

EVALUATION OF HOSPITALISED PATIENTS' ACUTE PAIN:

preliminary survey to promote use of behavioural tools

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Patients having limited ability to communicate **cannot have a proper evaluation** of pain using self-evaluation tools. Therefore they might not receive the **appropriate analgesic treatment**. Our audience is the medical and paramedical staff of our hospital. This staff is involved in care management of patients with limited ability to communicate.

OBJECTIVE

To assess the medical and paramedical staff's **knowledge** and to evaluate their **motivation** to use appropriate tools : **the behavioural tools**.



STUDY DESIGN

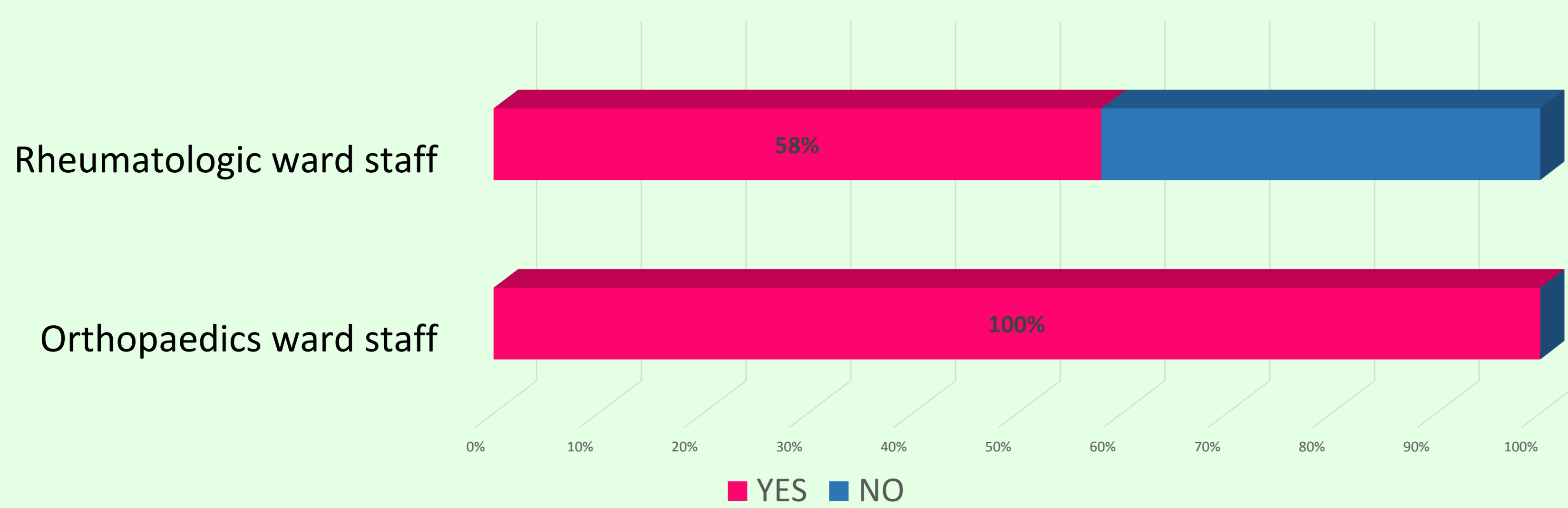
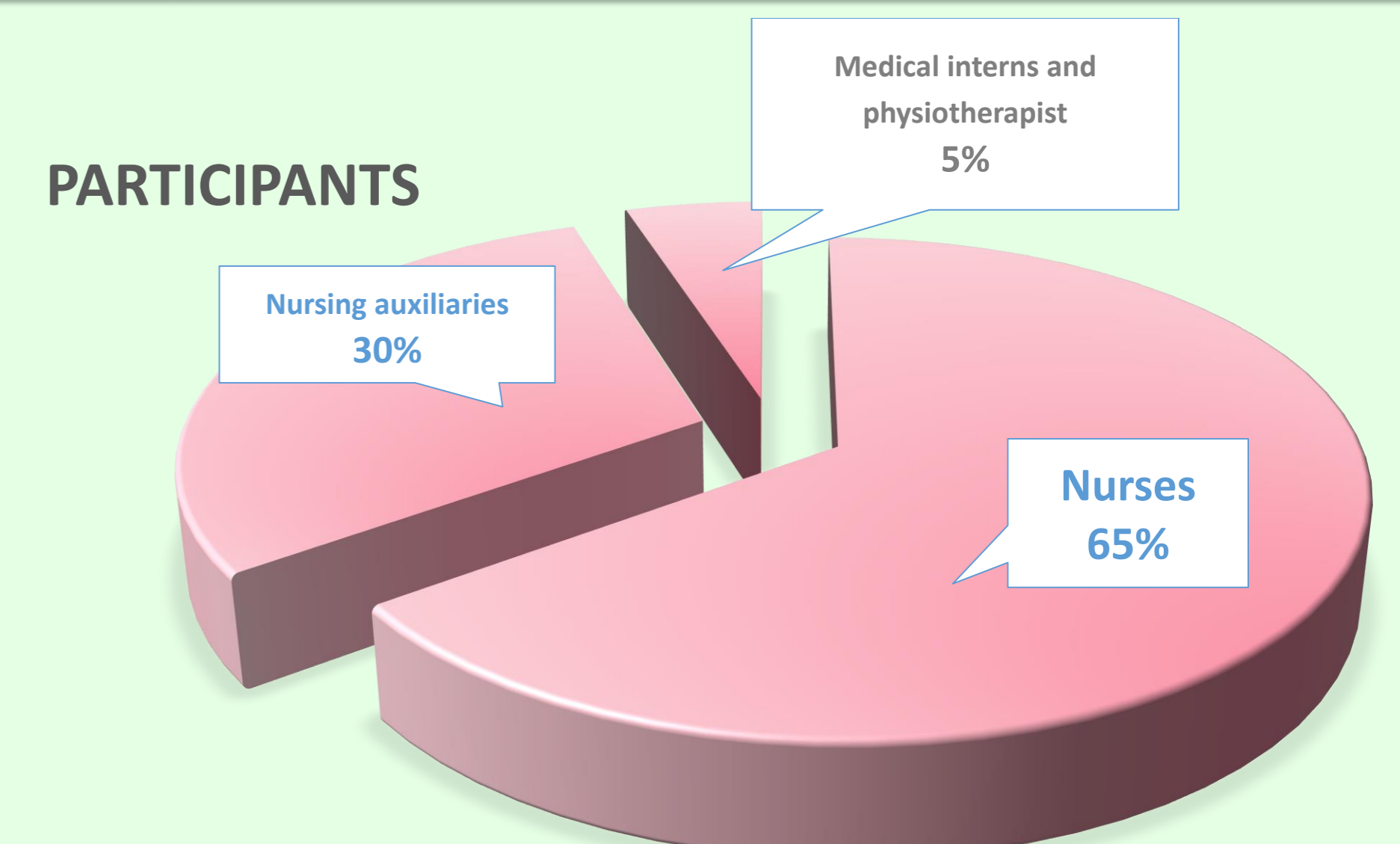
- On **one day**
- In osteoarticular wards (rheumatology and orthopaedics), all medical and paramedical staff receive and complete a **questionnaire**
- Outpatient and conventional wards

