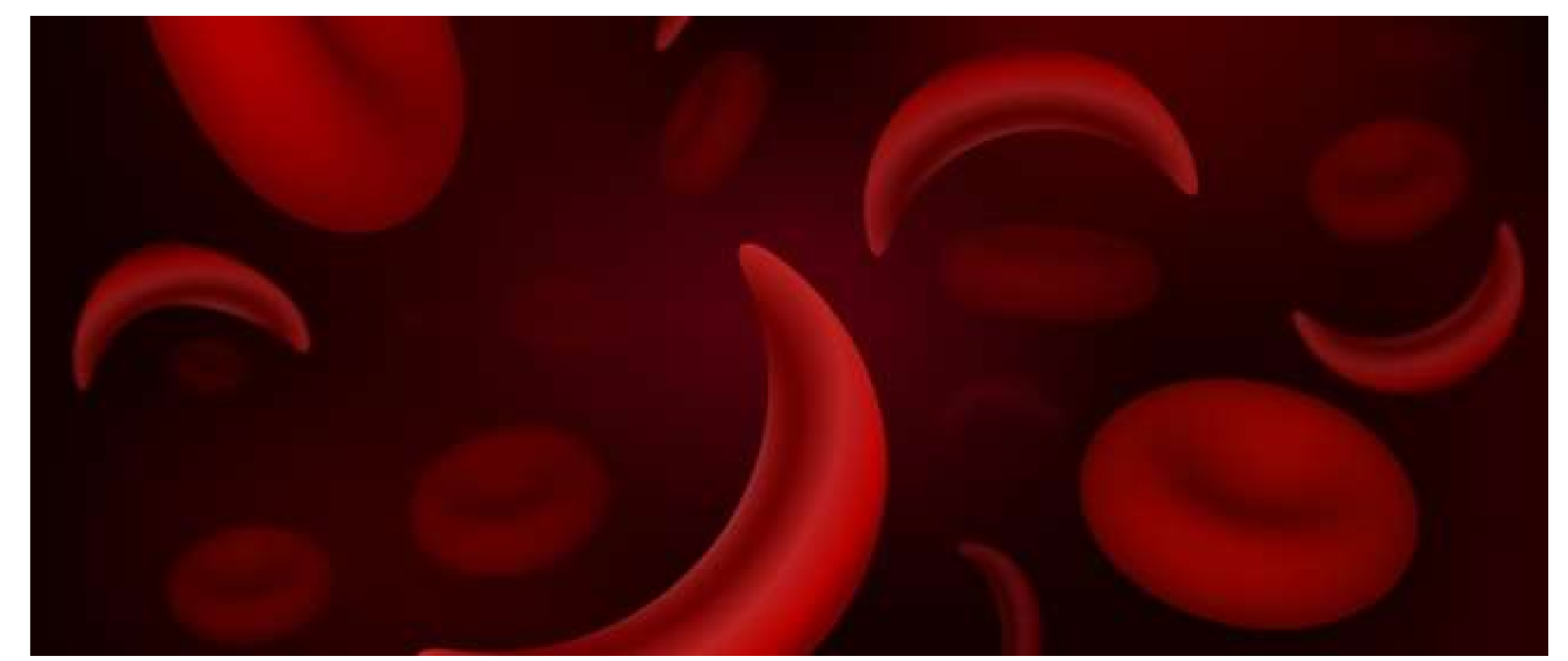


# Sickle Cell Disease Pain Management in the Emergency

## Department: A Single Centre Experience

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### Background

NICE QS58 – Quality Statement 1<sup>1</sup>

- People who present at hospital with an acute painful sickle cell episode have a pain assessment, a clinical assessment and appropriate analgesia within 30 minutes of presentation.

Why does analgesia matter?

- Most difficult aspect of the quality statement
- Important to patients
- Prevents admission<sup>2</sup>
- Helps to improve effective breathing and promote recovery

### Sickle Cell Protocols

- Each patient should have an A4 document advising on their current outpatient and inpatient analgesia regimes
- Also records baseline blood tests and oxygen saturations
- Provides a summary of the patient's past medical history
- Helps to simplify analgesia for A+E staff
- Should be easily accessible, particularly in areas where sickle cell is less common

### Methods

- Audit of all patients triggering a sickle cell alert (automated email alerts haematology on A+E attendance) on arrival over 6 months (1 Aug – 1 Feb)
- Collected data on time of arrival, time of triage, time of prescription
- Excluded patients:
  - Receiving opiate analgesia with ambulance service (37 cases)
  - Without available documentation (54 cases)

