

Acute Pain Team Access Statement

Document Control:

For Use In:	Norfolk and Norwich University Hospitals NHS Foundation Trust		
	Acute Pain Service		
Search Keywords	Acute, Pain, Service		
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Document Owner:	Surgery, Critical and Emergency Care Division – Pain Management		
Approved By:	Pain Management and Anaesthetic Governance		
Ratified By:	N/A		
Approval Date:	10/01/2023	Date to be reviewed by: This document remains current after this date but will be under review	10/01/2026
Implementation Date:	As above		
Reference Number:	10328		

Version History:

Version	Date	Author	Reason/Change
8	January 2023	Clinical Nurse Specialist	Updated Reference, Standard Operating Procedure format, Route of Contact Transferred on Procedural Document Template

Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

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Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

Consultation

The following were consulted during the development of this document:

Katherine Dyer, Lead Nurse / Matron

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Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

Relationship of this document to other procedural documents

This document is an access statement applicable to Norfolk and Norwich University Hospitals NHS Foundation Trust; please refer to local Trust's procedural documents for further guidance.

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Quick reference

Delivering high quality acute pain management is a requirement of a modern health service to meet expectations of patients and carers. It enables prevention and management of serious peri-operative complications and management of acute and chronic pain. An acute pain service is a requirement and core standard of the Faculty of Pain Medicine and enhances patient outcomes and experience (2021).

The acute pain team based at the Norfolk and Norwich University Hospital is integrated with the Pain Management Centre and consists of a team of 6 specialist nurses who work alongside our pain consultants. The nurses are able to assess and manage acute and chronic pain.

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1. Introduction

1.1. Rationale

Delivering high quality acute pain management is a requirement of a modern health service to meet expectations of patients and carers. It enables prevention and management of serious peri-operative complications and management of acute and chronic pain. An acute pain service is a requirement and core standard of the Faculty of Pain Medicine and enhances patient outcomes and experience (2021).

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1.2. Objective/s

The objective of the access statement is to:

- Advise on inpatient acute pain management for all patients
- Regularly review all patients with an epidural, paravertebral and local anaesthetic infusion (excluding obstetrics and orthopaedic nerps)
- Undertake regular review of acute inpatient pain problems
- Undertake formal and informal education of ward-based staff in clinical areas
- Undertake audit and participate in research, write policies and guidelines for pain management
- Develop policies and guidelines for pain management
- Deliver formal education for all disciplines with medical colleagues and other healthcare professionals
- Liaise with consultant anaesthetists with overall responsibility for acute pain management

1.3. Scope

The specialist nurses review every patient (excluding obstetrics) with epidural and paravertebral analgesia every day except Sunday. We review patients with PCA analgesia only if the PCA is not providing adequate pain relief. We provide advice and review patients with complex pain and can provide assessment and potential further outpatient review for patients including:

- Patients with pain and a history of drug and substance misuse opioid tolerance as a consequence of long-term opioid use and support opiate reduction
- Chronic pain patients who develop acute pain and also patients with an exacerbation of a chronic pain condition
- Patients at risk developing of chronic pain from an acute pain condition

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We usually have consultant ward rounds 4 times a week, on a Tuesday morning, Wednesday, Thursday morning and a Friday afternoon where complex patients are reviewed.

We prioritise seeing patients with chronic pain only where discharge or further treatment is being delayed by pain. We are unlikely to initiate new analgesia on day of discharge. Please ensure prescribed analgesia has been given as appropriate prior to making a new referral.

1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
ORSOS	Operating Room Scheduling Office System
NICU	Neonatal Intensive Care Unit
CCC	Critical Care Complex
PCA	Patient Controlled Analgesia

2. Responsibilities

It is the responsibility of the Clinical Nurse Specialist to review and update this document.

3. Processes to be followed

Our hours of service are:
Monday – Friday: 08:15-17:00
Saturday: 08:00-12:30
DECT Phones: 3821 / 7544

Send an alternative message to the Acute Pain Team

Out of hours: contact the on call anaesthetist or blackspot anaesthetist

We will usually automatically review patients with epidural/ paravertebral infusions in situ (excluding obstetrics) via information generated from ORSOS. Occasionally, this information will not be available (particularly with babies going straight to NICU from theatre and adult patients having emergency surgery out of hours or going straight to CCC from theatre). In these circumstances, please contact us to ensure that we are aware of your patient.

Please give us as much information about the pain problem as possible to allow us to effectively prioritise our workload. We aim to respond to urgent referrals within 30 minutes. If your referral is urgent, please call us or send an urgent alternative message.

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4. References

Faculty of Pain Medicine, British Pain Society (2021) *Core Standards for Pain Management Services in the UK*. London: FPM. Assessed January, 2023 from: <https://www.britishpainsociety.org/static/uploads/resources/files/FPM-Core-Standards-2021.pdf>

5. Related Documents

Adult epidural guideline via [Trust Docs](#)

Paediatric epidural guideline via [Trust Docs](#)

Adult PCA guideline via [Trust Docs](#)

Paediatric PCA guideline via [Trust Docs](#)

6. Appendices

There are no appendices for this document.