Royal Cornwall Hospitals
NHS Trust

Referral to Inpatient Pain Services Clinical Guideline

V6.0

March 2025

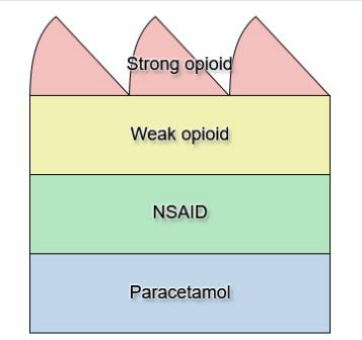
Summary

New acute pain, post-operative pain or part of the Chest Wall Injury pathway

Chronic (>3 months) or complex pain that is relevant to this admission

- Ensure patients usual analgesia has been prescribed (if appropriate)
- Ensure all relevant investigations have been completed to exclude medical/surgical cause for the pain.

Ensure both regular and PRN analgesia has been appropriately prescribed and administered



1. Regular paracetamol +/- NSAIDs (consider renal function/need for PPI)
2. Regular weak opioid: codeine, dihydrocodeine
3. PRN Immediate-Release strong opioid for breakthrough pain (oramorph or oxycodone in renal failure eGFR <30)

MODIFIED RELEASE OPIOIDS ARE RARELY INDICATED IN ACUTE PAIN

If persistent pain score >2/moderate despite optimising all analgesia: **Refer via Maxims Inpatient Referral**

All inpatient referrals are checked routinely at 09:00 and 14:00.

For advice or urgent referrals: contact the inpatient pain nurse via switchboard or Bleep 3233. Out of hours ask for on call anaesthetist (1st or 4th on call) via switchboard.

1. Aim/Purpose of this Guideline

1.1. To provide guidance for appropriate referral to the inpatient pain service for in-patient review.

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

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

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 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 cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Acute Pain

2.1.1. **Referral not required for patients with:**

- Epidural devices.
- Patient controlled analgesia (PCA) devices.
- Regional blocks such as nerve blocks/ nerve catheters.

These will be routinely reviewed by the pain specialist nurses.

2.1.2. **Please refer via maxims, or Bleep 3233 for urgent reviews:**

- Any patient admitted with a chest wall injury, as per the RCHT Chest Wall Injury Pathway.
- Any postoperative patient with uncontrolled pain despite the administration of regular analgesia, or optimization of specific analgesic modalities e.g. PCA, Epidural, local anaesthetic nerve infiltration.
- Any analgesic equipment concerns.

- Any advice required on management of unwanted analgesia side effects or critical incidents.

- Any advice requested from multidisciplinary team(s) following review of the patient by their named consultant.

2.2. Persistent, chronic or complex pain issues

2.2.1. Patients admitted with incidental chronic pain, not relevant to this admission will not be reviewed by the acute inpatient pain team.

2.2.2. The inpatient pain team will aim to review any patient admitted with relevant persistent/chronic/complex pain issues within 24 hours of reception of the medical team electronic referral and after:

- Analgesia has been prescribed and administered regularly including all the patients' usual analgesics, unless contraindicated.

- All investigations have been completed to identify potential causes of pain.

- The team have undertaken a pain assessment prior to referral.

- Appropriate analgesia has been optimised with no improvement in function.

2.2.3. For telephone advice contact the inpatient pain specialist nurses on bleep 3233.

2.2.4. If an urgent review is required, contact the pain specialist nurses via bleep 3233 AND complete electronic Maxim's referral.

2.3. Cancer Pain

For patients with cancer related pain consider referral to the Palliative care team.

2.4. Outpatient Referral to Pain Services

For all outpatient referrals to the pain service, the patient should discuss with his/her GP the appropriateness of the referral to the chronic outpatient service. Alternatively admitting consultants can liaise directly with the chronic pain consultants.

2.5. Contact Details

Inpatient Pain Nurses via bleep 3233 Monday to Friday 08:30 – 17:00 ± Maxims electronic referral for complex pain issues
Out of hours pain issues contact the on-call anaesthetist via switchboard.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Adherence to the guideline for in-patient pain team referrals.
Lead	Dr Keith Mitchell, Inpatient Pain Lead.
Tool	Audit of electronic referrals via Maxims.
Frequency	5 yearly.
Reporting arrangements	Audit results will be reported to the Inpatient Pain Lead and Pain Service Governance Lead.
Acting on recommendations and Lead(s)	Documented recommendations made will be acted on and amended within a specific time limit by the Inpatient pain team and Dr Keith Mitchell.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 1 month, depending upon changes required. 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 And Inclusion 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

