

# Survey of Ambulatory Unit provision for acute pain in Sickle Cell Disease

# Potential Trial sites – 13 in total

- 9 responses

- Kings
- St George's
- SWBH Trust (Birmingham)
- London North West
- Whittington
- Homerton
- Bristol
- Queen's, Romford
- Guys and St Thomas

- 4 pending

- UCH
- Manchester
- North Mid
- Imperial

All interested in participating, and all interested in protocol development

# What is the procedure for a patient with acute pain to access the Ambulatory Unit?

	What is the procedure for a patient with acute pain to access the Ambulatory Unit?	What are the opening hours Monday-Friday?	What are the opening hours at the weekend?
<b>King's</b>	either walk in between 9am and 4pm weekdays, or call the CNS team to book a place or transfer from ED after 8am on weekdays, until 4pm	8-8pm	8am to 4pm but not available to walk ins currently at the weekend due to inadequate junior medical cover (although this is due to change)
<b>SWBH</b>	Self presentation	M-F 9-5pm	not for pain management
<b>NW LDN</b>	Telephone triage by nurses and walk-in before 12 pm	9-5pm	closed
<b>Whitt</b>	Ideally the patient will phone the nurse in charge who carries a specific mobile. This will then enable the patient to be registered quickly on the system and opiates prescribed as per protocol. The patient then presents - we have 4 beds and multiple chairs. Unfortunately currently we have patients persistently bedded down in the unit at the moment which means that patients have to go via ED which is the big weakness of this system	8-7pm	8-7pm
<b>Homerton</b>	Call then present for treatment	M-F 9-5/6pm	Closed
<b>Bristol</b>	Patient contacts our CNS team, they advise to attend the day-unit if there is availability, if not, they attend ED. Most of our patients attend our day-unit more frequently.	24/7	24/7
<b>Queens</b>	Phone CNS before 10am	M-Sun 8-6pm	8-6pm
<b>Guys</b>	Phone before	8-8pm	Closed

## EXCLUSIONS:

Needing resuscitation care - i.e. ACS; acute stroke; needing other specialists emergency care i.e. non sickle acute pathology such as MI, GI bleed; priapism; age < 16 years; pregnant > 16/40 gestation

non sickle pathology

Chest pain, abdominal pain, headaches

High intensity users, clinically unwell - ie fever, low oxygen saturations, priapism

Not a Homerton patient under haematology at Homerton

If chest pain or any other cause of pain outside of SCD

# Ambulatory capacity

	How many patients can be managed at the same time on the Ambulatory Unit when functioning at expected capacity?	Do you use the same pain protocol for patients managed in ED as on the Ambulatory Unit?	What are the approximate number of patients presenting with acute pain and managed each week on the Ambulatory Unit?	How many nursing staff would be on a typical shift to manage the ambulatory patients?
<b>King's</b>	4-6	Yes	10-15	5 nurses, 2 HCAs (shared haem-onc)
<b>SWBH</b>	4	Yes	15	3
<b>NW LDN</b>	Two dedicated beds but up to three patients if required	No – PCA in ED	Five	3
<b>Whitt</b>	Around 5	Yes	When open 5	varies
<b>Homerton</b>	Is a combination of planned and adhoc activity	Yes	45-60	7
<b>Bristol</b>	8-10 patients	Yes	1-2	3
<b>Queens</b>	1-2	Yes	5	2
<b>Guys</b>	2	Yes	4-5	Part of Day Unit

# Ambulatory

- How are their care plans accessed? **Electronically**
- Who prescribes their analgesia medication? **Day Unit doctor**
- Are prescriptions done on paper or electronically? **All electronic except 1**
- Who does the observations on the patients? **Nurses/HCAs**
- Are the observations entered on paper or electronically? **All electronically**

## CRITERIA FOR DISCHARGE – 5/6

< 3 injections of sc bolus opiate analgesia and clinically fit for discharge

pain improved on analgesia and no complicating factors

Patients are assessed specifically mid-afternoon at about 2 pm and if their pain is controlled and can be managed without opioid analgesia until 5 pm

Pain controlled, no other symptoms of concern

Fit to go home,  
Need to be admitted  
Day case procedure

# ED

- How are their care plans accessed? **Electronically**
- Who prescribes their analgesia medication? **ED doctor**
- Are prescriptions done on paper or electronically? **All electronic except 1**
- Who does the observations on the patients? **Nurses/HCAs**
- Are the observations entered on paper or electronically? **All electronically**

DISCHARGE CRITERIA – 4/6
If you answered 'yes' to the above question, what are these criteria?2
<3 injections of sc opiate boluses and clinically fit for discharge
Patients are assessed continuously and if their pain is controlled and can be managed without opioid analgesia for a few hours, and if there are no complications
Pain controlled no other concerning symptoms
As before mentioned

# Clinical research capacity

	What are the approximate number of patients presenting with acute pain and managed each week via ED?	Do you have a clinical trials team for haematology which could assist with a trial of analgesia on the Ambulatory Unit?	If you answered 'yes' to the above question, can you provide details of staffing and resources?	Do you have a clinical trials team in ED which could assist with a trial of sickle pain management in ED?	If you answered 'yes' to the above question, can you provide details of staffing and resources?
King's	12	Yes	there is a haematology Clinical Trials Unit, but several other trials are active and the team is relatively stretched. There would have to be funding for a designated additional member of staff, although cross cover would be arranged.	No	There is not a dedicated clinical trials team for ED but a research team on site who are involved in ED trials
SWBH	15	No		Unsure	Would potentially be our haem team - out of hours could be challenging but worth a try!
NW LDN	Ten	No	There is not a dedicated clinical trials team for haematology but a research team on site who are involved in sickle cell trials	No	
Whitt	5	Yes	Excellent trials team who would be keen to take this on - would depend on what is required but currently v involved in our trials atm	Yes	will request this information from my ED colleagues, but there is a CTU covering ED, but that is different from our haem CTU..
Homerton	20-40	Yes	unknown	Unsure	
Bristol	0-1 - few	Yes	we have a large CTU - they support our service by delivering trials	Unsure	
Queens		No			
Guys		Yes			