

Fareham and Gosport 
Primary Care Trust

**Retrospective Review of
Nutrition and Pain Management
in Relation to
Patients on Specified Medication**

June 2002

SUMMARY

Following a Commission for Health Improvement investigation at Gosport War Memorial Hospital (GWMH) in Spring 2002, Portsmouth HealthCare NHS Trust (PHCT) requested the assistance of the Clinical Effectiveness Team in providing detailed analysis on a retrospective review of nutrition and pain management for patients on specified medication.

Project and data collection tools were developed using 'Essence of Care' standards (DoH February 2001) and PHCT's policy on Pain Management (Appendices I & II).

The Clinical Auditors reviewed every drug chart and set of records to identify all patients who were on the following medication at any time during their stay on Sultan, Dryad, Daedalus Wards.

- Diamorphine
- Haloperidol
- Chlopromazine
- Thioridazine
- Oramorph
- Risperidone
- Promazine
- Midazalam
- Hycoscine
- Stelazine

For patients who were on Risperidone, nutritional information only was reviewed. All patients on any other of the above medications had both their nutritional information and pain management information reviewed.

- To date 187 patients have been reviewed. There are currently 23 sets of records '*in transit*'.
- These 187 patients represent 214 admissions.
- 42 patients met the project criteria (i.e. were on the specified medication, and were discharged between September 2001 and March 2002).
- These 42 patients represented 50 episodes as 8 patients were admitted twice in the project timescale.

Results

Results of this project are poor. It initially appeared that little or no information pertaining to nutrition or pain management was documented in the appropriate sections of the records. On closer inspection, however, it was clear that some relevant information was present in some records, but not in the agreed format/section (i.e. frequently 'spread' throughout the records and therefore difficult to locate).

General:

- Medical records system for tracking/tracing and pulling notes works well.
- Some patients had been admitted and discharged on more than 1 occasion during the time-frame the auditors were reviewing. All admissions/episodes were reviewed.
- Inconsistencies were found when alterations were made to Drug Prescription charts.
- A particular problem related to prescribed drugs that on occasion were not given. In these circumstances, the dispensing nurse should record in the appropriate section of the prescription chart the reason for the omission. Frequently this section was not fully completed.

Nutrition

- 46% of episodes had a nutritional assessment tool completed.
- 41% of episodes deemed 'at risk' had a further nutritional plan of care.
- 44% of 'at risk' episodes had food and fluids recorded.

Pain

- 50% of episodes those drugs listed (excluding those prescribed risperidone only) had evidence of an agreed pain assessment.
- Results indicate poor documentation of non verbal indicators (23%), psychological and social state (23%), relatives involvement in pain management (15%).
- Site and severity of pain were documented in 85% and 77% of episodes respectively.

Risperidone

For episodes prescribed risperidone only:

- 37.5% had evidence of an initial nutritional assessment.
- 11% of episodes deemed 'at risk' had evidence of a further nutritional plan of care.

Further work is currently being undertaken to examine the effectiveness of assessment information. These results will be available in the Autumn.

ACTION PLAN

1. Share project findings with staff from wards concerned via formal presentation.

Responsibility: Clinical Effectiveness Manager
Date: 19th July 2002

2. Set up Action Planning Group to review project findings and devise completed action plans.

Membership: Volunteers following project results presentation
Co-opted members from Patient Centred Assessment and Care Planning group
Co-opted members from Documentation Peer Review group

Responsibility: Clinical Effectiveness Manager
Date: First meeting to be held Mid August.

3. Provide District-Wide 'Essence of Care Benchmarking Workshop' for nutritional link nurses and their line managers.

Responsibility: Feeding People Steering Group
Date: June/July 2002

4. Nutritional link nurses to benchmark own ward area against 'Essence of Care' standards

Responsibility: Toni Scammell/Link Nurses
Date: End September 2002

RECOMMENDATIONS

- **Link current Care Plan Project work and Documentation peer review into the proposed Action Planning Group.**
- **Review nurse training in relation to nutrition documentation (including food/fluid recording).**
- **Review the role/function of the nutritional link nurses and make recommendations.**
- **Possible secondment of Project Nurse to review documentation and any relevant actions identified by the Action Planning Group in relation to nutrition documentation.**
- **It is recommended that the Action Planning Group look at developing a Pain Assessment Tool linked to the Trust's Pain Management Policy.**
- **Identify appropriate forum to provide Pain Assessment Tool training once developed.**

Work currently being undertaken with regards to medication charts should highlight any irregularities in the completion of these charts (including inconsistencies found in this project). Action plans relating to this work will be developed on completion.