



Service Priorities and Programmes
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Evaluation of a nurse-led pain management program in ICU

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Introduction

• A nurse-led pain management program was started May 2013 in our ICU. • The Behavioural Pain Score (BPS) and Visual Analog Scale (VAS) were incorporated into the routine nursing assessment in every shift. • A pain management protocol was also developed. Nurses would assess and monitor patients' pain score and have the autonomy to give prn bolus analgesic as prescribed to those patients with BPS>6 or VAS>4. • After eight months of implementation, the project team carried out an audit to evaluate the program.

Objectives

• To evaluate the compliance of the nursing standards for patient pain management

Methodology

• The standard "M3.1—Pain management" of the Nursing Standards for Patient Care (HAHO Nursing Standard Dec 2006) was selected as the audit tool • An audit team comprised 3 APN and 2 senior RNs was set up • Each auditor randomly selected 20 bedside nurses, and checked the compliance of the nine items in the audit form. • The audit period was from 20 January to 16 February 2014.

Result

88 case nurses were audited. There were 7 nurses who did not carry out any pain management practice as required. For the remaining 81 nurses, the overall compliance of all the items was 96.8%. The main noncompliance items were items 6 and 8: "Educate patient and/or significant others about the pain relief treatment/care received and the possible outcome" (39.3%), and "refer the patient to the appropriate healthcare professionals for pain management, if required" (52.2%). The audit showed that the nurse-led program has enhanced the pain management in the ICU in the following three aspects: 1) nurses have better understanding of the adverse effects of pain; 2) there is structural assessment and evaluation of pain; and 3) pain

medication management is improved. The two major non-compliance items need to be further addressed, and it is important to address why some nurses did not carry out the pain assessment. The team will share the audit findings in the daily briefing sessions and solicit the nurses' feedback about the noncompliance. Nurses will also be encouraged to be the patients' advocates and refer to doctors when the patients' pain is not controlled by the pain protocol.