Illinois EMS for Children 2005 Survey of Pediatric Pain Management in the Emergency Department

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|----|-------------------------|-----------------------|-----------------------|------------|-------------|---|
| | | | | | | |
| 1. | How does your emergency | department define the | pediatric population? | (Check one | answer only |) |

| 0 | 0 through 12 years old | 0 | 0 through 18 years old |
|---|------------------------|---|--------------------------|
| 0 | 0 through 13 years old | 0 | 0 through 19 years old |
| 0 | 0 through 14 years old | 0 | 0 through 20 years old |
| 0 | 0 through 15 years old | 0 | 0 through 21 years old |
| 0 | 0 through 16 years old | 0 | Not defined specifically |
| 0 | 0 through 17 years old | 0 | Other |

2. What is the average volume of pediatric (defined as 0 through 15 years old) ED visits per year in your facility? *(Check one answer only)*

| 0 | 0 - 1000/year | 0 | 5001 - 6000/year |
|---|------------------|---|------------------|
| 0 | 1001 - 2000/year | 0 | 6001 - 7000/year |
| 0 | 2001 - 3000/year | 0 | 7001 - 8000/year |
| 0 | 3001 - 4000/year | 0 | 8001 - 9000/year |
| 0 | 4001 - 5000/year | 0 | 9001+/year |

3. What is the average volume of ALL patients (adult and pediatric) ED visits per year in your facility? (Check one answer only)

| 0 | 0 - 1000/year | 0 | 40,001 - 50,000/year |
|---|-----------------------|---|----------------------|
| 0 | 1001 - 10,000/year | 0 | 50,001 - 60,000/year |
| 0 | 10,001 - 20, 000/year | 0 | 60,001 - 70,000/year |
| 0 | 20,001 - 30,000/year | 0 | 70,001 - 80,000/year |
| 0 | 30,001 - 40,000/year | 0 | 80,001+/year |

4. Does your hospital have an interdisciplinary team devoted to the issues/practices of pain management? (Check one answer only)

0 Yes (Go to Q 4a) 0 No (Skip to Q 5) 0 In Progress (Skip to Q 5)

a. If you answered YES to Q 4 please answer: Does the interdisciplinary team include representatives from the ED and from pediatrics? (Check one answer for ED Rep and one answer for Pediatric Rep)

| ED Representative | <u>Pediatric Representative</u> | | |
|-------------------|---------------------------------|--|--|
| 0 Yes | 0 Yes | | |
| 0 No | 0 No | | |

| 5. | Does your ho (<i>Check one an</i> | · | anagemen [.] | t policy or p | procedure that addresses pediatric pain? |
|----|---------------------------------------|---|-----------------------|---------------------|--|
| | 0 | Yes | 0 No | 0 | In Progress |
| 6. | Does your em | • , , | t currently | / have stand | nding orders for <u>pediatric</u> pain management? |
| | 0 | Yes | 0 No | 0 | In Progress |
| 7. | healthcare pro | • | inced train | | hin your institution? A pain expert is defined as a management whom is available for |
| | 0 | Yes (Go to Q 7a, l | o, c) (| O No (Skip | p to Q 8) 0 In Progress (Skip to Q 8) |
| | If you ans | swered YES to Q 7, | please ans | swer questi | ions a, b and c below. |
| | a. What i | s the background o | f the expe | rt(s)? (<i>Che</i> | neck all that apply) |
| | | O AdvancedO Staff RNO Staff Physics | | lurse | O Physician AnesthesiologistO PharmacistO Other (Define) |
| | b. Does t | he ED have access | to this exp | pert(s) for p | pediatric patients? |
| | | 0 Yes | (|) No | |
| | c. Is this | expert(s) available | 24 hours | per day? | |
| | | 0 Yes | (|) No | |
| 8. | Please indicat (Check all tha | | owing pain : | scales (see | page 1 for definitions) are used in your ED. |
| | 0 NIPS | | | 0 | 0 OUCHER |
| | 0 N-PASS | | | | O Color Scale |
| | 0 CRIES | | | | O Non-Communicating Children's Pain Checklist |
| | 0 Riley Infan | t Pain Scale | | | O Visual Analog Scale (VAS) |
| | 0 FLACC | | | | 0 None |
| | 0 CHEOPS | on Force Dairy Cards | | 0 | O Other |
| | U Wong-Bak | er Faces Pain Scale | | | |
| 9. | Does your ED (Check one and | • | ecific fiel | d for docun | menting pain in pediatric patients? |
| | 0 | Yes | (|) No | |