127 total attendances included, 67 patients

### Results

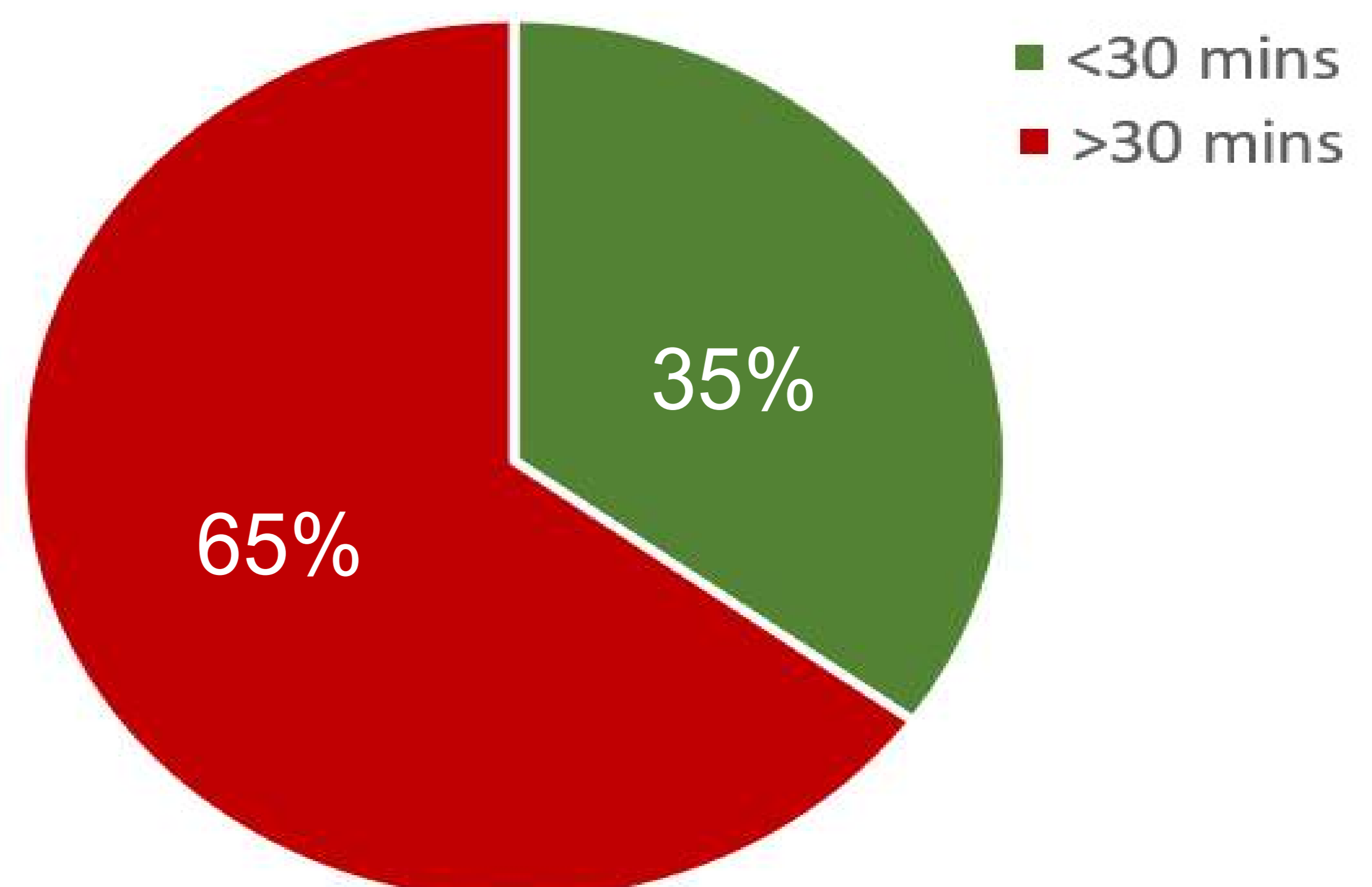
- Only 35% of patients received analgesia within 30 minutes of arrival
- This number slightly underestimates total performance as local arrangements with the ambulance service allow many patients to be given opiate analgesia prior to arrival in A+E. These patients were excluded from our data but are receiving timely analgesia

