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## A clinical audit aimed at optimizing pain assessment in resident cancer patients in a Sri Lankan oncology setting: Reflection on the experience

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Being a commonly experienced distressful symptom, 'pain' is not sufficiently managed in worldwide cancer patients. One of the principle obstacle identified is an inadequate assessment of pain which in turn leads to its poor management. This is heralded by the lack of medical or nursing professionals qualified in Palliative Medicine/Care to date in Sri Lanka. Hence, the aim of this clinical audit was to optimize the assessment of pain among resident patients of a tertiary care cancer hospital by oncology doctors. A simple "pain and associated symptom chart" was designed for the doctors to document pain experienced by resident cancer patients in terms of intensity, both upon admission and on daily clerking (expected to be documented 100% each, regardless of the presence or absence of pain on a Visual Analog Scale from 0-10). Documentation of the site and character of pain were expected to be 80% each if the pain was present on assessment. Despite conducting three audit cycles with appropriate staff training and clarifications between each cycle, the pain assessment practices could not be improved among the doctors concerned. In the third audit cycle, it was noted that 23.5% of the charts were marked as '0' pain intensity upon admission and have been neglected thereon. It was also noted that some patients were documented elsewhere than the form to experience nor pain neither breathlessness and were still on opioid analgesics which could potentially have led to litigation. Therefore, it is of utmost importance to incorporate clinical audit as a mandatory practice to the clinical oncology settings where it is not practiced. Relevant training has to be delivered to the concerned medical professionals. Appointment of health care practitioners dedicated to palliative care is essential to ensure a better quality of life (QOL) for patients with life-limiting illnesses.

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