- The main outcome measures the existence of **evaluations tools to acute pain**, the staff sensitivity to patients with **limited ability to communicate**, and the staff awareness and knowledge of existing **behavioural tools**

RESULTS

A total of **53 questionnaires** had been taken into account.

- **94%** reports that they evaluate patient's pain using a **self-report tool**. 6% are not using any instrument.
- To the question : **'HAVE YOU IDENTIFIED IN YOUR WARD THE PRESENCE OF PATIENTS WITH LIMITED ABILITY TO COMMUNICATE?'**



- Despite the fact that **behavioural tools** are not used in these 2 wards; a **20%** of the staff **acknowledge their existence** and a few of them are able to name a specific one.

- **87%** of staff is keen to use a behavioural tool in their **daily practice** VS 13% don't know without **any** opposition.
- They request a **decision-making pattern** to **choose the right tool**.

DISCUSSION

Within the two wards, we observe a real **difference to identify the presence of patients with limited ability to communicate**. This observation was not expected. It may highlight the fact that the medical and paramedical staffs are not sufficiently trained to identify such patients' impairment in some wards. However, it could also be distorted because of the division of rheumatology ward : patients with limited ability to communicate are not always present in some of these studied areas.

CONCLUSION

There is a need to ensure appropriate identification of this sub-group of patients and propose them an **appropriate tool** to evaluate **their pain severity**. The staff motivation is **very encouraging** for behavioural assessment tools setting up. This should allow a **proper use of analgesic drugs** which are delivered by hospital pharmacists. A **decision-making pattern** has been given to paramedical and medical staff **to choose the right tool**, helping **the accurate pain evaluation** for each patient.