**Title**

The Evolution of an Inpatient Pain Team

**Authors**

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**Background**

Acute pain services were developed following a report in 1990 which highlighted that the majority of patients experienced severe pain after surgery. By 2004 the majority of hospitals in the UK offered an acute pain service. Traditionally these teams were involved in managing acute post-operative pain. However, pain is often an issue for non-surgical patients and there has been an increasing demand for the acute pain service to review these patients. As a result acute pain teams are evolving into Inpatient pain services, treating medical and trauma patients with challenging or complex pain alongside the more traditional post-operative patients.

**Aims and Objectives**

To understand the changing trends of the patient groups seen by an acute pain service in a large teaching hospital over 20 years.

**Methods**

Data has been collected routinely since 2014 on all patients with epidural analgesia, PCA, nerve catheters and referrals; limited data exists between 1999-2013. This data was analysed by nurse specialists to highlight trends in the number of patients receiving the above analgesia and the nature of referrals.

**Main Results**

* Increase in service demand: Number of PCA’s and nerve catheters have steadily increased whilst the number of epidurals have rapidly declined. A fourfold increase in referral rates has been observed over this time.
* Increase in complexity of patients: Major trauma patients routinely reviewed by the service along with greater use of multi modal analgesia for complex surgeries. Twice as many patients with chronic pain are reviewed by the nurse specialists.
* Innovative methods of pain control: A change in practice has shown a shift away from epidural analgesia following major surgery in favour of local anaesthetic infusions. Implementation of designated fascia iliaca guideline for fractured hips and blunt chest trauma pathway for patients with sternal and rib fractures has seen an increase in the requirements for nerve catheters.
* Service & professional development: Education, quality improvement, research & practice development all contribute to the breadth of knowledge & experience within the team.
* Collaboration & joint working: Interdisciplinary and multi-professional approach enhances communication and innovative practice benefiting patient outcomes and facilitates the education and development of staff.

**Conclusion**

Our inpatient pain service transitioned from the acute pain team in 2015 into a highly valued service utilised by every clinical area within the hospital. This nurse led service has evolved to meet the needs of a complex patient group by developing the nurse specialists into highly skilled proactive clinicians who can review any patient within the hospital. There has been an increase in collaboration with other specialities to enhance patient experience and outcomes. The link between acute and chronic pain is now streamlined.