Australasian Emergency Nursing Journal (2016) 19, 26—36

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/aenj

LITERATURE REVIEW

Time to analgesia and pain score documentation best practice standards for the Emergency Department — A literature review

Claire Hatherley, BN, B AppSci (Psych), RN, PGD Nursing (Emerg) [a,b,*]
Natasha Jennings, BN, RN, MN (Melb), PhD [b]
Rachel Cross, BN, RN, GradCertEmergNurse, MNP [c,b]

[a] *Cabrini Institute — Education & Research Precinct, Cabrini Health, 154 Wattletree Road, Malvern, Victoria 3144, Australia*
[b] *Emergency & Trauma Centre, The Alfred Hospital Commercial Road, Prahran, Victoria 3004, Australia*
[c] *Alfred Clinical School La Trobe University, School of Nursing and Midwifery, Victoria 3004, Australia*

Received 8 June 2015; received in revised form 23 October 2015; accepted 9 November 2015

KEYWORDS
Emergency service, hospital;
Pain;
Analgesia

Summary
Background: Emergency Department pain management is an often overlooked aspect of acute care and is of paramount importance. Patients are often forced to wait extended periods of time without pain assessment or being offered analgesia for their painful condition. This has been associated with poor psychological and physiological consequences both for the health system and the patient. This is suggestive of a lack of clarity around best practice standards for time to analgesia and pain score documentation in the ED.
Methods: A literature review was undertaken to investigate best practice in relation to acute pain management. Key outcomes were pain score documentation and time to analgesia. After a search of the electronic databases, a total of 992 abstracts were screened and 38 potentially relevant full articles were reviewed. There were 23 articles excluded for a variety of reasons including poor methodology, indirect specialty and inappropriate focus or age of study. A total of 15 studies were appropriate for inclusion in the review.
Results: Of the 15 studies, only eight included pain score as an outcome and 13 used time to analgesia as a measure. Four studies specifically investigated nurse initiated analgesia programs in relation to improving acute pain management. A higher incidence of pain assessment,

* Corresponding author at: Emergency & Trauma Centre, The Alfred Hospital Commercial Road, Prahran, Victoria 3004, Australia. Tel.: +61 438363159.
E-mail address: C.Hatherley@alfred.org.au (C. Hatherley).

http://dx.doi.org/10.1016/j.aenj.2015.11.001

reassessment and pain score documentation was generally correlated with decreased time to analgesia.
Conclusions: Whilst there is an abundance of evidence available on the current practice and challenges of quality acute pain management in the ED, there is a lack of well-controlled studies on best practice standards for health care services to benchmark their practice and improve. Mandating pain score reporting, pain assessment and reassessment within specific timeframes and analgesia administration within 30 min of arrival is highly recommended. The implementation of nurse led analgesia protocols should be encouraged to increase incidence of documented pain assessment and reduce time to analgesia.

What is known

- Pain is the most common presenting problem for patients seeking emergency treatment.
- Due to a lack of standardisation and awareness, acute pain is poorly assessed and treated in Emergency Departments.
- Many patients experience long delays in pain assessment and analgesic administration.
- Pain assessments and scores are poorly documented by all clinical staff.

What this paper adds?

- Literature review of available studies to develop best practice standards for acute pain management in the Emergency Department.
- Recommendations for system and practice changes to enable best practice for acute pain management.
- Encourages further studies around the implementation of best practice and evaluation of quality.

Introduction

Acute pain is the number one presenting complaint for patients seeking care in the Emergency Department (ED).[1–6] The Australian Council of Healthcare Standards use several key clinical indicators in the assessment of acute pain management in the ED. Time to analgesia and the documentation of pain scores are the key clinical indicators used to assess ED quality of care and service performances.[5] A median time to analgesia following presentation to the ED of 30 min is the national standard recommended by the Australian National Health and Medical Research Council (NHMRC), but in practice, has been shown to be longer.[7] Poor documentation of pain scores in the ED has been consistently demonstrated.[8–10] Ineffective and/or delayed analgesia for patients attending the ED is another common feature[11–13] and represents an area requiring further investigation and intervention.

Best practice pain management is paramount for quality patient care. In a joint position statement released by the Australasian College for Emergency Medicine and the College of Emergency Nursing Australasia, pain management was identified as a fundamental component of quality care for ED patients.[14] The timely delivery of appropriate and effective acute pain management remains an ongoing challenge in Australian and international EDs. Rupp and Delaney[15] suggest that a lack of appropriate and effective analgesia administration in the ED has been negatively associated with higher admission rates, longer length of hospitalisation, financial cost to patient and organisation, greater risk of adventitious events and poorer patient satisfaction ratings.[16–18] Severe untreated pain is associated with negative outcomes for health organisations and patients both physically and psychologically.[19]

Literature over the last two decades has recognised the sub optimal pain management in the acute care setting, specifically in the ED. There is a paucity of evidence relating to what the best practice standards are for EDs acute pain management and therefore standardisation and quality improvement is challenging. Barriers to best practice management for acute pain are often correlated with inadequacy of training in the assessment and management of pain. ED staff have reported knowledge deficit in regards to the pathophysiology of pain, have poor attitudes about chronic pain and often report a documented underestimation of a patient's pain.[15,20]

Enablers to quality pain management were highlighted by the NHMRC as part of their National Emergency Care Pain Management Initiative.[21] Two of these are accurate assessment and documentation of pain scores and the timely provision of pain relief. The aim of this literature review is to examine the evidence to identify best practice standards in relation to time to analgesia and pain score documentations. Based on the literature it will discuss recommendations for enhancing acute pain management in the ED.

Review search strategy

Key search terms used were pain, emergency, analgesia, time to analgesia, acute and chronic pain, nursing, pain management and delays to analgesia. Journal articles and resources from the previous 15 yrs were utilised to keep the information up to date.

The PICO[22] format was followed to formulate the inclusion criteria for this literature review (Table 1). Fig. 1 identifies criteria for exclusion. Two authors undertook individual reviews of the literature. Consensus was achieved for studies to be included in the review without disparity.