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NICE
National Institute for Health and Care Excellence

Central Manchester University Hospitals NHS
NHS Foundation Trust

Pancreatitis, pain & guidelines

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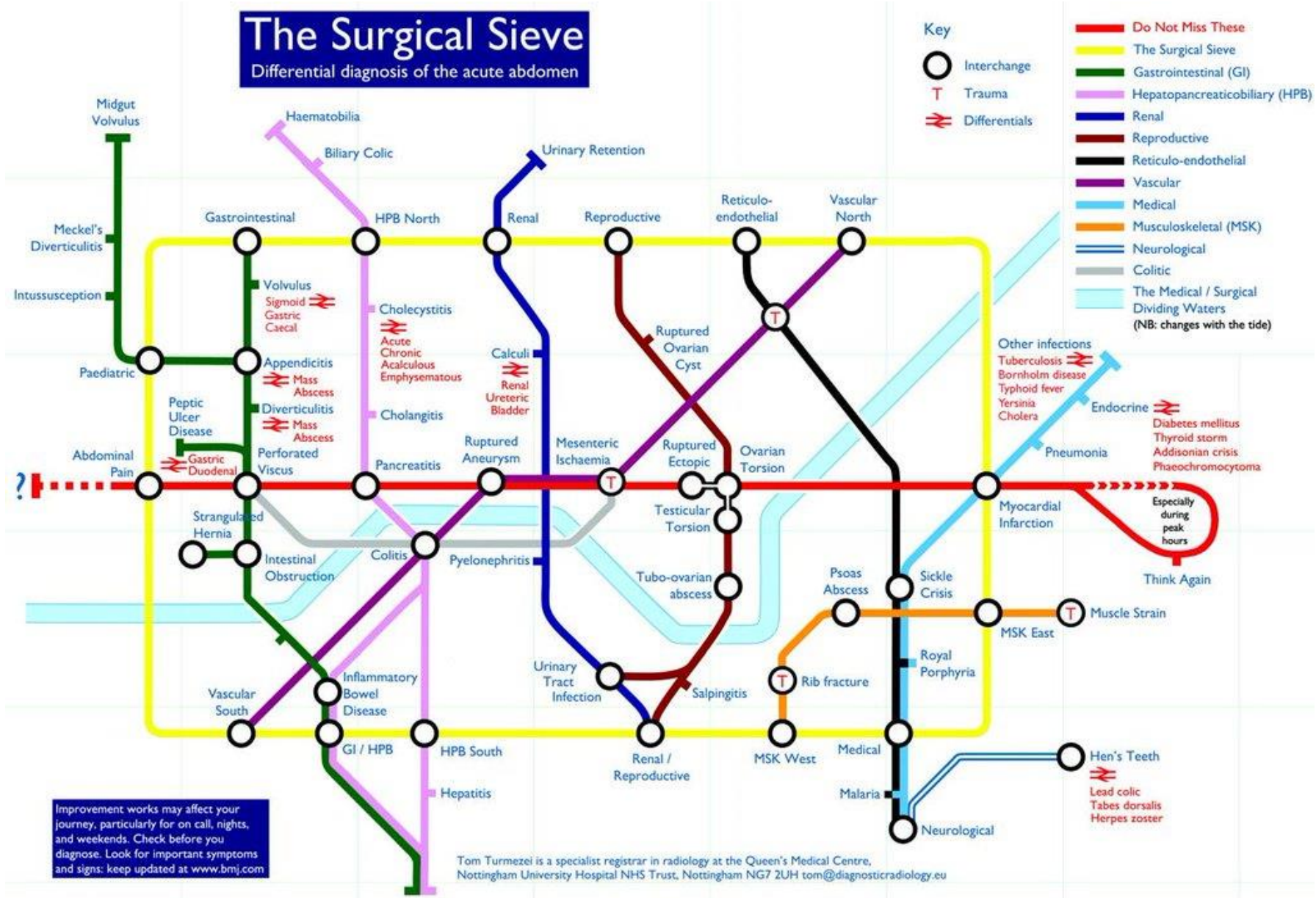
South Thames Acute Pain Conference
Brighton, 8 November 2018



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Acute Pancreatitis: a consideration of pancreatic hemorrhage, hemorrhagic, suppurative and gangrenous pancreatitis and of disseminated fat necrosis

"...three were distinctly intemperate, two may be regarded as gluttonous and one was exposed to hard work and extra hours".

Fitz RH Boston Med Surg J 1889;120:181-7, 205-7, 229-35.

