**Title**

The development of a pain management service from admission through rehabilitation for major trauma patients

**Authors**

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**Background**

The reorganisation of acute major trauma services in England has increased survival in severely injured patients. Pain is common to patients following traumatic injuries. The prevalence of pain is high with two thirds of trauma patients reporting moderate or severe pain. Growing evidence also suggests poorly managed pain following major trauma is likely to develop into chronic pain. A concept mapping exercise identified the importance of specialist pain management teams throughout the rehabilitation pathway for individuals following major trauma but also identified that most specialist pain management predominantly occurred in the acute hospital phase and less so in the rehabilitation phase.

**Aims and Objectives**

* To improve access to pain management services from admission, throughout hospital stay to 3 months post discharge for all major trauma rehab patients.
* To identify patients at risk of developing chronic pain and refer to appropriate services.
* To optimise analgesia and self-management strategies to reduce long term medication use.

**Methods**

In January 2019 service delivery was changed to accommodate attendance at weekly multidisciplinary meetings and outpatient clinic reviews for this client group. We now advise on discharge medication and weaning strategies during inpatient stay and provide advice and support to patients in the outpatient clinic regarding their pain and analgesia.

**Main results**

* All patients have continued to be reviewed in the acute admission phase.
* Collaboration with the trauma coordinators occurs daily to identify new patients.
* Since January 100% of patients have received a weekly pain and medication review during their rehab phase. Improved communication & collaboration with the multi-professional trauma rehab team.
* All patients are guided towards developing their own self-management strategies.
* 12% of patients are repatriated to their local hospital and will not be reviewed in the outpatient clinic
* Approximately 66% of trauma patients are discharged with an opioid; however less than 40% of major trauma rehab patients are discharged with an opioid following the introduction of the weekly review.
* All patients discharged with an opioid are given weaning advice prior to discharge.
* The nurse specialists now directly liaise with community services re discharge planning for complex patients.
* All patients attending the major trauma outpatient clinic will be offered review with a pain nurse specialist or indirect advice via other health care professionals; all patients discharged on opioid however will be reviewed by the pain specialists.
* Patients attending the outpatient clinic who are unable to wean their opioid and have ongoing pain will be directed to a chronic pain service.

**Conclusions**

Access to pain management services has improved. 100% of major trauma patients are reviewed by the pain nurse specialists in the acute phase and now this continues into the rehab phase and beyond discharge. Patients are supported to develop self-management strategies to help reduce the need for continued medication. All patients taking opioids are given advice and support to optimise analgesia which includes guidance on how to wean. Patients requiring ongoing support with persistent pain and opioid use are directed to appropriate pain management services at an earlier point in their journey.