10. Please identify your ED system approach to the following pain management issues. (Check one answer per item)

| Pain Management Issue | YES | NO |
|--|-----|----|
| Pediatric ED patients or their parents are provided with verbal information on pain and pain | | |
| relief measures during the ED visit | 0 | 0 |
| A written commitment to pain management is provided to parents & patients in a mission | | |
| statement, family/pediatric bill of rights, brochure or posted service standards | 0 | 0 |
| Pediatric pain scales are easily accessed by the ED healthcare personnel, patients and parents | 0 | 0 |
| Family/pediatric bill of rights has been updated to include pain management | 0 | 0 |

11. Which of the following aspects of pediatric pain management are components of your annual staff competency? *(Check one answer per item)*

| Торіс | YES | NO |
|---|-----|----|
| Age appropriate pain assessment | 0 | 0 |
| Age appropriate pain interventions | 0 | 0 |
| Reassessment/Evaluation of Pain Interventions | 0 | 0 |
| Barriers to reporting pain including personal, developmental, cultural, spiritual or ethnic beliefs | 0 | 0 |

| 12. | Is every pediatric patient who is in moderate - severe pain (based on your current assessment tool) |
|-----|---|
| | offered an analgesic during his or her emergency department visit? (Check one answer only) |

O Yes (Skip to Q 13)

0 No (Go to Q 12a)

- a. If you answered NO to Q 12, please identify under what conditions/instances an analgesic would **not** be offered? *(Check all that apply)*
- O Physician did not order

- O Patient was given medication prior to arrival in the ED
- O Administration of moderate sedation
- O In process of work up for condition
- O Awaiting surgical evaluationO Other
- O No vascular access
- 13. In what areas would your staff benefit from further education and/or re-training? (Check all that apply)

| | Nursing Staff | Physicians |
|--|---------------|------------|
| Obtaining a pain history | 0 | 0 |
| Assessing pain | 0 | 0 |
| Providing appropriate pain interventions | 0 | 0 |
| Reassessing pain | 0 | 0 |
| Providing appropriate discharge instructions specific to pain management | 0 | 0 |
| Other_ | 0 | 0 |

14. Which analgesics are currently <u>used</u> in the ED to treat pain in the following pediatric age groups? (Check all that apply for each item)

Drug Used Age Groups

15.

O Documentation improved

orders to treat pain)

O Change in physician practice (i.e. med

| Drug Used | A | ge Groups | |
|----------------------------|-----------|-----------|------------|
| | 0 - 1 y/o | 2 - 5 y/o | 6 - 15 y/o |
| Aspirin | 0 | 0 | 0 |
| Ibuprofen | 0 | 0 | 0 |
| Acetaminophen | 0 | 0 | 0 |
| Codeine | 0 | 0 | 0 |
| Codeine with aspirin | 0 | 0 | 0 |
| Codeine with acetaminophen | 0 | 0 | 0 |
| Codeine with ibuprofen | 0 | 0 | 0 |
| Fentanyl | 0 | 0 | 0 |
| Hydrocodone Bitartrate | 0 | 0 | 0 |
| Hydromorphone | 0 | 0 | 0 |
| Ketorolac | 0 | 0 | 0 |
| Meperidine IM or IV | 0 | 0 | 0 |
| Morphine continuous IV | 0 | 0 | 0 |
| Morphine IV bolus | 0 | 0 | 0 |
| Morphine IM or SQ | 0 | 0 | 0 |
| Oxycodone | 0 | 0 | 0 |
| None | 0 | 0 | 0 |
| Other (define below) | 0 | 0 | 0 |

| - | <u> </u> | | | <u> </u> |
|--|----------------------|------|---|--------------------------|
| er (define below) | 0 | | 0 | 0 |
| Have you utilized the <i>EMSC F Module</i> that was sent to all en | _ | | | |
| 0 Yes (Go to Q 15a & b) | 0 No (Skip to | Q 10 | 6) 0 Not aware of this | document (Skip to Q 16) |
| a. If you answered YES to Q | 15, indicate how the | mod | lule was used. <i>(Check all</i> | that apply) |
| O Became mandatory for al complete | I ED nurses to | 0 | Incorporated into new | ED RN orientation |
| O Encouraged nurses to con O Used materials as an adju on pain | • | 0 0 | Encouraged physicians Used in a multi-discipli presentation Other: | to complete on their own |
| b. If you answered YES to Q (Check all that apply) | 15, indicate how the | | , | rtment. |
| O New policies/guidelines of | developed | 0 | Change in nursing prac | |
| O QI projects implemented | 4 | 0 | New forms, records, to | |

0 No results from its use

0 Other: _____

| 16. | Do you have any pain related quality improvement tools, standing orders, or success stories that you |
|-----|--|
| | would be willing to share? If so, please describe in the section below. |
| | |
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Thank you for completing this survey!