Acute Pancreatitis

“Acute pancreatitis is the most terrible of all the calamities …the suddenness of its onset, the illimitable agony which accompanies it, and the mortality attendant upon it, all render it the most formidable of catastrophies.”

Moynihan B Ann Surg. 1925 Jan;81(1):132-42.

Chronic relapsing pancreatitis; a study of 29 cases without associated disease of the biliary or gastrointestinal tract

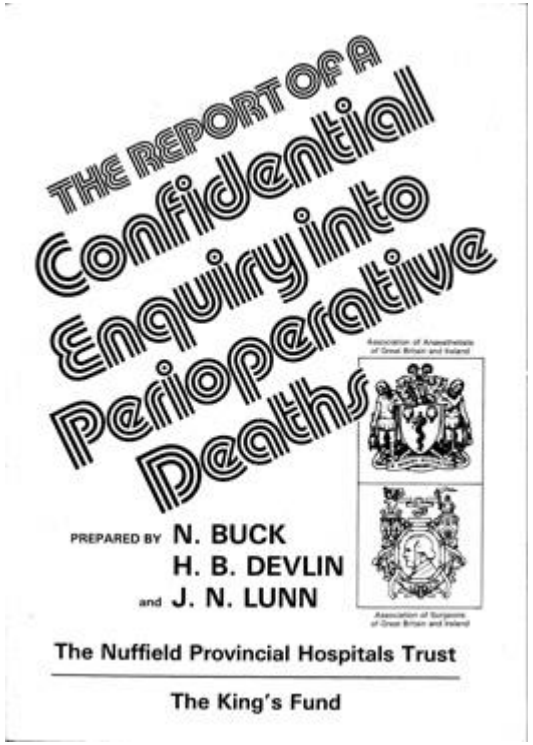
"Attacks were prone to follow lifting, moderate exercise or yelling. His mother stated that he always had an attack if he ate pancakes…68 % were due to alcohol"

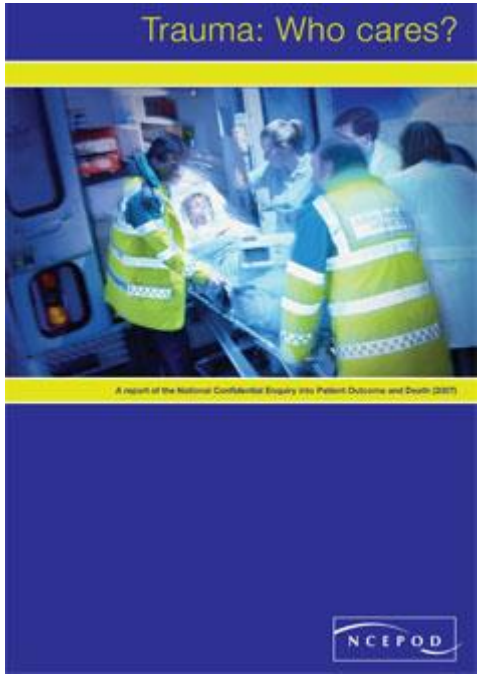
Comfort MW. Gastroenterology 1946;6:376-408

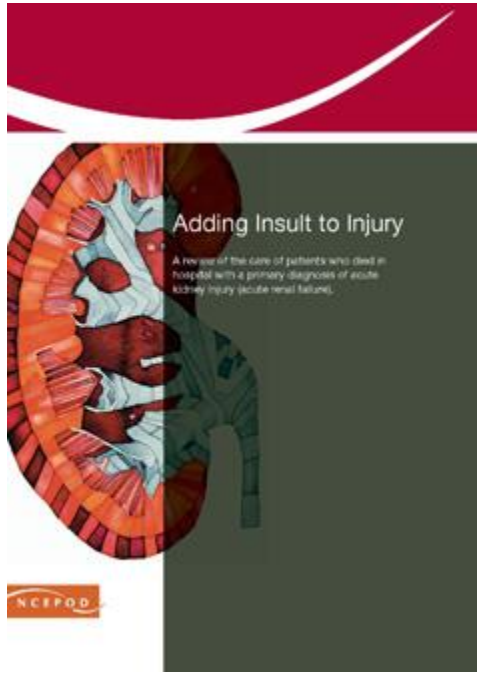
IAP/APA Evidence-Based Guidelines for the Management of Acute Pancreatitis

Pancreatology. 2013 Jul-Aug;13(4 Suppl 2):e1-15.

