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## ABSTRACT

### *Quality of Pain Relief Provided in the Emergency Room (ER) for Patients with Acute Abdominal Pain A Prospective Clinical Audit.*

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**Abstract:** A prospective study was conducted in the ERs of Al-Shifa, Indonesian and European Gaza hospitals, a structured questionnaire was used to collect characteristics of pain and its management. Pain intensity was recorded at different intervals using a 10-point numerical rating scale. This study found that patients attended to ER with a mean pain score of  $8.3 \pm 1.4$  and they left with a mean pain score of  $4.6 \pm 3.5$ . burns.

**Background:** Acute abdominal pain is the most common cause of surgical consultations in the ER and the most common cause of non-trauma related admissions. Little is known about pain management in Gaza Strip hospitals. Therefore, this study assesses whether patients presenting with acute abdominal pain received adequate analgesia, compared to the Royal College of Emergency Medicine Guidelines.

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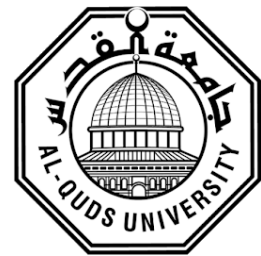
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**Objectives:** To assess pain management in the ER in terms of the prescription practice of pain-relieving medications, pain progression from arrival till disposition and adequacy of analgesics provided.

**Methodology:** A prospective-observational study was conducted in the ERs of three Gaza Strip hospitals, representing three distinct geographical areas, from 30<sup>th</sup> July till 30<sup>th</sup> August. All Patients above 18 years old, presented to the ER with acute abdominal pain, with no history of analgesia intake before their hospital visit were included. Data was collected by nine trained interviewers through a structured questionnaire. Pain was quantified by the patients by a 10-point numerical rating scale. This was done on arrival as well as at 30 and 60 minutes after receipt of analgesia and at discharge. Verbal consent was obtained from the patients. Approval had been obtained from the Directorate General of Human Resources Development before data collection. Data were analyzed via SPSS and are presented as mean scores  $\pm$  standard deviations as well as in total numbers and percentages.

**Results:** A total of 157 patients were included, 77 (49%) were males and the mean age was  $39.8 \pm 15.4$  years. Furthermore, 78 (49.7%) were from Hospital A, 52 (33.1%) from Hospital B and 27 (17.2%) from Hospital C. The sample included 100 (63.7%) patients with a provisional diagnosis of renal colic, 17 (10.8%) with biliary colic, 13 (8.3%) with appendicitis, 9 (5.7%) with intestinal obstruction and 18 (11.4%) other diagnoses.

A total of 29 patients (18.5%) did not receive any analgesia in the ER. Of the 128 patients (81.5%), who received analgesics, 115 (89.8%) had non-steroidals while 13 (10.1%) received opioids. Opioids were adequately titrated in all patients and no circulatory instability occurred.

The mean pain score on arrival was  $8.3 \pm 1.4$ , while it was  $7.1 \pm 3.6$  30 minutes later,  $6.6 \pm 4.2$  after 60 minutes and  $4.6 \pm 3.5$  on discharge.

**Conclusion:** Although pain relief was given and experienced pain decreased for most patients, but only seven patients (4.4%) were completely pain-free on discharge. Generally, patients with intense pain were quickly given analgesics. Hence, efforts should be focused on patients suffering moderate or mild pain to also receive adequate pain relief in the ER. Agreed local guidelines and training of staff could also facilitate this process.

**Key words:** Pain, Pain management, Acute Abdomen, Emergency.