The changing role of an acute pain team

Background

Acute pain teams originated to manage the shortcomings in postoperative pain. Most hospitals have an acute pain service, though the service provision is variable. Services are mostly nurse led with consultant input that varies from one to five sessions per week. Numerous studies have demonstrated a place for these services with inpatients often having poorly managed pain. Changes in patient needs, particularly the growing population of acute-on-chronic pain team, have changed the demands on acute pain teams and services must evolve to accommodate this.

Aims and objectives

The aims of this study were to detail the current workload of an acute pain team at a teaching hospital and compare this to the stated aims of the team.

Methods

All patients seen by the inpatient pain team in a 6 week period were recorded, excluding patients requiring epidural follow up. In the 6 week period 117 patients were seen. These patients were categorised by the cause of their pain and the department that they were admitted under. Further to this, patients considered to be admitted for pain as the primary concern were reviewed on a daily basis to identify unnecessary delays in their admissions. The number for this group was 26 patients.

Results

The chief causes of pain were trauma (38%), post-operative (29%) and pain as the primary concern (23%). The majority of the referrals came from surgery (61%) and the major trauma unit (23%). It was noted that many of the referrals were due to the lack of confidence of nursing staff and also that it was the educational component of the acute pain team's work that had reduced as service demand had increased. This is turn reduced the training and accordingly the confidence of staff and possibly contributed to an increased patient load on the pain team. In patients with pain as the primary complaint, 73% were presenting with acute-on-chronic pain, 26% of these were patients of the hospital's chronic pain service. Through several case studies it was noted that in many of these 'pain admissions', the factor delaying progress or discharge was the lack of pain consultant input, with patients waiting up to 8 days as there was only one consultant session per week.

Conclusions

The acute pain team at this hospital had been running for over 20 years at the time of the study. There had been huge changes to the demands on the team in this period as seen at all hospitals, most notably the increase in patients with complex pain management issues and acute-on-chronic pain. It was noted that the team was unable to fulfil many of the educational responsibilities due to an overwhelming patient load. It was also seen that infrequent consultant ward rounds for pain were having a detrimental effect on patient care. These challenges reflect issues facing acute pain teams currently as the demands have changed dramatically from the demands at the inception of pain teams and services must adapt to meet the current demands of patients.