

## Blocking the Pain!

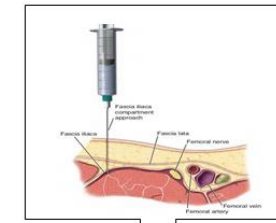
Introducing Fascia Iliaca Blocks for patients with a fractured neck of femur, in the Emergency Department

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## Improvement Aim

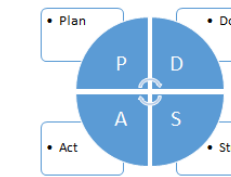


Patients with a #NOF are visibly in pain for too long

Nurses can be trained to be competent to administer fascia iliaca blocks to provide timely pain relief for these patients in the ED

By Dec 2016 80% of patients who present to the Emergency Department with a #NOF will receive appropriate pain relief, by competent trained personnel within 2 hours of arrival.

## PDSA summary



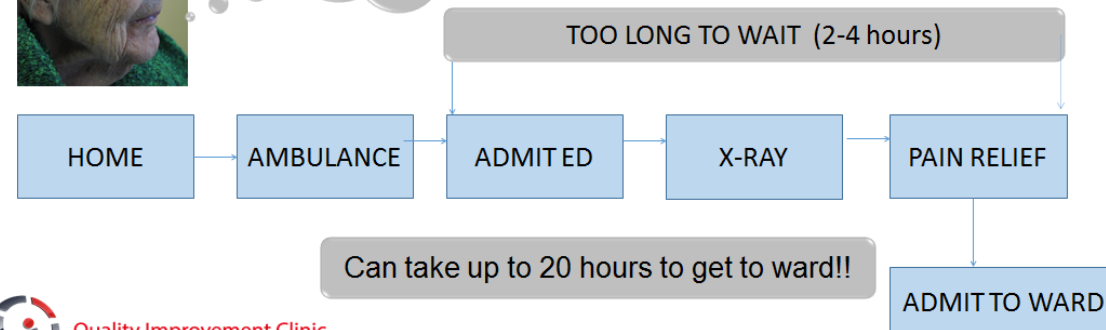
The four stages of the PDSA cycle were used during this process

- PLAN- Looking at the change required
- DO- carrying out the change
- STUDY- looking at data before and after the change, reflecting on learning
- ACT- planning the next phase

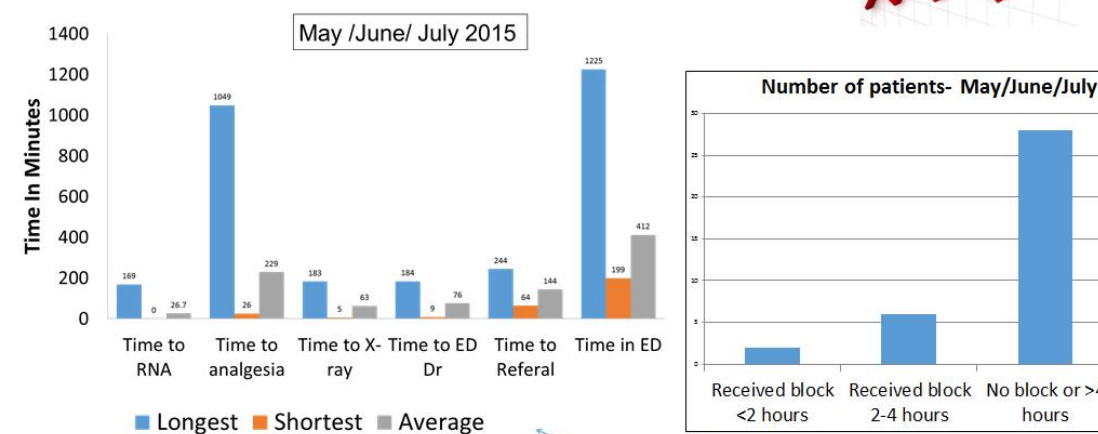
- PDSA 1-** Research into the problem of patients in pain after #NOF. Discussion with lead consultant on how to overcome this issue.
- PDSA 2-** How long it takes to administer analgesia IV compared to FIB
- PDSA 3-** Competency document developed and presented at Governance on introduction of nurse led Blocks for patients with #NOF
- PDSA 4-** introduction of FIB policy attached to the pathway for #NOF patients
- PDSA 5-** Teaching sessions planned and delivered in clinical environment, using visual aids and simulation. Increased awareness
- PDSA 6-** Supervision from medical colleagues whilst nurses administering blocks.
- PDSA 7-** Audit of pain relief delivered to patients with #NOF and timescale

## Initial Problem

Every winter day someone who has broken their hip waits in pain in our emergency department. It hurts even more when we move them. I think we can do something to STOP this happening!!

