



Pain Assessment & Analgesia Practices for Children in the Emergency Department in the UK and Ireland: A PERUKI Study



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Background & Method:

Background

Pain is the most common reason for childhood attendances to emergency departments (EDs), but is commonly under-recognized and under-treated.^{1,2} The Paediatric Emergency Research in the UK & Ireland (PERUKI) network identified analgesic practice in children as a high priority area for research.

Aim

To benchmark current practice and variations in the assessment and management of childhood pain across the PERUKI network, in order to inform future analgesia research studies.

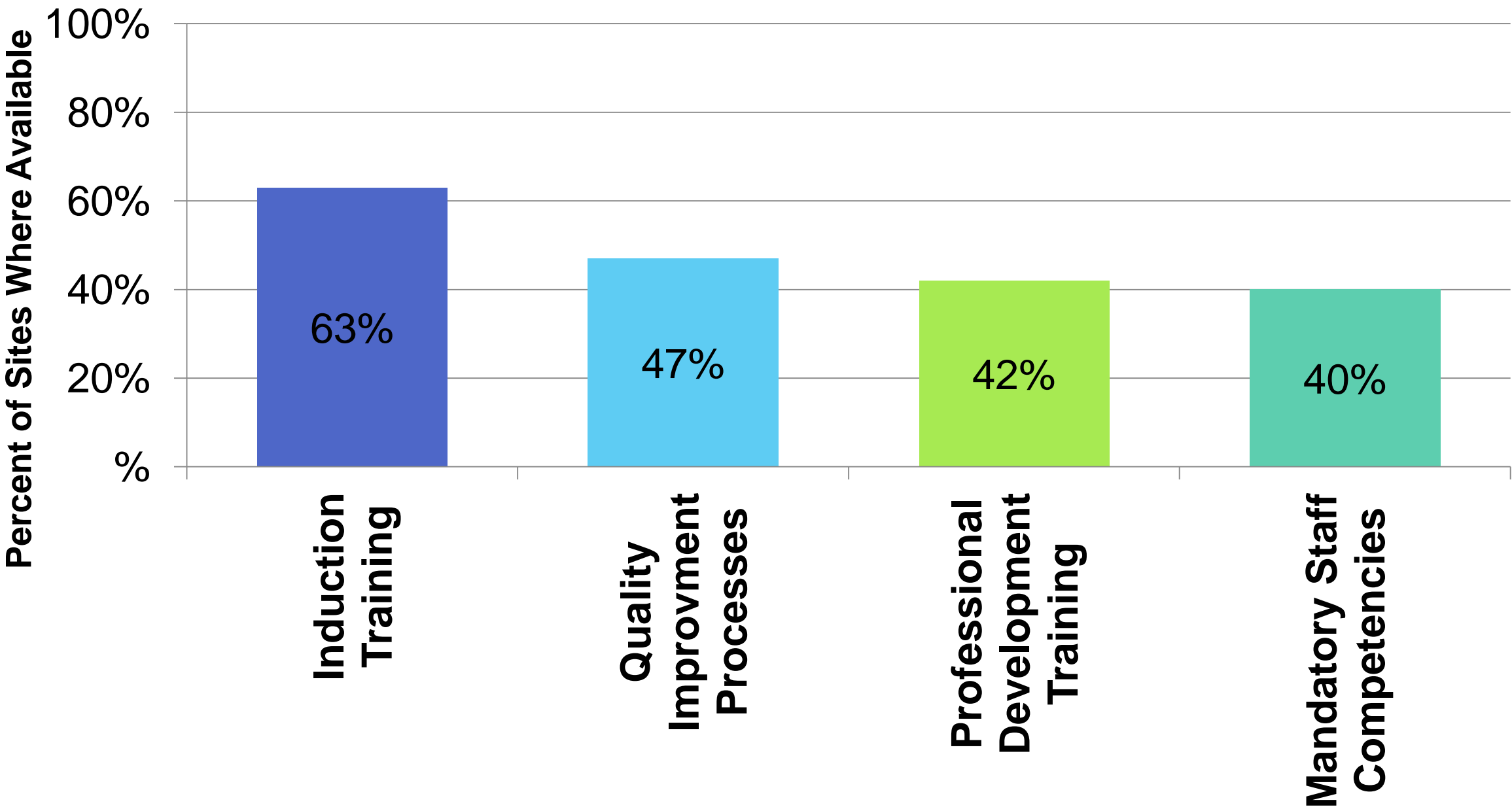
Method

- Online survey was distributed to all PERUKI sites
- Completed by one person per site from November 2016 to January 2017
- Explored the use of pain score tools, pain assessment and management protocols, training, and practice guidelines for specific analgesic agents

