

# AB221. SOH21AS130. Acute pain management in post-operative surgical patients

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**Background:** Effective pain management aims to reduce or eliminate postoperative pain while minimising side effects; therefore, appropriate analgesic prescription is essential. This audit aims to evaluate the current use of postoperative analgesic agents at Midland Regional Hospital Tullamore (MRHT) and compare current usage with standard best practice (NICE) guidelines. Furthermore, we aim to establish whether current postoperative analgesia prescription is effective.

**Methods:** Data on postoperative patients admitted overnight age >18 were recorded prospectively and entered on a preformed database. Excluded from this study were day cases, age <18 years and those on opioid medication at admission. Management of chronic, acute nonsurgical, trauma and periprocedural pain is outside the scope of this study.

**Results:** Sixty-five patients were prescribed paracetamol as first line agent—intravenous in 35 (53.8%). Thirty-six patients (55.4%) were prescribed NSAIDs (ibuprofen or diclofenac, with 3 requiring intravenous dexketoprofen). All patients received opioids (oxycodone hydrochloride and/or targin) regularly or as needed. One patient had adverse effects to opioids: severe nausea. Seventeen patients (26%) had pain scores recorded, all had improved pain levels.

**Conclusions:** Preliminary data suggests adequate analgesia

is provided; however NICE guidelines were not always fulfilled i.e., IV paracetamol or NSAID prescription not always indicated. Documentation of pain scores was inconsistent thus rendering difficulty in determining adequacy of pain control. Our study may alter current practice, especially in documentation of pain scores to accurately assess the efficacy of current analgesia prescription.

**Keywords:** Analgesia; guidelines; opioids; pain; post-operative

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## Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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