National Confidential Enquiry on Patient Outcome and Death (NCEPOD)







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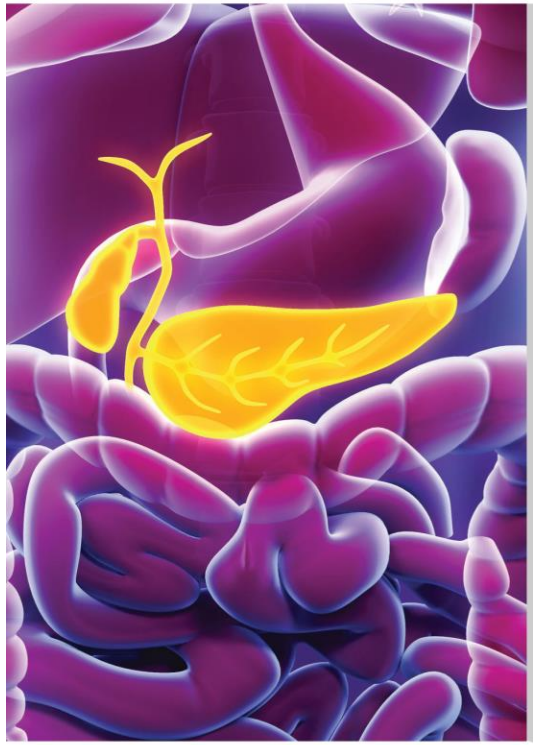
National Confidential Enquiry into Patient Outcome and Death



Treat the Cause

A review of the quality of care provided to patients treated for acute pancreatitis

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Surgical Clinical Coordinator, NCEPOD

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https://www.ncepod.org.uk/2016ap.html

Study aim

To identify remediable factors in the quality of care provided to patients treated for acute pancreatitis

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Study population inclusion criteria

Patients aged 16 years or older who were coded for a primary diagnosis of acute pancreatitis and admitted to hospital between 1st January and 30th June 2014

- An inpatient stay of three or more nights
- Admission to critical care
- Death in hospital

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Data collection

- Clinician questionnaire
- Case notes/peer review
- Organisational questionnaire

