

PAIN CONTROL IN MUSCULOSKELETAL INJURIES OF THE ELDERLY



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Quality Improvement Project:

Are elderly patients being prescribed pain relief when admitted with musculoskeletal injuries under the medical team in the Emergency Department of Wrexham Maelor Hospital?

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INTRODUCTION

Musculoskeletal (MSK) injuries are a common factor in acute presentations to the emergency department (ED). **Effective pain management is crucial** for patient **comfort** and **recovery**, yet pain control for MSK injuries admitted under the medical team often **falls short** of optimal standards. This quality improvement project aims to **evaluate** and **enhance** the **prescription practices for pain relief** in elderly patients with MSK injuries at the Wrexham Maelor Hospital (WMH) ED.

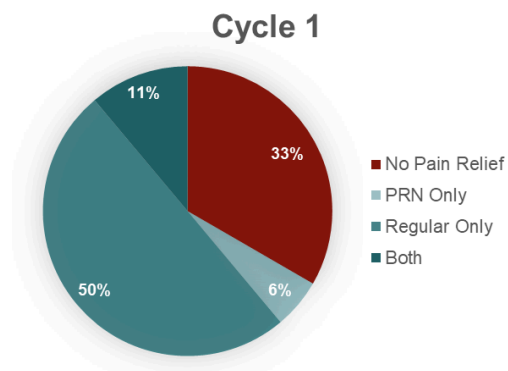
INTERVENTIONS

Educational **posters** were displayed **around** the **emergency department** and the **frailty hub**, and a **presentation** was given to the **frailty team**.



OBJECTIVE

The primary objective of this project is to **assess and improve the pain management** for elderly patients admitted with MSK injuries under the medical team in the WMH ED. Specifically, it seeks to **increase the rate of appropriate** pain relief prescriptions, both **regular** and **PRN** (pro re nata, or as needed), for these patients.



METHODOLOGY

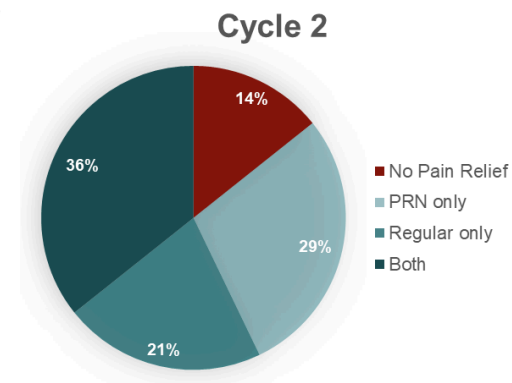
A **two cycle project** was completed in which patients with **MSK injuries** were **identified** and **reviewed** regarding **any pain relief** they may have been **prescribed** (regular or PRN)

Following cycle 1, **interventions were put in place** and prescribing **practices were reassessed**.

Inclusion criteria:

>60 years of age
MSK injury described in notes

Each cycle of data collection lasted a week, with a sample size of 17 and 14 patients respectively.



RESULTS

Cycle 1:

A significant number of patients **were not receiving adequate pain relief**, highlighting the need for improved pain management protocols.

Cycle 2:

Post-intervention results showed a **marked improvement** in pain management, with fewer patients receiving no pain relief and an **increase in the combined use of PRN and regular pain relief**.

CONCLUSION

The quality improvement project highlights the **necessity for targeted interventions** to **enhance pain management** for **elderly patients with MSK injuries** in the ED.

Preliminary results suggest that **increased awareness and education** among medical staff can potentially **improve pain relief prescription rates**.

Continued monitoring and iterative cycles will help solidify these improvements and ensure **sustained changes in practice**.

ACKNOWLEDGMENTS

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