Improving the Quality of Cancer Pain Management in an Academic Medical Center Emergency Department

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The impact and outcomes of the implementation of a pain management guideline and pain assessment standard operating procedure (SOP) in a cancer-specific emergency department are evaluated in this article. After implementation of the SOP, the number of pain assessments conducted per patient during hospitalization increased, as did the percentage of patients who underwent a pain assessment at admission, within one hour after analgesic medication was administered, and at regular intervals.

Methods

This retrospective, observational study used data retrieved from the Asan Medical Center electronic medical record system. A total of 1,993 patients visited the CED during the study period from August to September 2011 (before initiation of the CPCP, n = 891) and from February to March 2012 (after the initiation of the CPCP, n = 1,102). Patients aged 20 years and older, who stayed in the CED for more than 24 hours and experienced pain with self-reported numeric rating scale (NRS) scores of 4 or greater at the time of admission or during the CED stay were included in the study. Data from a total of 455 patients were used in the analysis.

Pain Assessment and Management

The SOP for pain assessment is mandated once every eight hours, at admission and discharge, whenever patients report pain, and within one hour after the administration of analgesic medication. The pain management guideline contains five basic principles: (a) use of oral medication when available, (b) adherence to the WHO (1990) three-step ladder approach (http://bit.ly/1u7alff), (c) use of regular, time-release analgesics for the prevention of pain recurrence, (d) prescription of