Point Prevalence Audit of Analgesic Use

A Point Prevalence Audit (PPA) of Analgesic Use assists health services to determine current patterns of analgesic prescribing and use and identify areas for improvement. This PPA for Analgesic Use has been developed by Thuy Bui, Clinical Lead for Safer Care Victoria's Analgesic Stewardship Program and Analgesic Stewardship Pharmacist at Alfred Health.

Background

Point prevalence studies or audits have a well-established methodology to measure the prevalence of antimicrobial use and health care associated infections in hospitals. Results from point prevalence studies for antimicrobial use have been used to evaluate quality indicators, to follow up antimicrobial stewardship and infection control programs, and to support decision making.

The PPA of Analgesic Use has been developed with the aim of collecting baseline information on the use of analgesics in health services as part of introducing or enhancing analgesic stewardship programs in health services. The results of the PPA will provide a structured approach to monitoring and help shape improvement activities.

The PPA included in this AGS Toolkit collects basic information from medical records and associated patient documentation on surgical patients, which are of relevance for treatment and management of post-operative pain. It is important to emphasize that this PPA does not collect additional information aside from what is already recorded through routine processes. Thus, there is no direct contact with patients where they are asked to provide supplementary information.

Method

A retrospective review of patients admitted to all surgical units, excluding day cases, on a given day to determine analgesic use at baseline, analgesic use 24 hours prior and at discharge. Patients in the intensive care unit or have been admitted for less than 24 hours prior to the audit date will be excluded. The patient list can be selected as deemed appropriate or per below suggestions:

- Electronic medical record - Generate or using existing inpatient surgical patient lists
- Paper-based record - Collect patient lists in a day or over a few days whilst collecting baseline data and analgesic use 24 hours prior

Discharge data to be collected for patients who have been discharged within 2 weeks of the date chosen for the point prevalence audit.

Based on the above patient inclusion criteria and surgical activity within the health service the total number of patients included in the audit may be up to 150 patients. It is estimated that data collection for each patient will take anywhere from 5 to 20 minutes, depending on the number of analgesics and ease of access to certain data points, e.g. consultation by Acute Pain Service (APS) during inpatient admission. Allocate approximately 1 hour to complete all data points for 4 patients.

A purpose-built Microsoft Excel Worksheet is available as part of the AGS Toolkit. This will also provide examples of key data visualisations to assist in presenting to health services' Analgesic Stewardship Committees.

Data	Method details/Comments	Suggested Sources
Demographics • Ward/location • Age • Sex • Surgical unit • Admission date • Elective/non-elective admission	Excludes patients in ICU, day case surgery, those who have been admitted for less than 24 hours prior to the audit date and deceased during inpatient admission.	Electronic patient list or medical notes
Baseline analgesics • Opioids, paracetamol, NSAID, gabapentinoid, tricyclic antidepressants (amitriptyline or nortriptyline), duloxetine or venlafaxine, clonidine	Include regular and PRN ("as required") analgesics. Include any patient taking listed antidepressant agents as it is often unclear where this has been prescribed for pain.	Pharmacist or other equivalent admission medication history note
Inpatient analgesic use 24 hours prior to PPA date • Regular and PRN opioids, non-opioids (i.e. paracetamol, NSAID, gabapentinoid, tricyclic antidepressants, duloxetine or venlafaxine, clonidine) prescribed and dose administered; other analgesics (e.g. ketamine infusion) • oMEDD* of regular and all opioids • Prescribed 2 or more regular or PRN opioids • Aperient(s) prescribed for patients on opioids • Consultation by Acute Pain Service during inpatient admission	Include regular and PRN analgesics prescribed in the 24 hours prior. Excludes doses administered in theatre and recovery with the exception of IV parecoxib. Administered dose for the last 24 hours will also be recorded, e.g. if Endone PRN prescribed but nil doses administered then enter "0" in the administration column. Parenteral opioids for ward use (excludes orders intended for use in ED, Theatre or Recovery) should be entered in other opioid column. Where possible, oMEDD has been set to automatically populate.	Medication chart/record Anaesthesia/recovery record Acute Pain Service medication chart/record
Discharge analgesics • Regular and PRN opioids, non-opioids (i.e. paracetamol, NSAID, gabapentinoid, tricyclic antidepressants, duloxetine or venlafaxine, clonidine) prescribed dose; other analgesics • oMEDD of regular opioids • Prescribed 2 or more regular or PRN opioids	Daily dose and oMEDD will be 0 for PRN analgesics	Medical discharge summary Discharge prescription

Medical discharge summary • Includes indication for opioid • Includes weaning, cessation or intended duration for slow release or long-acting opioids • Pharmacist input into the medication section if applicable • Discharge destination (home, acute transfer, rehabilitation) • Pharmacist medication plan or list provided to the patient	Post-operative pain or similar would be classified as providing an indication for the opioid. 'Wean' or 'review' are non-specific discharge plans; 'reduce or stop or review in X days' is a specific discharge plan.	Medical discharge summary Pharmacist discharge medication list and/or note

oMEDD = oral Morphine Equivalent Daily Dose

Refer to Microsoft Excel Worksheet for further details including opioid conversions and proposed summary of data.