

# NSW Standardised Pain Charts IMPLEMENTATION GUIDE

## Introduction

This implementation guide outlines recommended steps to assist LHDs implement the mandatory state pain charts:

1. PCA (Patient Controlled Analgesia) – adult
2. PCA/NCA (patient controlled analgesia or nurse controlled analgesia ) - paediatric
3. Neuraxial Opioid Single Dose - adult
4. Ketamine Infusion – adult
5. Continuous opioid infusion – adult
6. Epidural analgesia - adult
7. Peripheral nerve infusion - adult

The aim of standardised pain charts are:

- to provide a consistent framework and format for prescribing, recording and monitoring patients receiving medications via the described analgesic modality
- to provide 'track and trigger' principles consistent with '**Between the Flags Program**' documentation to promote the early recognition of the deteriorating patient associated with the administration of opioids
- to improve safety by reducing the incidence of adverse events associated with described analgesic modality

## Step 1 – Executive Sponsor

Allocate an Executive Sponsor who will responsible for the implementation of the pain chart(s)

## Step 2 – Implementation Team

Allocate staff to undertake the introduction and implementation of the pain chart(s).

Suitable staff could include:

- **Acute Pain Service nurse(s) (if available):** clinical nurse consultant, clinical nurse specialist, registered nurse
- **Anaesthetic staff:** consultant with pain interest, anaesthetic registrar involved with the review of patients receiving any of the described analgesic modalities which have a corresponding chart
- **PACU (post anaesthetic care unit) / recovery room staff**
- **Clinical Nurse Educator(s):** nurse educators ward/area based
- **Pharmacist(s)**

## Step 3 – Review of local policy or procedures and existing pain charts

Review local policy or procedure documents related to the relevant pain chart to ensure they are consistent with elements of the NSW Standardised Pain Charts.

If an existing pain chart is used for multiple analgesic modalities (i.e. an all-in-one chart) ensure Stream is advised to continue provision of that chart for the other modalities which may not yet be available as a state-wide chart.

## Step 4 – Hospital / Local Health District Drug Committee approval

Seek approval of Hospital or Local Health District Drug Committee.

## Step 5 – Ordering of NSW Standardised Pain Charts

Order pain charts through Stream

- PCA (Patient Controlled Analgesia) (adult) SMR130.025
- PCA/NCA (Patient Controlled Analgesia / Nurse Controlled Analgesia (paediatric) SMR130.026
- Neuraxial Opioid Single Dose (adult) SMR130.029
- Ketamine Infusion (adult) SMR130.028
- Continuous opioid infusion (adult) SMR130.024
- Epidural analgesia (adult) SMR130.022
- Peripheral Nerve Infusion (adult) SMR130.023

## Step 6 – Education

Explanatory notes detailing the function and documentation required for each chart are provided.

Identify target ward areas and staff who will be utilizing the relevant pain chart(s) for education. For example:

- **Anaesthetic staff, medical prescribers** of PCA for adults or paediatrics, ketamine infusion, neuraxial opioid single dose, continuous opioid infusion, epidural analgesia or peripheral nerve infusions
- **Pharmacists**
- **Nursing staff** in the recovery room, post-surgical wards, paediatric wards, medical wards and obstetric wards

### – Slide presentations

Identify relevant slide presentation for each pain chart(s). Tailor PowerPoint for local facility if necessary (prescription examples in slide presentation may be adjusted to reflect local opioid concentrations)

- Print slide presentations (in colour) to be made available in ward areas.
- Utilising slide presentations, conduct education at intervals appropriate to the need of the identified area.
- Provide paper colour copies of the slide presentation to ensure availability of information at the ward level

## Step 7 – Evaluation

**Pain chart audit tools** for each chart have been provided if the facility wishes to evaluate compliance post implementation. Reports based on these audits should be provided to the Executive Sponsor and the local facility Clinical Quality Committee. **Excel spreadsheets** for each chart have been provided for data entry.

### – Feedback Register

Comments and suggestions for chart design modifications can be made using the **Feedback Register Form** and sent to:

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Agency for Clinical Innovation  
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