

# ACUTE POSTOPERATIVE PAIN MANAGEMENT AUDIT

## Inpatient Medical Record Review

### 1. Patient Demographics

Patient Number \_\_\_\_\_ 1.1 Gender: Male / Female  
 1.2 Age last birthday: \_\_\_\_\_ 1.3 Date of admission: \_\_\_ / \_\_\_ / \_\_\_ 1.4 Date of discharge: \_\_\_ / \_\_\_ / \_\_\_  
 1.5 History of allergies/ADRs\* to analgesics: Yes / No (if Yes, please specify) Drug (generic): \_\_\_\_\_

### 2. Surgical Information

2.1 Surgical procedure: \_\_\_\_\_  
 2.2 This surgery was: ELECTIVE / EMERGENCY / UNKNOWN  
 2.3 Did the patient attend a pre-admission clinic? Yes / No  
 2.4 Was preop patient education regarding postop pain management options documented? Yes / No

### 3. Brief Medical and Pain History

3.1 Please indicate if any of the following were DOCUMENTED in the patient's admission notes:

Seizures	<input type="checkbox"/>	Bleeding diathesis	<input type="checkbox"/>
Renal failure / impairment	<input type="checkbox"/>	Concurrent SSRI*, SNRI* use	<input type="checkbox"/>
Pre-existing pain condition	<input type="checkbox"/>	Regular analgesic use	<input type="checkbox"/>
Previous GI bleed or PUD*	<input type="checkbox"/>	None of the above	<input type="checkbox"/>

3.1.1 If 'Yes' to *Regular analgesic use*, select type of analgesic(s) taken (you may select more than one answer)

Paracetamol      NSAID\*      COX-2 inhibitor\*      Opioid      Other

### 4. Postoperative Pain Management

Patient observations recorded during the audit period

4.1 Select the audit period chosen: \_\_\_\_\_ Immediate Postop / Post-PCA or Epidural  
 4.2 How many pain scores were actually documented during the audit period? \_\_\_\_\_  
 4.2.1 What was the HIGHEST pain score documented during the audit period? \_\_\_\_\_ / N/A  
 4.2.2 How many were used to assess pain both at rest and movement in the same set of observations? \_\_\_\_\_ / N/A  
 4.3 How many sedation scores were documented during the audit period? \_\_\_\_\_  
 4.4 Were any episodes of nausea and/or vomiting documented during the audit period? Yes / No

Patient analgesia during the audit period

4.5 If a range of doses PRESCRIBED (eg 5 - 15 mg), was dose ADMINISTERED always documented? Yes / No / N/A  
 4.6 If multiple routes PRESCRIBED (eg PO/IV), was chosen administration route always documented? Yes / No / N/A  
 4.7 Were any ADR(s) attributed to an analgesic(s) documented during this admission? Yes / No  
 4.7.1 If yes, specify drug(s): \_\_\_\_\_  
 4.8 Was naloxone required during this admission for reversal of opioid-induced respiratory depression? Yes / No

\*ADR – adverse drug reaction, PUD – peptic ulcer disease, SSRI/SNRI - selective serotonin/noradrenaline reuptake inhibitor, NSAID – nonsteroidal anti-inflammatory drug, COX-2 inhibitor – cyclo-oxygenase 2 inhibitor

## 4.9 Analgesics prescribed and administered during the audit period

Analgesic ( <i>generic</i> )	Route	Frequency	Administered
		Reg / PRN / stat	Yes / No
		Reg / PRN / stat	Yes / No
		Reg / PRN / stat	Yes / No
		Reg / PRN / stat	Yes / No
		Reg / PRN / stat	Yes / No
		Reg / PRN / stat	Yes / No
		Reg / PRN / stat	Yes / No
		Reg / PRN / stat	Yes / No

## 4.10 Antiemetics prescribed and administered during the audit period

4.10.1 Were antiemetics prescribed? Yes / No If yes, record antiemetic prescriptions below:

Antiemetic ( <i>generic</i> )	Route	Frequency	Administered
		Reg / PRN / stat	Yes / No
		Reg / PRN / stat	Yes / No
		Reg / PRN / stat	Yes / No
		Reg / PRN / stat	Yes / No
		Reg / PRN / stat	Yes / No

## 5. Discharge Management

5.1 Were analgesics prescribed at discharge? Yes / No

5.1.1 If yes, record discharge analgesic prescriptions relating to ongoing pain management:

Analgesic ( <i>generic</i> )	Frequency	Duration of therapy (days) if specified	Administered in last 24 hours of inpatient stay
	Reg / PRN		Yes / No
	Reg / PRN		Yes / No
	Reg / PRN		Yes / No
	Reg / PRN		Yes / No
	Reg / PRN		Yes / No

5.2 Was an antiemetic(s) prescribed at discharge? Yes / No

5.3 Was a laxative(s) prescribed at discharge? Yes / No

5.4 Was any component of a management plan for analgesics documented? Yes / No (e.g. medication action plan)

5.4.1 Please indicate if the documented plan contained any of the following information for all analgesics:

Drug name <input type="checkbox"/>	Clear instructions if one analgesic was prescribed <input type="checkbox"/>
Dose and frequency <input type="checkbox"/>	Clear instructions if a combination of analgesics ( $\geq 2$ ) were prescribed <input type="checkbox"/>
Duration of therapy <input type="checkbox"/>	Clear instructions for maximum daily dose if more than one product containing paracetamol was prescribed <input type="checkbox"/>
None of the above <input type="checkbox"/>	

5.4.2 If 'yes' to management plan (*item 5.4 above*), indicate if communicated to the:
 Patient       GP       Neither the patient nor the GP

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### Inpatient Interview

#### 6. Inpatient Interview

**NB. Prior to conducting interview, check whether your hospital has any ethics requirements regarding contact with patients for this questionnaire.**

Patient to be interviewed [once only] during the data collection period; ensure interview is conducted at least one day following the procedure (for day surgery patients, just prior to discharge from the day surgery ward). For postoperative pain assessment, if the patient has been educated to use a particular pain scale, have them use that scale to respond to pain assessment questions. If not, ask them to rate pain on a scale of 0 – 10 where 0 is no pain and 10 is the worst pain imaginable.

Patient Number (As per inpatient medical record review): _____
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6.1 Did this patient complete the inpatient interview? Yes / No

*If yes, complete the following questions*

#### *Postoperative Pain Assessment*

6.1.1 In the last 24 hours, what was your worst pain? Pain Score \_\_\_\_

6.1.2 In the last 24 hours, if you have been given any medicine to relieve the pain, do you feel overall that it has been:

- very helpful   
  somewhat helpful   
  unhelpful   
  you are unsure   
  N/A

#### *Nausea and Vomiting*

6.1.3 In the last 24 hours, have you experienced any nausea and/or vomiting? Yes / No

6.1.4 In the last 24 hours, if you have been given any medicine to relieve this, do you feel overall that it has been:

- very helpful   
  somewhat helpful   
  unhelpful   
  you are unsure   
  N/A