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Data returns

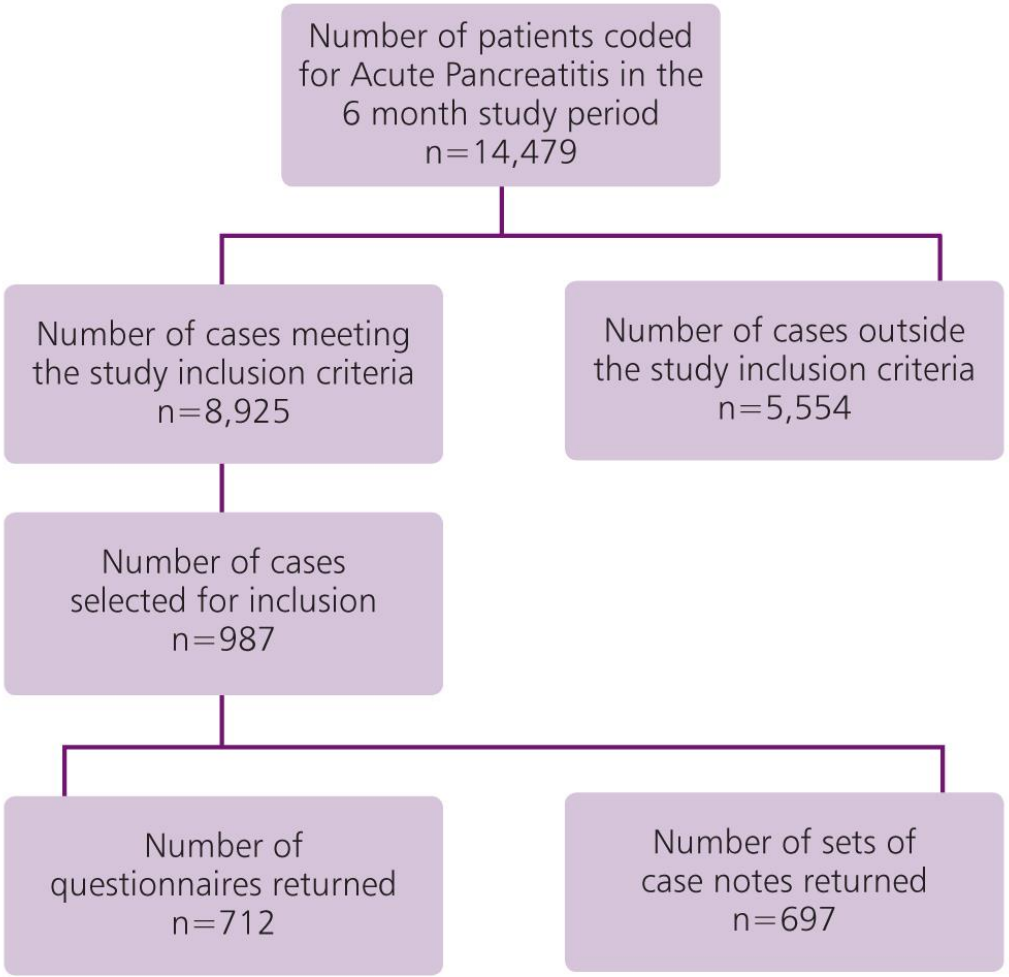

Figure 1.1 Data returns

National Confidential Enquiry into Patient Outcome and Death

PAIN MANAGEMENT

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Core Standards for Pain Management Services in the UK. 2015
www.rcoa.ac.uk/system/files/FPM-CSPMS-UK2015.pdf

Acute pain teams

Table 5.3 Acute pain team on-site

Acute pain team on-site	Number of hospitals	%
Yes	163	95.9
No	7	4.1
Subtotal	**170**	
Not answered	5	
Total	**175**	

Acute pain teams 24/7

Table 5.4 Acute pain service available 24/7

24/7 service	Number of hospitals	%
Yes	44	28.6
No	110	71.4
Subtotal	**154**	
Not answered	9	
Total	**163**	

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Specialist acute pain nurse

Table 5.5 Specialist acute pain nurse

Specialist acute pain nurses	Number of hospitals	%
Yes	159	94.6
No	9	5.4
Subtotal	**168**	
Not answered	7	
Total	**175**	

Consultant lead

Table 5.6 Consultant lead for pain management

Consultant lead	Number of hospitals	%
Yes	155	93.9
No	10	6.1
Subtotal	**165**	
Not answered	10	
Total	**175**	

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Pain score on admission

Table 5.7 Pain score calculated on admission.

Pain score on admission	Number of patients	%
Yes	379	71.5
No	151	28.5
Subtotal	**530**	
Unknown/not answered	182	
Total	**712**	

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Pain management

Table 5.8 Adequacy of analgesia

	Case reviewers' opinion		Clinicians' opinion	
Adequate analgesia	**Number of patients**	**%**	**Number of patients**	**%**
Yes	337	94.4	554	93.1
No	20	5.6	41	6.9
Subtotal	**357**		**595**	
Unknown/not answered	61		117	
Total	**418**		**712**	

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Acute pain team

Table 5.9 Patient seen by an acute pain team

Seen by acute pain team	Number of patients	%
Yes	106	17.1
No	515	82.9
Subtotal	**621**	
Unknown/not answered	91	
Total	**712**	

Pain management

Table 5.10 Type of pain relief

Type of analgesia	Number of patients	%
Intravenous paracetamol	251	39.1
Intravenous opiate (not patient-controlled)	240	37.4
Oral opiate	224	34.9
Oral paracetamol	189	29.4
Patient-controlled analgesia	73	11.4
Intramuscular morphine	64	10.0
Other	50	7.8
Oral non-steroidal inflammatory drugs	10	1.6
Intravenous non-steroidal inflammatory drugs	4	<1
Intramuscular non-steroidal inflammatory drugs	3	<1

Answers may be multiple; n=642

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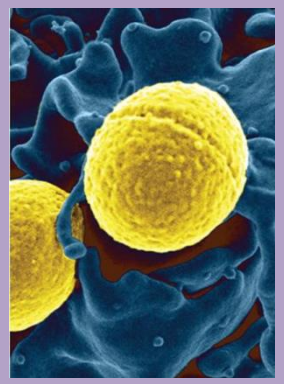
Lessons from a national audit of Acute Pancreatitis: a summary of the NCEPOD report 'Treat the Cause'

Antibiotic overuse	Gallstones not treated	Opportunities for improvement
		NCEPOD
Antibiotics were prescribed in 439/712 (61%) of patients	Gallstones were the cause of 40/132 recurrent admissions	Room for improvement in 52% of cases

D A O'Reilly *et al.*
Pancreatology 2017;17:329-333.