### Analysing Long Waiters

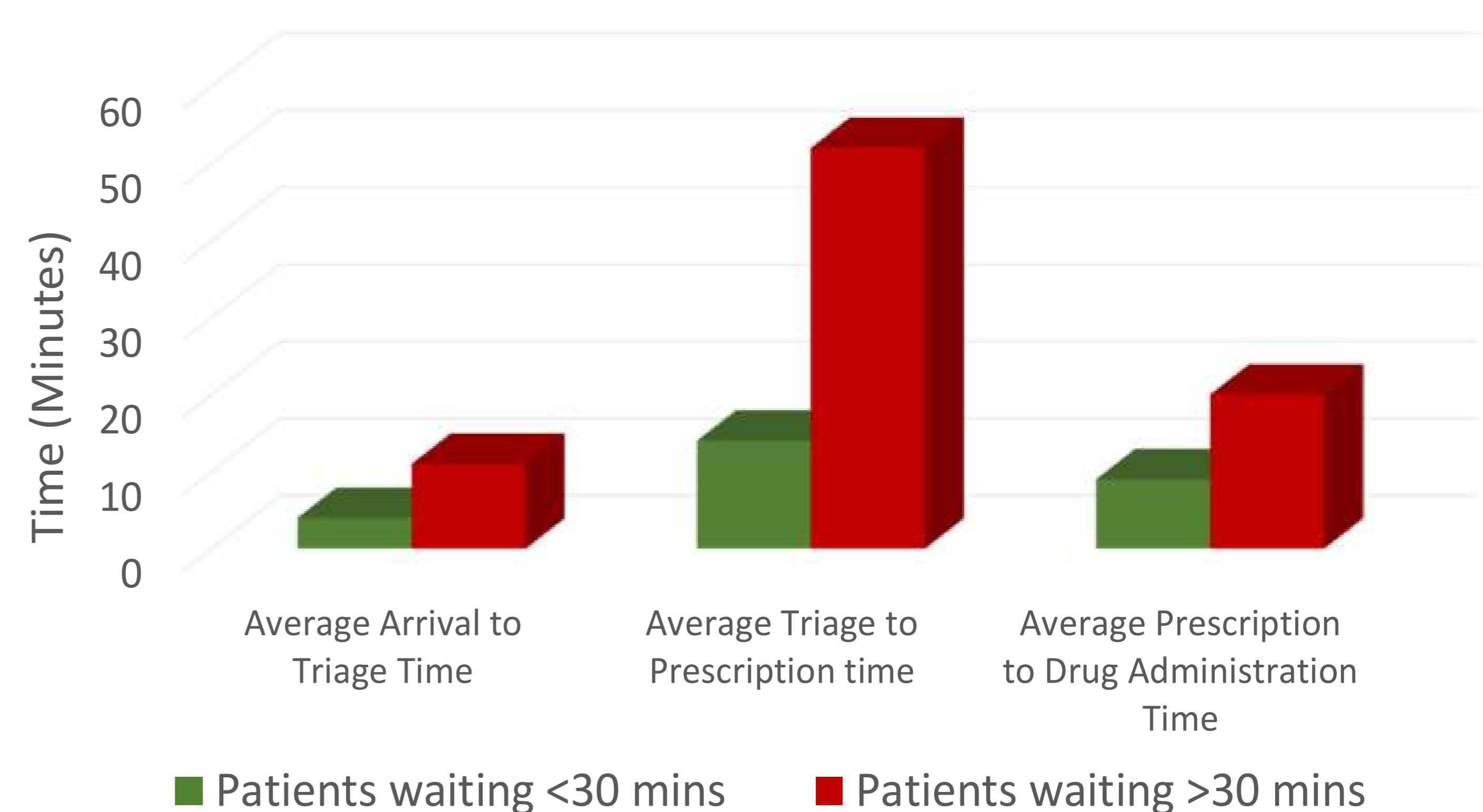
- When patients waiting over 30 minutes are analysed separately and compared to those receiving analgesia in <30 minutes we see the following:
  - Average arrival to triage time - 7 minutes longer
    - 4 mins vs 11 mins
  - Average triage to prescription time - 38 minutes longer
    - 14 mins vs 52 mins
  - Average prescription to administration time - 11 minutes longer
    - 9 mins vs 20 mins

**This shows that the delay in prescribing is the biggest contributing factor in delaying analgesia**

### % of Patients Receiving Analgesia in...



### Where are the Delays?



### Discussion

- In our A+E the patients who received delayed analgesia did so mainly because of delays in prescribing
- Our plans to improve this include
  - Planning teaching sessions with new A+E intake doctors to increase confidence in treating painful crises
  - Plans to establish a pathway for patients with uncomplicated painful crisis to be seen in ambulatory care
  - Encourage staff in triage to print out the protocol in advance so this is easily available in the department
- Other priorities
  - Encouraging oxygen saturations to be measured on air
  - Group and save samples to be sent early, especially if patients are unwell

### References

- 1) NICE QS58
  - <https://www.nice.org.uk/guidance/qs58>
- 2) Benjamin LJ, Swinson GI, Nagel RL. Sickle cell anemia day hospital: an approach for the management of uncomplicated painful crises. Blood. 2000; 95: 1130– 6.