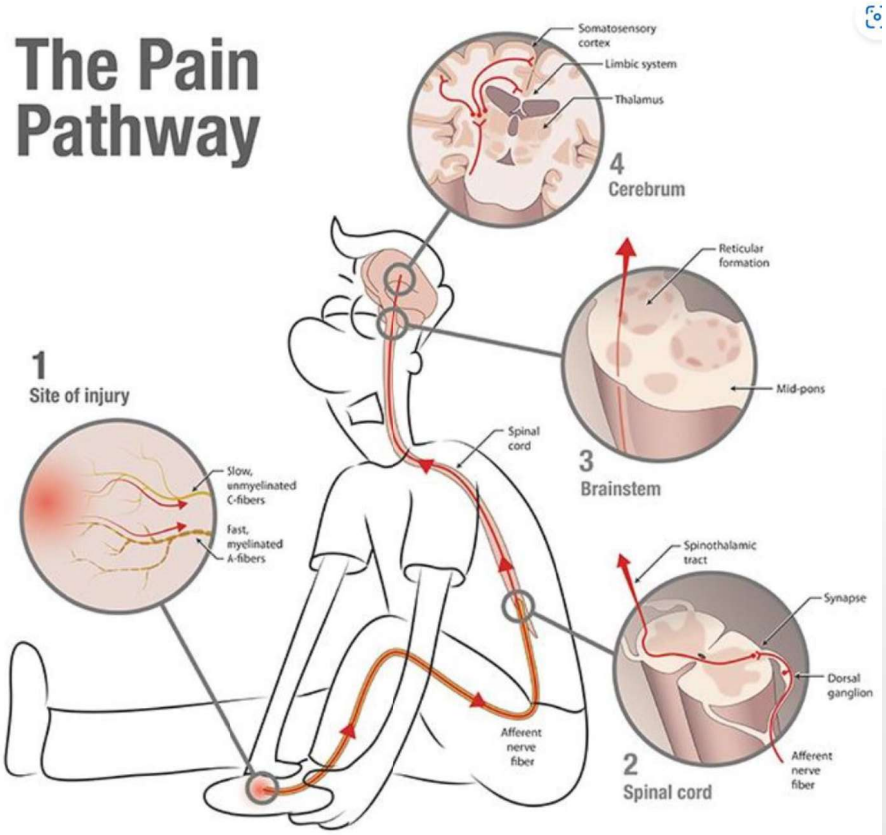
OUCH

PAIN SPARING DISCHARGE SUMMARIES

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The Pain Pathway
Somatosensory cortex
Limbic system
Thalamus
4
Cerebrum
Reticular formation
Mid-pons
3
Brainstem
1
Site of injury
Spinal cord
Slow, unmyelinated C-fibers
Fast, myelinated A-fibers
Spinothalamic tract
Synapse
Dorsal ganglion
Afferent nerve fiber
Afferent nerve fiber
2
Spinal cord

PAIN LEVELS - THE EXPECTATION EFFECT

- If you tell someone that something will stop hurting soon – it does
- If you explain pain as normal but with the duration as short – it helps
- Therefore discharge summaries are critical

Henry Beecher treating trauma in WW1 I



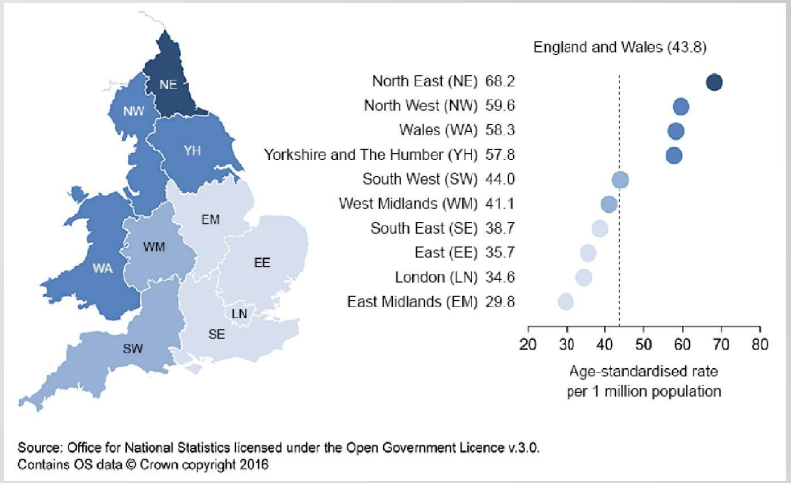


WE HAVE ALL SEEN THIS MAN

- 46 yr old male firefighter – chronic back pain, admitted to MAU with atypical chest pain, cardiac tests normal, **discharged 2 days later with medications unchanged**. Documented "pain 9/10, appears comfortable at rest,"
- Injury at work, 2017. MRI whole spine – normal. Depression and PTSD diagnosed 2019, Trazodone 150mg, pregabilin 300mg bd, zomorph 60mg bd, oramorph prn. Unable to work. "pain stops me sleeping" Nightmares of dying, choking and suffocating, fatigue, lethargy.
- Daytime sleepiness with epworth sleepiness scale of 16.
- **STOPBANG** (screening tool for likely sleep apnoea) 6/8 as male, hypertension, BMI 36, snore, apnoeas, tired during day. 15Kg weight increase in 3 years.

OPIOIDS ARE GREAT PAIN KILLERS AND BREATHING STOPPERS





Accidental deaths from opioids – ONS data

30-50% of the pain clinic have sleep apnoea.

WHY DO WE USE OPIOIDS FOR BACK PAIN?



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THE OUCH PROJECT – FUNDED BY THE AHSN

- Opioid Use Change – 5 minute video iterated by the target market - junior doctors, nurse prescribers, medical students. **Aim - Stop dates on discharge summary for opioid, prompt discussion about opioid reduction, explain all side effects, not just bowels**
- Comments from the over 40's – "wonderful, well done, it's all very good"
- Comments from those who actually do the work "speed it up… less… faster, consultants never ask us to change opioids" Patient story and < 5 minutes liked
- Trialled on the wards discharging most on high dose opioids from Newcastle Hospitals (NUTH) – spinal surgery, neurosurgery, ward 52 (respiratory/general medicine at the RVI)

Academic Health Science Network
North East and North Cumbria

EVALUATION OF THE OUCH VIDEO

- 2021/2 - 5 minute anonymous, online, knowledge quiz before and after the video. Took <15 minutes. Emailed to 4 wards and 3 x the weekly F1 and F2 teaching. 30% of juniors
- Feedback – knowledge of nausea, constipation, sedation good, little knowledge about central apnoea, mortality and opioid hyperalgesia (opioids causing/worsening pain)

Partcipants	Pre-intervention	Post-intervention
IMT	22	21
FY1	30	23
FY2	44	36
Pharmacist	3	3
Nurse Practitioner	4	3
Teaching Fellow	2	2
Advanced Care Practitioner	1	1
Total	106	89



RESULTS

Question: If prescribing opioids on discharge, what would you routinely include in the discharge letter?

Theme	Pre-intervention	Post-intervention
Stop date/duration/signify acute prescription	42%	70%
Weaning plan/titrating down	12%	33%
Reason for prescribing	15%	25%
Dose	12%	8%
Oramorph at minimal PRN interval	2%	3%
Observe for side effects	8%	10%
Adjust dose based on response/GP to review	35%	21%
Nothing/leave to ward pharmacitst	3%	1%
Laxatives	3%	2%

RESULTS

Question: Please list the side effects you would discuss with the patient before prescribing

Themes	Pre-intervention	Post-intervention
Dependence/addiciction	22%	35%
Tolerance	3%	21%
Itch	4%	4%
Nausea/vomiting	38%	61%
Constipation	62%	69%
Drowsiness	43%	46%
Hyperalgesia	2%	28%
Sexual dysfucntion	0%	15%
Low mood/mood changes	0%	16%
Withdrawals	3%	9%
Infertility	0%	3.00%
Loss of appetite	0%	3%
Sleep apnoea	1%	17%
Increased risk of death	1%	18%
Respiratory depression	20%	10%
Confusion	13%	18%
Hallucinations	3%	2%
Rash	1%	1%
Dizziness	2%	1%

Improved awareness of side effects, many would still not discuss dependence or increased mortality – these are hard discussions !

CONCLUSION

Confidence in opioid prescribing and better opioid side effect awareness after the video.

This short online tool is now used across the region >1000 views to date and rising

Opioids and stewardship is now within the Newcastle hospital foundation teaching programme, using the OUCh video

Consultants must support and signposting to help from pharmacy and acute pain nurses



Junior doctors are lovely, but hard to get together !

Gliszczynski K, Hindmarsh A, Ellis S, Ling J and Anderson KN. *Postgraduate Medical Journal*, 2023, 1-5