Pancreatology

Outcomes of hospital episode

Table 10.1 Outcome of hospital episode

Outcome of hospital episode	Number of patients	%
Discharged to previous place of residence	547	79.4
Patient died during the admission	89	12.9
Discharged to other hospital	35	5.1
Other	18	2.6
Subtotal	**689**	
Not answered	23	
Total	**712**	

Overall quality of care

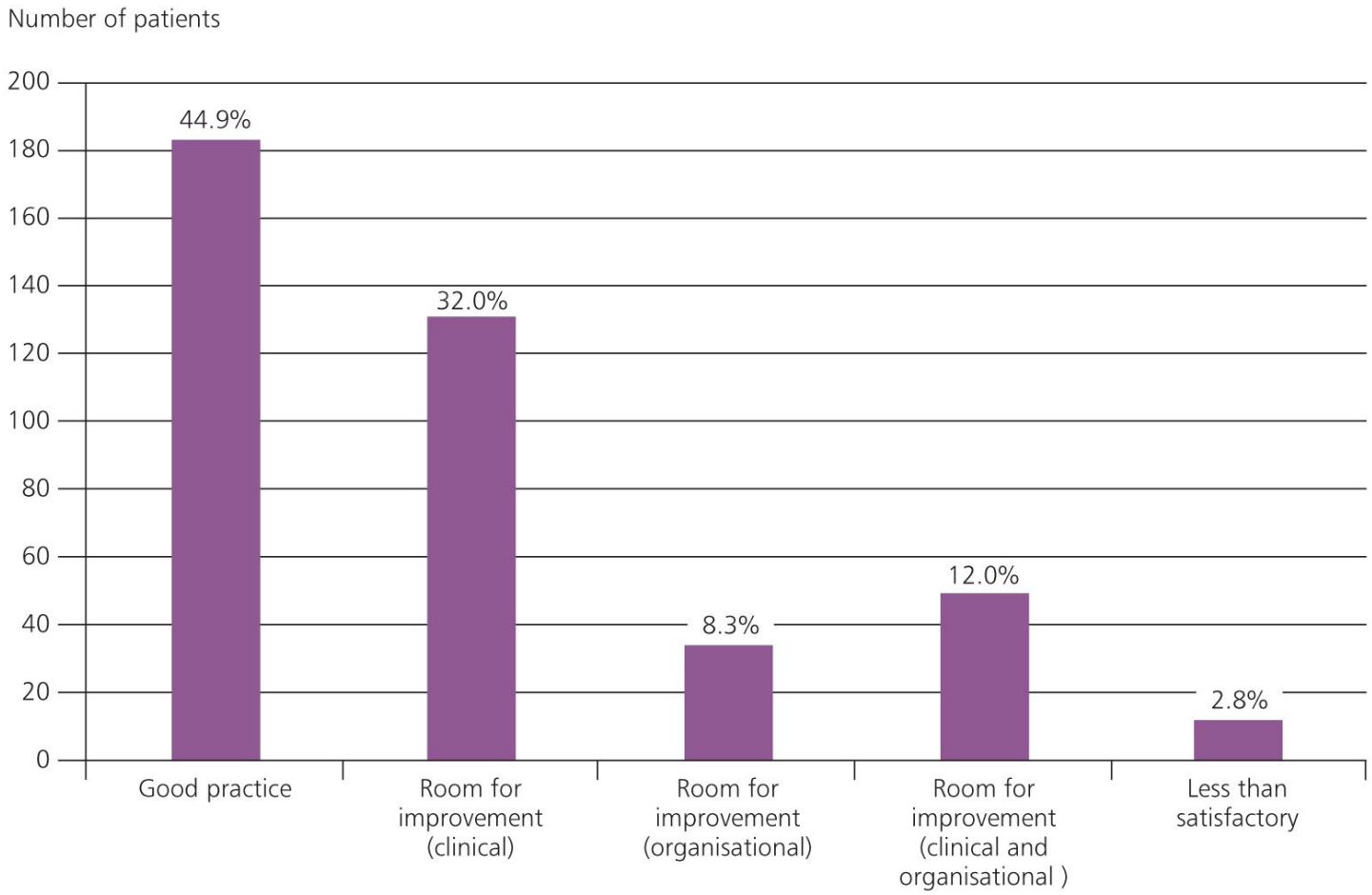


Figure 10.1 Overall assessment of care

Conclusion

Much good news

But the full picture is more complex; there are many areas where we could be doing better

NCEPOD has identified these and produced recommendations for improvement

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