

# Improving analgesia choices: a prospective quality improvement project

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## Introduction

Young, fit orthopaedic patients referred to the pain team are routinely prescribed 100 micrograms subcutaneous alfentanil 'as required'. This is equivalent to 3mg oral morphine, with a faster onset and shorter duration of action. Alfentanil risks being subtherapeutic and ineffective in this population.

We aimed to reduce prescriptions of inappropriate 'as required' analgesia in young orthopaedic patients.

## Methods

The following data was gathered from the opioid prescriptions of under 65-year-old orthopaedic patients :

- patient age
- whether alfentanil was prescribed
- total daily morphine equivalents each patient used

After discussion with the orthopaedic team, it transpired that PRN alfentanil had migrated from exclusively the frail and elderly analgesia protocol to the 'all patients' section. Alfentanil was subsequently restricted to the frail patient protocol. The audit was repeated over three days following the intervention.

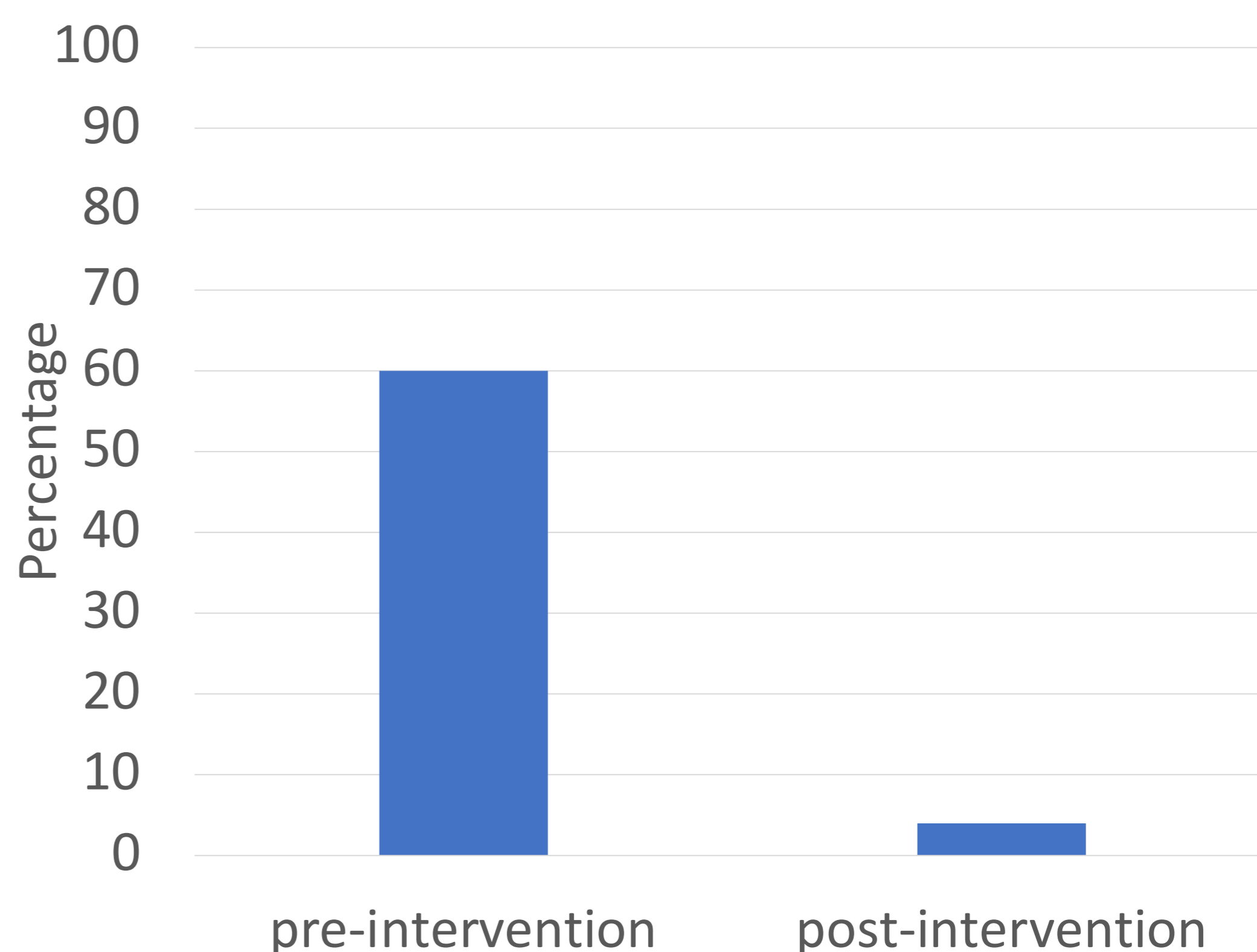
Data was analysed chi-squared tests. The project was registered with the local quality improvement team. Caldicott and ethical approval were waived.

## Results

Cycle (n)	Average age	Number prescribed alfentanil (%)	Average daily morphine equivalents
1 (n= 30)	47 years	18 (60%)	58mg
2 (n= 23)	44 years	1 (4%)	58mg

Table 1: results of the first and second audit cycles

Percentage of patients prescribed subcutaneous alfentanil (p < 0.001)



## Discussion

- Analgesia choices can be significantly improved with simple measures.
- Junior prescribers are no longer under the impression that alfentanil is a first-line analgesic choice for young, fit patients.
- The project was limited by the assumption that patients under 65 years were not frail.
- Future work should focus on patient outcomes.