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TAKE-HOME ANALGESIA FOR PAEDIATRIC DAY CASE SURGERY

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Introduction

The provision of take-home analgesia after day case procedures can be tricky to judge in children unless they are able to effectively communicate their needs. A previous audit in our hospital established that certain operative procedures were more likely to result in opioid requirement for take-home analgesia. We set out to understand current practice and create a more uniform take-home analgesia plan.

Aims

To assess the current practice of provision of take-home analgesia to paediatric day case patients, and to evaluate the use of take-home analgesia of paediatric day case patients.

Methods

Prospective data collection of all paediatric patients undergoing elective day case procedures over a 3-week period was undertaken. Details recorded were patient demographics, procedure, pain score on discharge, and take-home analgesia. Consent was sought from patients for a follow-up phone call. On post-operative day 3 (POD3), telephone follow-up was carried out to assess pain score, use of take-home analgesia, and adequacy of analgesia.

Results

During the 3 weeks, 63 day case procedures occurred. Data was collected on 20/63 of these patients. 3 were lost to follow-up. 17 cases were analysed. 30% (n=5) were 2 – 5 years old, and 70% (n=12) were 6 – 17 years old. All patients had paracetamol and ibuprofen for take-home analgesia. 5 patients received a limited supply of opioids for 3 dental and 2 general surgical procedures. Of these 5 patients, 2 of them reported regular use of opioids; the remaining 3 did not. 16 patients reported that take-home analgesia was adequate; 1 did not.

Discussion

Our study population (n=17) sample was small compared to the total number of procedures carried out during this period. Uptake of our study was felt to be poor during this time due to staffing pressures, cancelled elective lists, and lack of awareness of the study due to staff turnover. However, the data gleaned has yielded encouraging information that most patients (or their guardians) felt that our current take-home analgesic plan was adequate. Within the group of 5 patients that received opioids for home, there is some evidence that more work is needed to re-evaluate our current practice and list of procedures deemed to require them, especially given the reporting of non-regular use with spare doses of morphine remaining. This may result in cost-saving and conservation of pharmaceutical resources for our hospital. We plan to repeat this study over a longer period to increase our data capture, and therefore provide more robust evidence to

effect a change in our current practices of take-home analgesic plans for paediatric day-case procedures.

References

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