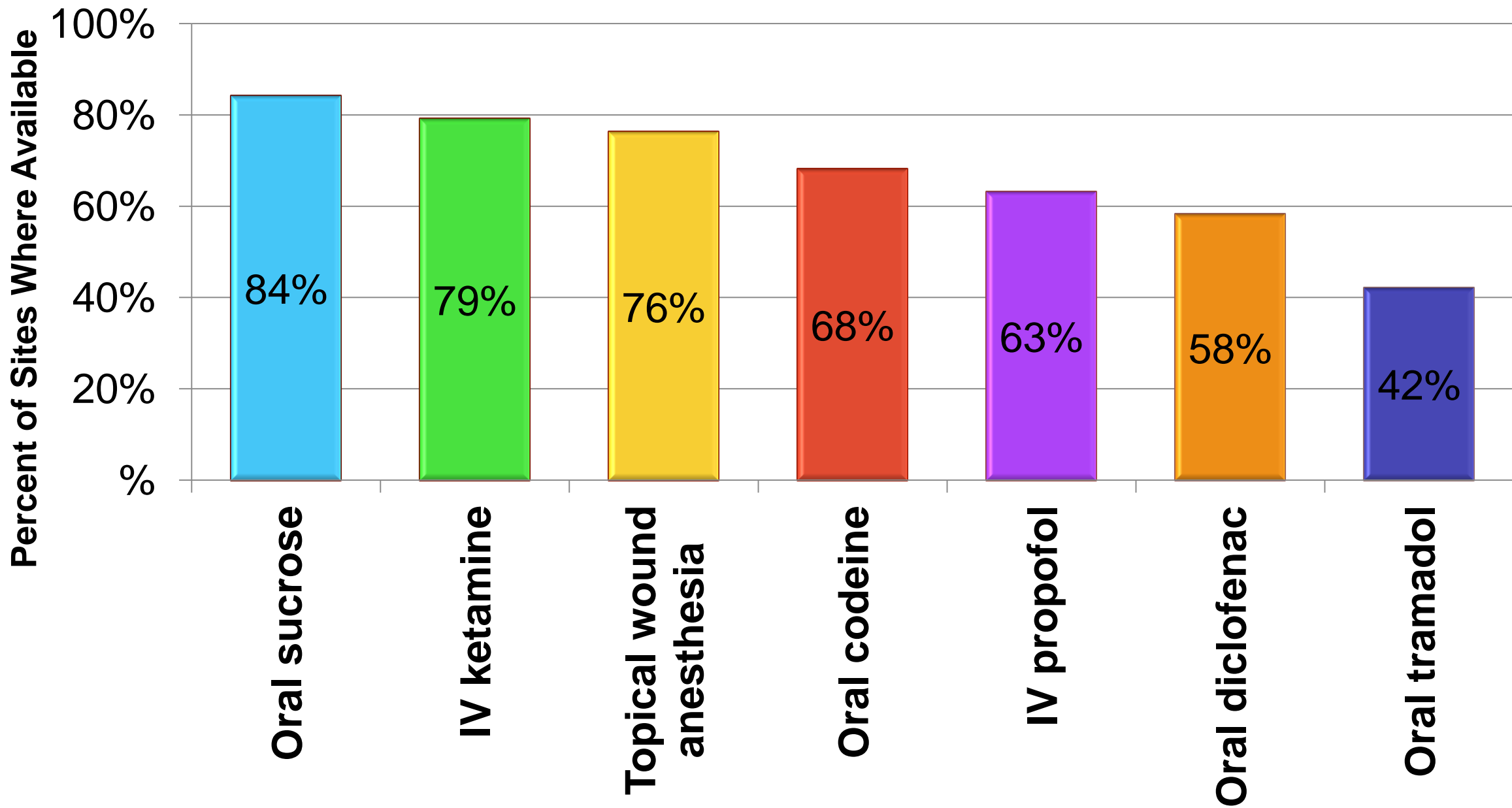
Results:

