain may be treated effectively with moderate or strong opioid (codeine,tramadol, oromorph).

2.4. Severe Pain will require strong opioids (usually morphine) ideally given intravenously until the patient is comfortable when you could supplement with IM or oral morphine at 1-2hrly intervals.

2.5. You will be expected to have tried the following before any request is made for analgesic advice from the anaesthetist on call.

2.6. Pain and sedation are recorded on the NEWS charts, patients receiving intravenous analgesia require regular monitoring.

2.7. If there is not a nurse available to give IV opiates then you should both administer and monitor to ensure patient comfort and safety as above.

3. Monitoring compliance and effectiveness

Element to be monitored	Adherence to RCHT guidelines
Lead	Pain Service
Tool	Regular audit of the pain service is undertaken along with daily review of complicated cases
Frequency	See Above
Reporting arrangements	The committee reviewing the cases will be the anaesthesia directorate. Cases will be discussed at audit meetings and the details will be recorded in the minutes.
Acting on recommendations and Lead(s)	See Above
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within a month. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

*4.2. **Equality Impact Assessment***

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Analgesic Advice for Ward Doctors Clinical Guideline V3.0				
Date Issued/Approved:	24 June 2019				
Date Valid From:	July 2019				
Date Valid To:	July 2022				
Directorate / Department responsible (author/owner):	Dr Nick Marshall, Consultant Anaesthetist				
Contact details:	01872 258195				
Brief summary of contents	Advice for ward/junior doctors on how to prescribe post-operative analgesia				
Suggested Keywords:	Analgesia, opiates, ward				
Target Audience	RCHT	CFT	KCCG		
	✓				
Executive Director responsible for Policy:	Dr Rob Parry, Interim Medical Director				
Date revised:	24 June 2019				
This document replaces (exact title of previous version):	Clinical Guideline For Analgesic Advice For Ward Doctors V2.0				
Approval route (names of committees)/consultation:	Anaesthetic and Acute Pain Governance meeting				
Care Group General Manager confirming approval processes	Roberta Fuller				
Name and Post Title of additional signatories	Not required				
Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings	{Original Copy Signed}				
	Name: Matt Body				
Signature of Executive Director giving approval	{Original Copy Signed}				
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only		
Document Library Folder/Sub Folder	Clinical / Anaesthesia				

Links to key external standards	AAGBI
Related Documents:	None
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by *(Name and Job Title)*
1 May 2011	V1.0	Initial Issue	Dr Anne Dingwall
30 June 2015	V2.0	Updated and reformatted in line with new Trust template.	Dr Nick Marshall
24 June 2019	V3.0	Updated and reformatted in line with new Trust template.	Dr Nick Marshall

Appendix 2. Initial Equality Impact Assessment Form

<table>
<tr><td colspan="6">Name of the strategy / policy /proposal / service function to be assessed

Analgesic Advice for Ward Doctors Clinical Guideline V3.0</td></tr>
<tr><td colspan="3">Directorate and service area:
Anaesthesia</td><td colspan="3">New or existing document:
Exisiting</td></tr>
<tr><td colspan="3">Name of individual completing assessment:
Dr Nick Marshall</td><td colspan="3">Telephone:
01872 258195</td></tr>
<tr><td>1. Policy Aim*

Who is the strategy / policy / proposal / service function aimed at?</td><td colspan="5">The purpose of this guideline is to provide ward doctors with a framework to prescribe analgesia for patients.</td></tr>
<tr><td>2. Policy Objectives*</td><td colspan="5">To provide information for the appropriate and safe prescription of analgesia on the ward</td></tr>
<tr><td>3. Policy – intended Outcomes*</td><td colspan="5">Appropriate and safe prescription of analgesia on the ward</td></tr>
<tr><td>4. *How will you measure the outcome?</td><td colspan="5">Monitoring through audit and case discussion at governance meetings.</td></tr>
<tr><td>5. Who is intended to benefit from the policy?</td><td colspan="5">Ward patients and junior medical staff</td></tr>
<tr><td rowspan="3">6a Who did you consult with

b). Please identify the groups who have been consulted about this procedure.</td><td>Workforce</td><td>Patients</td><td>Local groups</td><td>External organisations</td><td>Other</td></tr>
<tr><td>x</td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">Anaesthetic Staff</td></tr>
<tr><td>What was the outcome of the consultation?</td><td colspan="5">Acceptance of guideline.</td></tr>
</table>

7. The Impact
Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step**.

Are there concerns that the policy **could** have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		**X**		
Sex (male, female, trans-gender / gender reassignment)		**X**		
Race / Ethnic communities /groups		**X**		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		**X**		
Religion / other beliefs		**X**		
Marriage and Civil partnership		**X**		
Pregnancy and maternity		**X**		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		**X**		

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation**. or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.	**Yes**		**No**	**X**

9. If you are **not** recommending a Full Impact assessment please explain why.

Not indicated

Date of completion and submission	June 2019	Members approving screening assessment	Policy Review Group (PRG) **APPROVED**

This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust's web site.