**National Acute Pain Symposium 2019 Poster Submission**

Email Address: alisongyli@gmail.com

Mobile number: 07743078568

Affiliation details: Anaesthetics Department, Ipswich Hospital, Ipswich, Suffolk, England

Author: Alison Li

**Abstract Title:**

“Recovery Analgesia Requirements for Adults having a General Anaesthetic in a District General Hospital – A 600 Patient Snapshot Audit”

**Abstract Text:**

***Background***

In June to July 2018, 600 consecutive adult patients having a general anaesthetic across all surgical specialities were captured in this audit.

***Aim and Objectives***

The objective of this audit was to assess the pain management of patients in theatre and recovery. We had a particular focus on two aspects in this study:

1. Whether patients receiving a combination mix of Alfentanil 0.1mg/ml and Morphine 1mg/ml achieved comfort more quickly than those receiving other IV opioids – IV Morphine or IV Oxycodone - without Alfentanil.
2. Whether opioid induced side effects delaying recovery discharge were less frequent in this group.

***Methods***

Recovery staff was asked to complete a prospective audit by answering the following questions for each patient:

* Time when pain levels were first assessed
* Pain score ranging from 0-3
* Analgesia type used in recovery
* Time when the pain was adequately controlled for destination ward
* If IV opioids were used were there any side effects including sedation, respiratory depression, hypotension or nausea and vomiting
* Was there a delayed recovery in discharge as a result of these documented side effects

The sample size for this data collection was 600. Of the patients requiring analgesia, we compared time to comfort and the frequency of delayed discharge due to opioid induced side effects in these patients.

***Main results***

1. Out of 600 patients, 360 required no additional analgesia in recovery. 240 patients required analgesia. Out of the 240 patients requiring analgesia, 44 reported severe pain during their stay in recovery, 106 reported moderate pain and 90 only mild pain. Of these patients requiring analgesia, 137 patients received IV opioids. Of this sample, only 14 patients received IV Alfentanil combined with Morphine.

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Count** | **Mean TTC\* (min)** | **Median TTC (min)** |
| IV Alfentanil/Morphine | 14 | 62 | 55 |
| IV Other | 123 | 54 | 48 |
| **IV Opioids** | **137** | **55** | **50** |

\*TTC = Time to Comfort

1. Out of the sample size of 240 receiving analgesia, only 12 patients had a delayed discharge from recovery due to side effects of opioids given in recovery. The average delayed discharge time was 20 minutes. 7 out of 12 patients were delayed due to respiratory depression whilst the remaining 5 were for nausea, vomiting or sedation.

**Conclusions**

 Given the low number of patients receiving combination IV Alfentanil and Morphine, the difference in Time to Comfort from other IV opioids is not significant. Findings from this audit reflect appropriate pain management in theatre and in recovery with reassuringly low numbers reporting severe pain in recovery (44/600) and a low incidence in delayed discharge from recovery due to rescue opioid analgesia.