- Response rate: 95% (38/40 EDs)
- Tertiary hospitals 66% & district general (secondary) hospitals 34%
- Annual ED pediatric attendances across all sites - 1,225,000 (range 11,500 to 65,000, median 30,000)
- Medication available in all sites: oral ibuprofen, paracetamol and morphine, rectal paracetamol, intravenous morphine, inhaled Entonox® or nitrous oxide blender , topical anesthesia and intranasal opioid (either fentanyl or diamorphine)

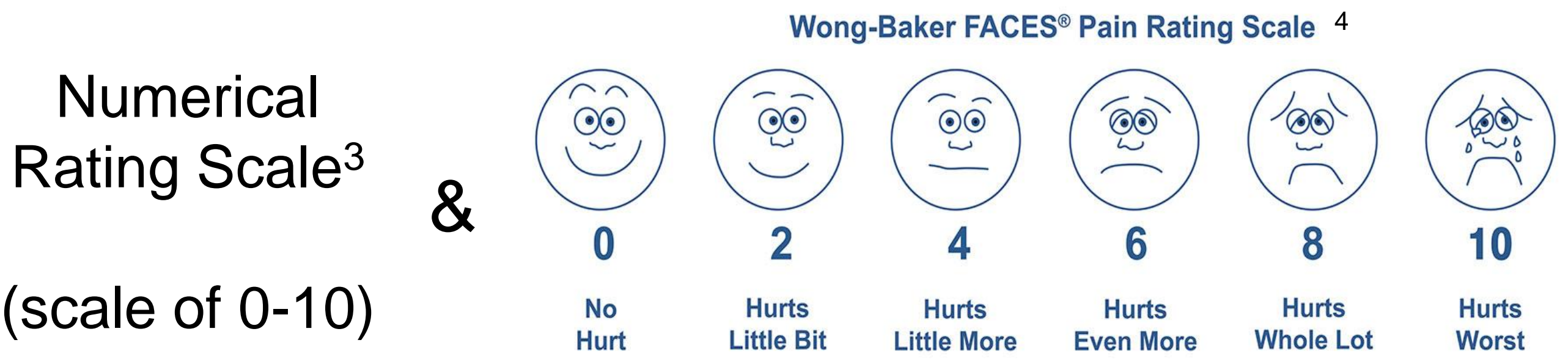
Educational Strategies in Pain Management



Medication Availability



Most Popular Pain Scales



- Mandatory pain assessment at triage - **90% of sites**
- Point-of care (POC) ultrasound - **90% of sites**
- Pediatric procedural sedation program - **37% of sites**
- Play specialist services were not available - **45% of sites**
- Restricted hours access to play specialist services - **55% of sites**
- Policy on non-pharmacological management of pain - **62% of sites**



Patient Group Directions (PGDs)

Allow the supply of specific prescription-only medicines to groups of patients by other healthcare workers including sufficiently trained nurses to enable earlier administration of medication.

Existed in 92% of sites but significant variation in the medications covered

Conclusions:

Current Highly Effective Analgesic Practices

- All sites have intranasal opioids and nitrous oxide/Entonox®
- Majority of sites have access to POC ultrasound
- Majority of sites have PGD prescribing of medication
- Majority of sites assess pain at triage



Targets for Improvement for Optimal Pain Management

- Guidance in relation to the frequency of pain assessment
- Training and competencies in pain management
- Access to pediatric sedation
- Access to non-pharmacological therapies e.g. play specialists



Plan for Achievement

- Disseminate the results to all sites involved
- Development of educational strategies in pain management
- Repeat Survey in 1 years time to track progress
- Further work on PGD and their full application across all sites



References:

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2. National Emergency Medicine Programme Working Group. A strategy to improve safety, quality, access and value in Emergency Medicine in Ireland. Dublin 2012.
3. Miro J, Castarlenas E, Huguet A. Evidence for the use of a numerical rating scale to assess the intensity of pediatric pain. Eur J Pain. 2009;13(10):1089-95.
4. Wong DL, Baker CM. Pain in children: comparison of assessment scales. Pediatr Nurs. 1988;14(1):9-17.