Information Category	Detailed Information
Document Title:	Referral to Inpatient Pain Services Clinical Guideline V6.0
This document replaces (exact title of previous version):	Referral to Inpatient Pain Services Clinical Guideline V5.1
Date Issued/Approved:	January 2025
Date Valid From:	March 2025
Date Valid To:	March 2028
Directorate/Department responsible (author/owner):	Theatres, Anaesthetics and Critical Care Sarah Medlicott, Lead Pain Specialist Nurse
Contact details:	01872 252172/ Bleep 3233 rcht.painspecialistnurses@nhs.net
Brief summary of contents:	Guideline of how to refer to Pain Services for in-patient review.
Suggested Keywords:	Pain services, Pain team, Acute pain, Referral, Chronic Pain, Complex Pain, Post-operative pain, Persistent pain.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Inpatient pain team and Chronic pain consultants. ACCT Governance.
Manager confirming approval processes:	Mr. Doug Riley
Name of Governance Lead confirming consultation and ratification:	Dr Alex Doyle
Links to key external standards:	None required
Related Documents:	None required
Training Need Identified?	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Pain

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
17 April 2012	V2.0	• Published on current hospital template and headings.	Sharon Dunstan, Pain Specialist Nurse
28 May 2015	V3.0	• Changed to current hospital template. • Pain Specialist Nurses bleep number changed to 3233. Guideline updated to reflect change • Guideline updated due to expiry of present version. • Guideline updated to reflect changes to electronic referral process for patients with chronic and complex pain • Guideline amended to include guidance for outpatient referral to Pain Services.	Emma Harrison, Pain Specialist Nurse
21 December 2018	V4.0	• Title changed to reflect inpatient pain service • Guideline updated due to expiry of present version on placed on new trust template. • Guideline amended to include in-patient referral process to Pain Services as per Adult Chest Wall Injury Pathway. • Guideline amended to identify chronic pain service referral route. • Guideline format changed.	Sarah Medlicott, Pain Specialist Nurse
10 December 2021	V5.0	• Guideline reviewed and changed to current hospital template. • Guidance to ensure the referring team undertake a pain assessment prior to referral included in the summary box for referring persistent/chronic or complex pain	Sarah Medlicott, Pain Specialist Nurse.

Date	Version Number	Summary of Changes	Changes Made by
		• A new text box indicating the times referrals are checked and actions to take if the referral is urgent added to the summary flowchart. • 2.1.1 spinal anaesthetics removed from the list of routinely reviewed. • 2.1.4 Additional requirement that the referring team have undertaken a pain assessment prior to referring for specialist advice. • 2.1.3, 2.1.4 – only chronic pain relevant to the admission will be reviewed by inpatient pain team. • Inpatient pain lead changed to Dr Keith Mitchell.	
21 December 2022	V5.1	• Paragraph 2.5 Contact Details: bleep contact times updated to 08:30-17:00	Sarah Medlicott, Pain Specialist Nurse
January 2025	V6.0	• Guideline reviewed and changed to new hospital template • Summary of acute and chronic referral pathways updated • RSC removed from list of referrals not required. They are a kind of nerve catheters and not reviewed regularly unless inserted alongside a PCA device. • Outpatient referrals to pain services should be done primarily via the patient's own GP	Eva Gallego, Pain Specialist Nurse

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Referral to Inpatient Pain Services Clinical Guideline V6.0
Directorate and service area:	Anaesthetics, Critical Care and Theatres, Pain Services
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Eva Gallego, Pain Specialist Nurse
Contact details:	01872 252172

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide guidance for staff to appropriately refer patients to the Inpatient pain team
2. Policy Objectives	Effective referrals for inpatient pain specialist services
3. Policy Intended Outcomes	Patients with acute onset of pain or complex management will be appropriately referred.
4. How will you measure each outcome?	Audit of referral accepted versus rejected.
5. Who is intended to benefit from the policy?	Patients and staff

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/groups:** Pain Consultants, Pain Specialist Nurses. Anaesthetic Governance.
6c. What was the outcome of the consultation?	Any changes recommended and agreed were implemented
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	Appropriate teams for all ages
Sex (male or female)	No	It is accepted that pain is uniquely subjective; the use of validated pain assessment tools is recommended to ensure there is no negative impact.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	It is accepted that pain is uniquely subjective; the use of validated pain assessment tools is recommended to ensure there is no negative impact.
Race	No	It is accepted that pain is uniquely subjective and multifactorial, including race and culture; the use of validated pain assessment tools is recommended to ensure there is no negative impact.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	It is accepted that pain is uniquely subjective; the use of appropriately validated pain assessment tools is recommended to ensure there is no negative impact. This includes tools available for those unable to verbally express pain.
Religion or belief	No	It is accepted that pain is uniquely subjective; the use of validated pain assessment tools is recommended to ensure there is no negative impact.
Marriage and civil partnership	No	It is accepted that pain is uniquely subjective; the use of validated pain assessment tools is recommended to ensure there is no negative impact.
Pregnancy and maternity	No	It is accepted that pain is uniquely subjective; the use of validated pain assessment tools is recommended to ensure there is no negative impact.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	It is accepted that pain is uniquely subjective; the use of validated self-reported pain assessment tools is recommended to ensure there is no negative impact.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Eva Gallego, Pain Specialist Nurse.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis