

Recording Patient Post Operative Pain Scores

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PROBLEM

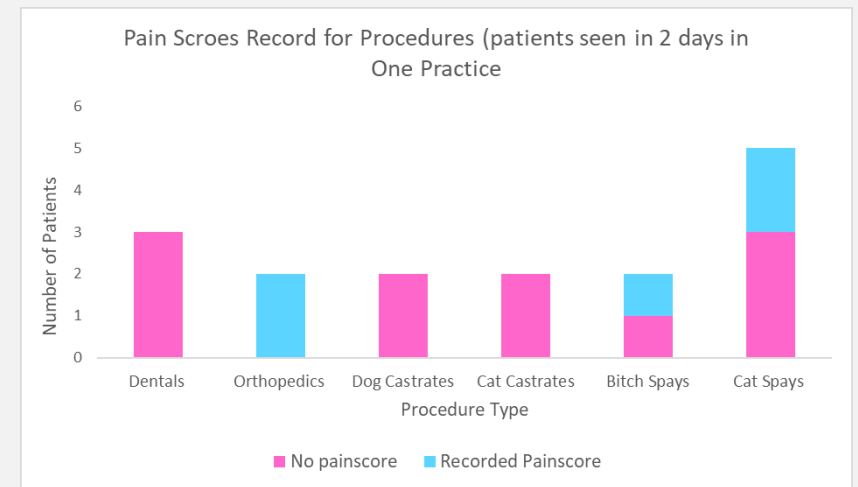
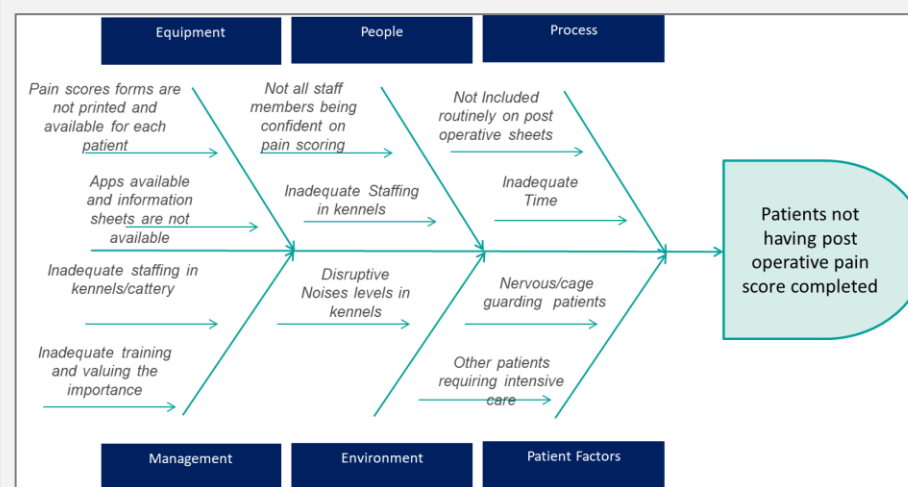
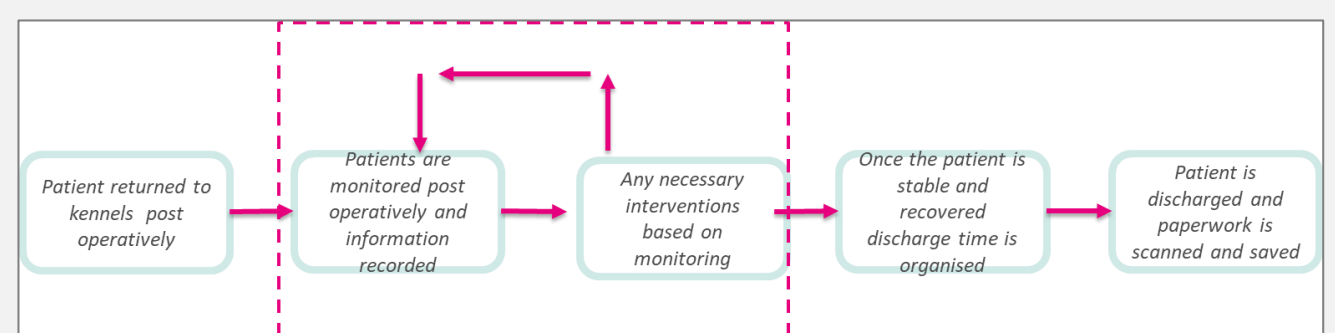
Routine post operative patients aren't always having their pains score recorded on recovery. This can result in patients not receiving additional post operative pain relief and means we have a lack of traceable information, affecting patient hand over and post op care.

BACKGROUND

Post operative pain scoring is recommended as gold standard treatment by both the BVA and BVNA for all patients undergoing a surgical procedure.

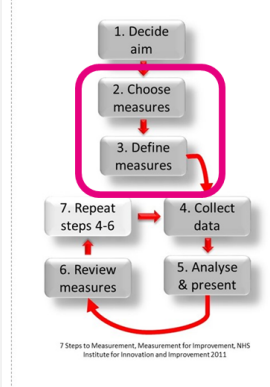
Often pain score are only completed in more complicated 'more painful' procedures, meaning neutering patients are overlooked.

DIAGNOSTICS



AIM & MEASUREMENT DEFINITION

7 steps to measurement



Aim

All routine cat and dog neutering post operative patients, will have a pain score completed and recording on their anaesthetic record. This will be achieved by March 2025

Chosen measure

The number of patients that are having pain scores recorded within 1 hour of returning to kennels.

Inclusions

All routine cat and dog neutering post operative patients

Exclusions

Aggressive patients – deemed not safe to access in kennels/cattery
Any procedure other than neutering including dentals, ortho and lump removals
Any other species

Sampling method and frequency

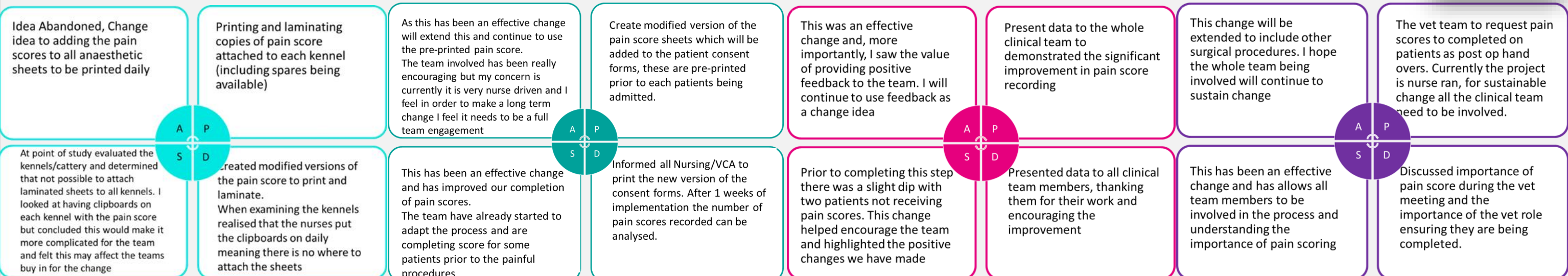
Data will be collected retrospectively by checking the patients post operative sheets. For each PSDA I will assess 5 days worth of procedures.

CHANGE IDEAS

Having Laminated copies of the pain scoring sheets on each Kennel
Pre-printing pain score with consent/anaesthesia forms
Lunch and learn on pain scoring
Downloading the pain scoring Apps on kennels iPad
New pain score posters
Vets requesting pain scoring on all patients at hand over
High-lighting pain score on the post op sheets
Sharing data with the team to encourage long-term change

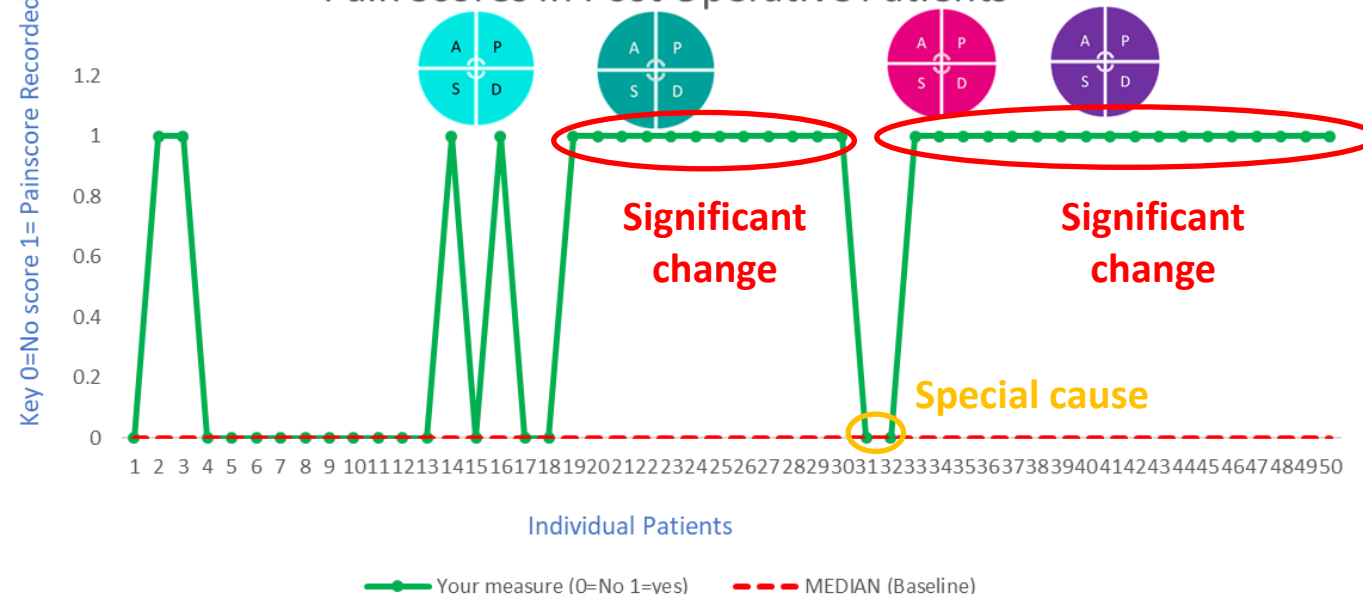


PDSA cycles



RUN CHART

Pain Scores In Post Operative Patients



CONCLUSIONS

Based on the PSDA cycles completed we were able to meet our aim that all neutering procedures have a post operative pain score recorded on recovery, by March 2025. The change was statistically significant and sustained.

The initial changes of pre-printing the pain score sheets was an effective change as a visual reminder for the team and reinforcing the need to complete pain score. As a busy practice it is easy for other tasks to take priority, which can be seen in patient 31 and 32 where pain score were not completed (special cause). By involving all members of the clinical team when sharing the projects initial results we were able to reengage the team and once again discuss the importance of pain scoring. The vet involved in PSDA four was intended to be a safety net to ensure long term change.

REFLECTIONS & LEARNING

By using this Model for Improvement I have learnt the importance of logic when consider change ideas and how to adapt ideas. When implementing change ideas, it is important to ensure you are considering the team and working methods. By involving the team in the initial ideas it has helped create a system that worked and created a sustained change.

By involving different members of the team at different stages, it has resulted in a more long term change, almost creating safety nets for those more intensive days when other tasks can take priority. Finally, I feel the most valuable PSDA cycle was presenting the data to the team, giving positive feedback and thanking them for their involvement. This really created a positive change environment and I feel it really empowered the team!

