

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

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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

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Indicator 2a-Evidence of local arrangements for timely and effective pain management for hip fracture
METEOR identifier:	696430
Registration status:	Health , Standard 12/09/2016
Description:	Evidence of local arrangements for timely and effective pain management for hip fracture .
Rationale:	<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>
Indicator set:	Clinical care standard indicators: hip fracture 2018 Australian Commission on Safety and Quality in Health Care , Standard 15/05/2018
Outcome area:	Pain management Health , Standard 12/09/2016

Collection and usage attributes

Computation description:	<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">• 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.• Include prescribed intervals for assessment of pain amongst hip fracture patients, as follows:<ul style="list-style-type: none">◦ immediately upon presentation to hospital, and◦ within 30 minutes of administering initial analgesia, and◦ hourly until settled on the ward, and◦ regularly as part of routine nursing and other clinicians' observations throughout admission.• 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.
Computation:	Yes/No

Representational attributes

Representation class:	Count
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.