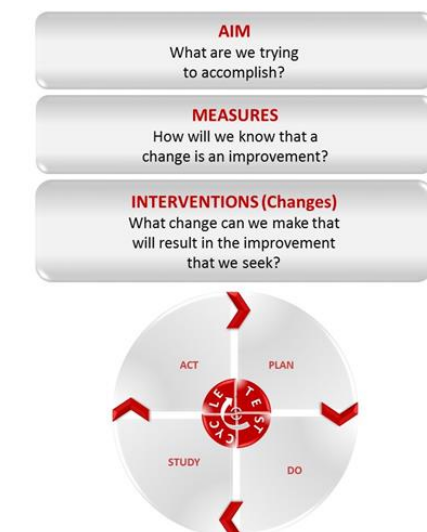


## Baseline measure

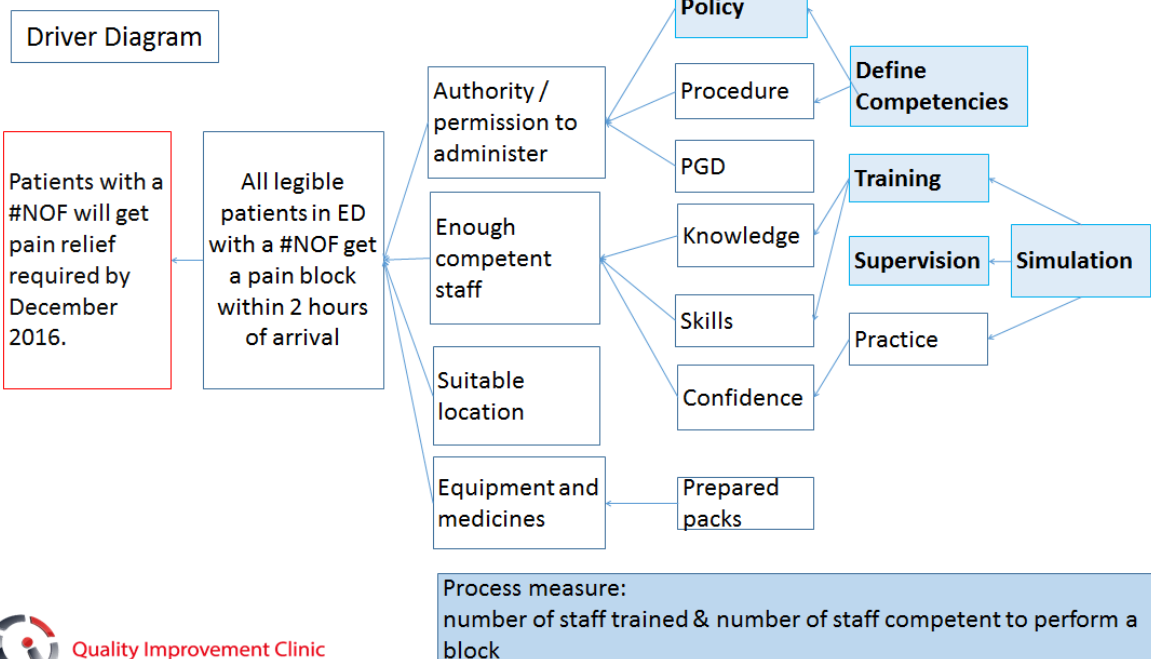


This could be improved. Why is it so poor??

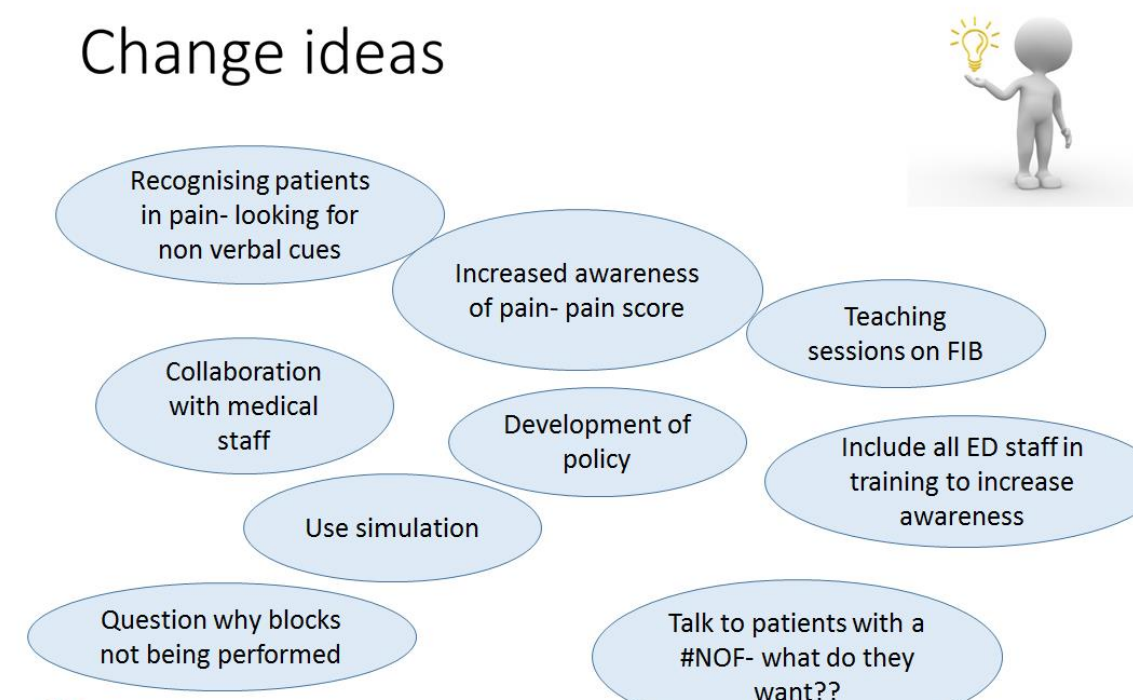
## Model for improvement



## Diagnostics



## Change ideas



## Reflections/learning

- Increased awareness of patients potential pain with a #NOF
- Increased knowledge of options for pain relief for patients with a #NOF in ED which has led to early discussion with medical colleagues about the need for analgesia
- Enthusiasm to learn a new technique which benefits patients
- Collaboration with medical colleagues over patient care in this group of patients
- Trust wide adoption of the policy and process
- Improved documentation of pain score and analgesia administered.

**BEST OUTCOME** –Patients in pain with a #NOF for less time

- Future- Advanced Clinical Practitioners in the Emergency Department to continue to drive the policy and keep awareness upmost.
- More nursing staff to be deemed competent to instil a block