

# Hip fracture care clinical care standard indicators: 2a-Evidence of local arrangements for timely and effective pain management for hip fracture

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	Indicator 2a-Evidence of local arrangements for timely and effective pain management for hip fracture
<b>METEOR identifier:</b>	628076
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 12/09/2016</li></ul>
<b>Description:</b>	Evidence of local arrangements for timely and effective pain management for <a href="#">hip fracture</a> .
<b>Rationale:</b>	<p>Acute pain and injury of various types are inevitably interrelated and if severe and prolonged, the injury response becomes counterproductive and can have adverse effects on outcome (Macintyre et al. 2010).</p> <p>Specific early analgesic interventions may reduce the incidence of chronic pain after surgery (Macintyre et al. 2010).</p>
<b>Indicator set:</b>	<a href="#">Clinical care standard indicators: hip fracture</a> <a href="#">Australian Commission on Safety and Quality in Health Care</a> , Superseded 18/06/2018 <a href="#">Health</a> , Standard 12/09/2016
<b>Outcome area:</b>	<a href="#">Pain management</a> <a href="#">Health</a> , Standard 12/09/2016

## Collection and usage attributes

<b>Computation description:</b>	<p>Documented local arrangements that include a written clinical protocol to ensure patients with hip fracture receive prompt and effective pain management. The protocol should:</p> <ul style="list-style-type: none"><li>• Take account of the hierarchy of pain management medicine that should be considered for managing pain associated with hip fracture, aiming to minimise the use of opioid medicine.</li><li>• Include prescribed intervals for assessment of pain amongst hip fracture patients, as follows:<ul style="list-style-type: none"><li>◦ immediately upon presentation to hospital, and</li><li>◦ within 30 minutes of administering initial analgesia, and</li><li>◦ hourly until settled on the ward, and</li><li>◦ regularly as part of routine nursing and other clinicians' observations throughout admission.</li></ul></li><li>• Include the use of a standardised pain assessment system, which specifically addresses the assessment of pain for patients with cognitive impairment and those unable to communicate pain, particularly with regard to minimising the use of opioid medicine in this group.</li></ul>
<b>Computation:</b>	Yes/No

## Representational attributes

<b>Representation class:</b>	Count
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**Data type:** Real  
**Unit of measure:** Service event  
**Format:** Yes/No

## Source and reference attributes

**Submitting organisation:** Australian Commission on Safety and Quality in Health Care

**Reference documents:** Macintyre PE, Scott DA, Schug SA, Visser EJ, Walker SM; Working Group of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine 2010. Acute Pain Management: Scientific Evidence 3rd edn, Melbourne: ANZCA & FPM.