



Analgesia and peri-operative practice in fractured neck of femurs at York Teaching Hospitals NHS Foundation Trust

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Abstract:

Fractured neck of femurs are a significant public health issue. NICE recommends that healthcare professionals should deliver care that minimises the patient's risk of delirium and maximises their independence and pain control is a vital component of this [1]. Prompt assessment and response to pain as per NICE guidelines aids speedy recovery and helps to prevent complications such as delirium in and already high risk, elderly population. Previous audits have found poor documentation of the assessment of pain and the rate of nerve blocks in A+E and theatres. This completed cycle audit will assess the interventions made in response to these audits including adding pain scores to e-observations and training staff to perform nerve blocks. The aim of this audit was to assess current anaesthetic and analgesic practice.

Method: This was a retrospective review of 32 case notes and electronic prescribing over November – December 2019. Data collected included documentation of pain assessment, which analgesia was prescribed as per NICE guideline CG124 [1] and rate of nerve block in A+E and theatres.

Results: The audit found that 100% of patients received analgesia as per NICE guidelines. In all settings, documenting the assessment of pain scores has improved from 44% to 63% in A+E, 64% to 81% on the ward pre-operatively and 0 to 100% post op. However, a small number of patients had blanket pain scores of zero which questions the validity of some assessments. On admission, 41% of patients received a nerve block and 94% intra-operatively, up from 22% and 55% respectively, the majority of patients received a fascia iliaca block (FIB).

Conclusions: The large increase in post op pain assessment is likely credited to mandatory input as part of e-observations and overall practice has improved significantly. A refresher training session will be provided for ward nursing staff to re-iterate the importance of accurately assessing of and responding to pain. The Hip Fracture Specialist Nurse is now competent to perform FIBs which may further increase the number performed on admission.



Biography:

Dr Sarah Easby is a Head of Grant Operations at The London Community Foundation.

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2. Wood, Dora & Geoghegan, Sophie & Ramnarayan, Padmanabhan & Davis, Peter & Pappachan, John & Goodwin, Sarah & Wray, Jo. (2018). Eliciting the experiences of the adolescent-parent dyad following critical care admission: a pilot study. *European Journal of Pediatrics*. 177. 10.1007/s00431-018-3117-y.
3. Denton, Gavin & Green, Lindsay & Palmer, Marion & Jones, Anita & Quinton, Sarah & Giles, Simon & Simmons, Andrew & Choyce, Andrew & Munnely, Sean & Higgins, Daniel & Perkins, Gavin & Arora, Nitin. (2018). The provision of central venous access, transfer of critically ill patients and advanced airway management.: Are advanced critical care practitioners safe and effective?. *Journal of the Intensive Care Society*. 20. 175114371880170. 10.1177/1751143718801706.

[Webinar on Pediatrics and Neonatology | Novemner 23, 2020 | Madrid, Spain](#)

Citation: Dr Sarah Easby; Analgesia and peri-operative practice in fractured neck of femurs at York Teaching Hospitals NHS Foundation Trust; Euro Pediatrics 2020: Novemner 23, 2020, Madrid, Spain