

# Time to analgesia for Emergency Department patients presenting with abdominal pain

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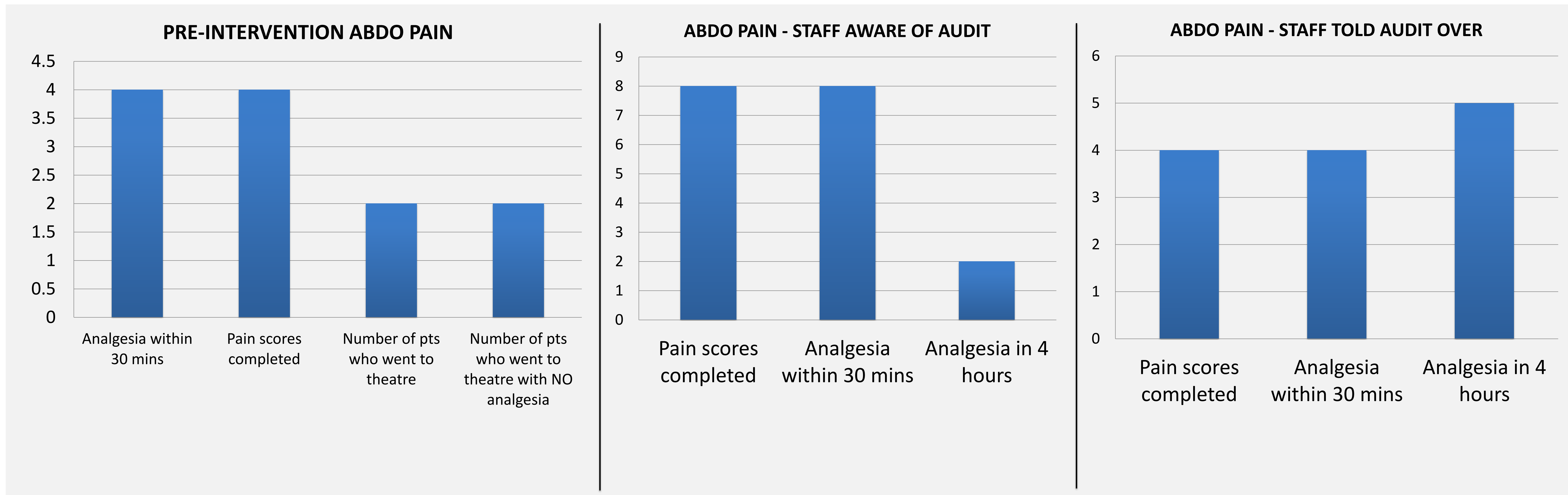
## Quality issue / initial problem

Abdominal pain is the second commonest presentation to the Emergency Department. Pain scores are inconsistently documented which delays analgesia provision, limiting efforts to manage the patient journey effectively. The aim of this project is to identify causative factors and develop solutions for optimum patient management.

## Specific aim

The aim is to ensure that pain scores are documented and analgesia is provided within 30 minutes for 95% of abdominal pain presentations. A pragmatic timeline of 50% adherence within 6 months and 100% adherence within 12 months has been set.

## Measurement of Improvement



## Tests of change - what did we do?

- Raising awareness within the ED
- Audit of abdominal pain presentations
- Questionnaires distributed to staff
- Summary reviews

## Tools – how did we achieve this?

- Attended clinical handovers
- Audit sheets provided for staff awareness
- Iterative staff feedback to recognise barriers
- Shared future project ideas

## Discussion

- Limited number of patients audited
- First time QI project
- Test of change in the department
- Lack of PGD implementation

## Lessons learned and message for others

- Don't do a project during a Test of Change!
- Staff thrive on awareness
- Use Safety pauses to evaluate and educate
- Focus on the reassessment of pain
- Introduce PGD asap

## References

Falch C, et al (2014) Treatment of acute abdominal pain in the emergency room: a systematic review of the literature. *European Journal of Pain*. **18** (7); 902-13

Sampson F.C, et al (2019) The Reality of Pain Scoring in the Emergency Department: Findings From a Multiple Case Study Design. *Annals of Emergency Medicine*. **19**; 30140-4