

- What type of prescriber are you?
 Medical Independent Supplementary
- Which analgesic medications would you prescribe for acute pain?

- Do you think NSAID's have a role in the management of acute pain?
 No Yes
- How often do you prescribe NSAID's? (if never why?)
 Never Rarely Occasionally Often
- How comfortable do you feel prescribing NSAID's? (if not why?)
 Not Comfortable Fairly Comfortable Comfortable
- Would you feel more comfortable prescribing an OPIOID or NSAID medication? (if opioid why?)
 OPIOID NSAID
- Do you know the contraindications to NSAID's?
 No Yes
- Which NSAID would you use first to treat acute pain?

- Are you familiar with the doses of NSAID's below? (Tick if yes)
 Ibuprofen Naproxen Diclofenac Celecoxib
- Do you think a prescribing aid would be useful?
 No Yes

LIMITATIONS

Data was collected from prescribers in similar locations and within a narrow timeframe – to develop more robust conclusions, longer studies with greater sample sizes should be sought.

Limited sample sizes can be partially attributed to the Covid-19 pandemic – resulting in ward closures and restructuring.

Further work should undertaken to investigate barriers of NSAID prescribing as they appear to be poorly understood and a re-audited after implementation.

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Assessing the need and producing a guideline for the use of NSAID’s in the management of adult non-malignant acute pain: A quality improvement.

AIMS

Examine tendencies of prescribers when treating acute pain indications via a questionnaire and audit.
Assess the need and develop an NSAID guideline to aid safe and effective utilisation.
Identify potential barriers to prescribing NSAID’s.

METHADODOLOGY

Assess the need for a guideline via baseline questionnaire and audit.

Data collection identified potential barriers + demonstrated underutilisation of NSAID’s alongside extensive use of opioids.

Carry out literature search for existing guidelines and evaluate evidence for NSAID's in acute pain indications.

Construct a guideline to improve underutilisation and address barriers to use.

Obtain trust approval and implement guideline in clinical areas.
(Guideline currently awaiting approval)

QUESTIONNAIRE RESULTS – SEE IMAGE 1

94% (34/36) of prescribers agreed NSAID’s have a role in the management of acute pain treatment.
17% (6/36) of prescribers didn’t know the contraindications for NSAID’s – a potential barrier to prescribing.
94% (34/36) of prescribers thought a prescribing aid/guideline would be useful.

1 - Committee J. BNF 80 (British National Formulary) September 2020. London: Pharmaceutical Press; 2020.

Bed Number	
Age of Patient -	Type of Prescriber -
Indication -	PMH -
NSAID -	Opioid -
NSAID Possible -	Added Info -

Bed Number	
Age of Patient -	Prescriber -
Indication -	PMH -
NSAID -	Opioid -
NSAID Possible -	Added Info -

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Indication -	PMH -
NSAID -	Opioid -
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NSAID -	Opioid -
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**AUDIT DISCUSSION
SEE IMAGE 2**

Analysis of the audit (see Image 2), showed only 16% (8/49) of patients were prescribed NSAID’s, however 90% (44/49) were prescribed opioid based treatments. By using contraindications and cautions¹ it was identified that 43% (21/49) of these patients were actually applicable for NSAID treatment – demonstrating underutilization of NSAID’s and extensive opioid use in acute pain. Within this organisation, the requirement for a guideline and rationale for its use have been clearly outlined. Once implemented, it aims to optimise NSAID prescribing.