



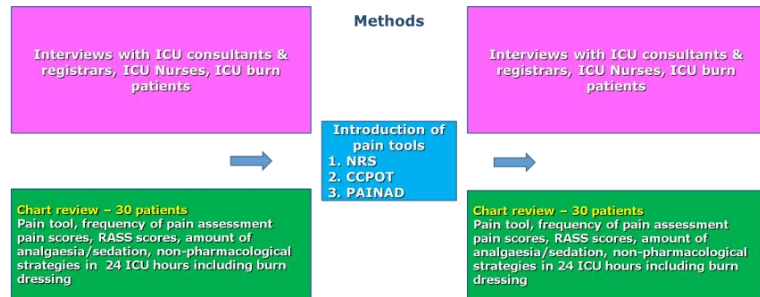
Introducing Validated Pain Tools in the ICU: To Improve Pain Assessment for Acute Burn Injured Patients, to Empower Patients and Support Clinicians

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Impetus for the study: As critical care nurses, we were distressed by our difficulty advocating for our patients unable to self-report acute pain. There were limitations in our understanding of the burn pain experience in the ICU.

Aims: To understand how patients with a burn injury experience pain and pain assessment. To understand the pain assessment practices, attitudes and beliefs of ICU clinicians. Introduce and assess the effect of validated pain tools.

Methods

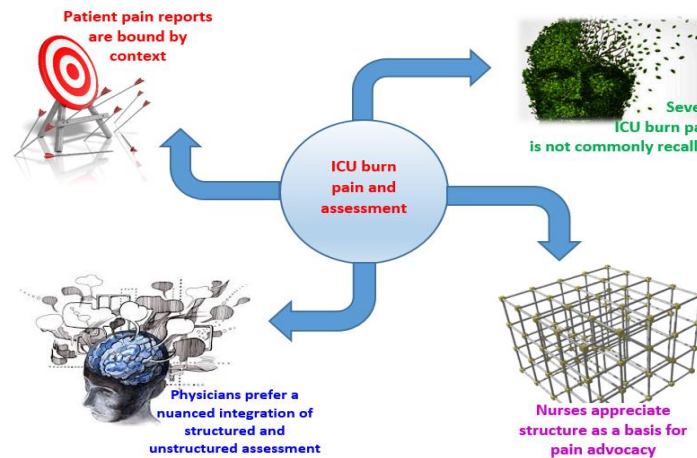


Participant demographics

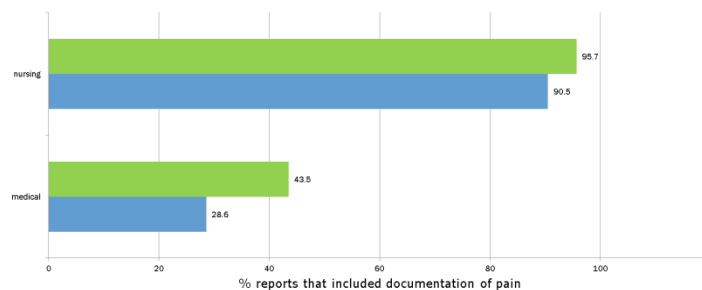
	Participants	Gender M:F	Range of years worked in ICU	Median years worked in ICU
ICU Physicians	6	6 : 0	3 mths - 20 yrs	6.5
Nurses	6	2 : 4	1 - 15 years	7

Patients	Mean Age	Gender M: F	Mean TBSA %	Mean LOS in ICU	Mean Interview day post ICU discharge
12	38	10: 2	27	9	16 days

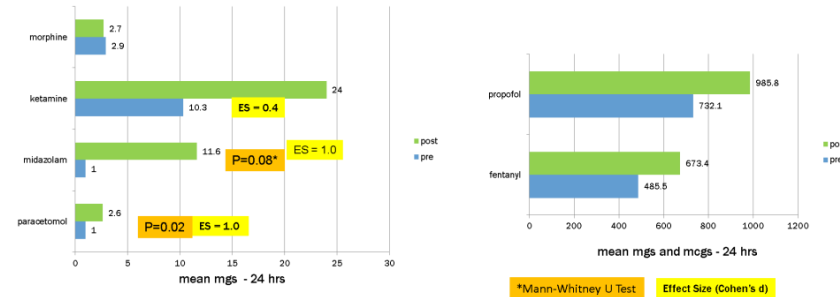
Findings: Common interview themes



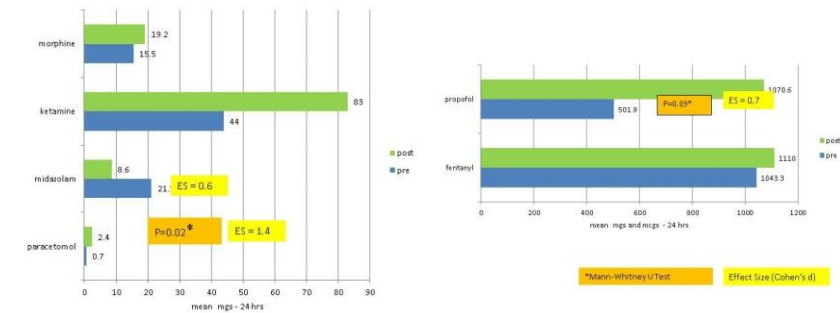
Findings: Pain documentation



Findings: Mean analgesia & sedation over 24hr period Burns < 20 % TBSA



Burns > 20 % TBSA



Conclusion:

- Improved patient pain advocacy.
- Pain assessment and management is part of the culture.
- NRS and CCPOP effective, PAINAD ineffective.
- Increase and change in analgesia and sedation – especially Fentanyl, Propofol, Paracetamol.
- We aim to capture more data to allow more robust analysis for future publications.

