PAIN MANAGEMENT GUIDELINES IN JORDANIAN PEDIATRIC INTENSIVE CARE UNITS (PICUs)

Ahmad Ismail, PhD Candidate
University of Ottawa
Student/Trainee

INTRODUCTION / AIM

Clinical practice documents (guidelines, policies, protocols) are organizational resources to support quality care and positive patient outcomes. Limited knowledge exists on the pain management documents that support clinicians’ practice in Jordanian PICUs. We aim to categorize the types of organizational pain management documents used by Jordanian PICUs.

METHODS

A cross-sectional multi-site descriptive survey was developed and used to capture data on available pain management documents for clinicians’ use in Jordanian PICUs. Data collection was conducted using a phone based or face-to-face structured interview with head nurses, or their nominees, working in Jordanian PICUs.

RESULTS

Ethics approval was obtained from the University of Ottawa and for four of the six hospitals with PICUs in Jordan. Data was collected from these four PICUs. All units had written pain management documents (policies or clinical guidelines). These included documents to guide routine pain assessment and documentation and pain management. All four units used one or more pain assessment tools, for example, all four units used the Face, Legs, Activity, Cry, and Consolability Scale (FLACC). Three units considered pain management multi-disciplinary, routinely discussed pain assessment and management on nursing hand over, and relied on a direct communication process for nurses to report their pain assessment and concerns to the medical staff (by phone or face to face at the time of their assessment or concern). One unit had a formalized communication process through the charge nurse to the medical staff. Two units did not use IV opioids for continuous infusion; they used sedatives only for patients on mechanical ventilation. The other two units used IV Fentanyl as a continuous opioid infusion, as well as sedatives, and neuromuscular blockers for all ventilated patients. In two units, pain management documents did not include specific guidelines, policies, or protocols on the use of non-opioid medications, patient controlled anaesthesia, or for post-operative PICU patients. One PICU had more pain management documents to support care than the other 3. This PICU used a sedation assessment tool, specific pain assessment tools and had the following pain management documents: pain management for patients on mechanical ventilation, IV opioids administration, opioid antagonists, epidural analgesia, non-pharmacological management of pain, and procedural pain management. No unit used an opioid or sedative withdrawal assessment tool or had pain management document on the use of topical anaesthetic agents or sucrose.
DISCUSSION / CONCLUSIONS

Pain management documents are formal organizational resources to support clinicians practice. There are similarities and differences between the four Jordanian PICUs regarding pain management documents suggesting that there is an opportunity for improvement. Organizational resources in the form of pain management documents may benefit from sharing and standardization in Jordanian PICUs. Research to evaluate the use of pain management documents in Jordanian clinicians pain management practices is needed.

OTHER AUTHORS

Paula Forgeron
Viola Polomeno
Huda Gharabeh
Denise Harrison