



Operational Delivery Network

Midlands Burn Operational Delivery Network Pain Audit Tool

MBODN Pain Audit Tool. (originated 2010, revised 2012) Authors@ MBCN Pain Group Review date: February 2016

Introduction

The Midlands Burn Operational Delivery Network developed Guidelines for the Provision of Analgesia for patients within the Network in 2010 which it was agreed should be audited.

<u>Purpose</u>

The purpose of this document is to provide a mechanism for reviewing the quality of pain assessment, management and documentation.

Guidelines for completion

- Nominate person to undertake the mini audit
- Complete the details at the top of the form
- Select up to ten patients in your clinical area
- Place the hospital number at the top of each column
- The form relates to the recommendations set out in the Guidelines for the Provision of Analgesia for patients within the Midlands Burn Operational Delivery Network
- Within each section there are a number of statements which are the performance indicators
- In the column next to each statement place a √ for yes and a X for no. In the few occasions where the statement is not applicable then N/A can be put but an explanation of why the statement is not applicable to that patient should be put
- When you have completed up to ten patients, review each performance indicator for each patient
- At the end of each row add up all the $\sqrt{}$ and X
- If you obtain 100% $\sqrt{}$ then the result is **green** (this excludes any N/A's)
- If you obtain 100% X then the result is red (this excludes any N/A's)
- Any other result is amber
- Key -
 - Green The standard is good and needs to be maintained
 - Amber This indicates that consistency is required to raise and maintain the standard to green. Further education may be required. Any development/ training needs should be identified and addressed within an agreed action plan and timescale.
 - **Red** The standard of pain assessment, management and documentation is unacceptable and development/ training needs should be identified and addressed within an agreed action plan and timescale.

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Ward/Hospital Date Time Completed by

	1	2	3	4	5	6	7	8	9	10	Green	Amber	Red
Hospital number→													
 An appropriate pain tool for the patients age and cognitive ability is used to assess the patients level of pain 													
2. A pain score is documented at regular intervals with other observations													
3. Pain is always re-evaluated and documented after analgesic intervention													
4. There is evidence of levels pain being reduced with the management given													
5. Pain is always scored/evaluated before, during and after dressings and documented													
 Pain is always scored/evaluated before, during and after therapy sessions and documented 													
7. Pain is always scored/evaluated before, during and after other potential painful													

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procedures and documented													
	1	2	3	4	5	6	7	8	9	10	Green	Amber	Red
Hospital number→													
8. An itch tool is used													
9. An itch score is documented at regular intervals with other observations													
10. There is evidence of treatment of itch as per local protocol													
11. There is evidence of non- pharmacological methods of pain relief being used													
12. Regular does of paracetamol were initially prescribed and given unless contraindicated													
13. There is evidence in the notes that gabapentin has been considered where there are problems of analgesia and itch control													
14. There is evidence in the notes that NSAID's have been considered													
15. There is evidence that the pain assessment includes consideration of the impact of pain on the psychosocial wellbeing and functioning													
16. The pain plan includes guidelines for reviewing the pain management													

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Audit criteria number	Patient number	Reason the criterion is not applicable