ARTICLE:
- Country: The Netherlands
- Funding Sources: Not specified

PURPOSE:
- Research Question(s): What is the availability and content of accessible acute pain protocols in The Netherlands and is this in line with international standards?

DESIGN:
- Study Design: Survey (mail)

SETTING / SUBJECTS:
- Research Setting: The EDs of the Netherlands
- Subjects:
  - Study population: Operational managers of all 108 EDs surveyed
  - Inclusion / Exclusion criteria: No exclusions
  - Number (control / intervention groups): 66 of 108 EDs responded
  - Demographics: 100 non-university hospitals and 8 university hospitals with 10-50K patients/year per hospital
  - Attrition: Not applicable

METHODS:
- Interventions: None
- Study Groups: None
- Instruments: Letters requesting the most recent acute pain management protocols, if any. Nonresponders telephoned twice.
- Data Collection: A medical student assisted with data collection. Two investigators (M.I.G./J.M.v.L.) reviewed data from letter surveys and used a priori questions (see Table 1) for descriptive analysis; came to consensus with each other.

DATA ANALYSIS:
- Level of Data: Categorical (e.g. nurse vs physician) data
Statistics Used: None used; data analysis was performed with Microsoft Office Excel 2007 (Microsoft Corporation, USA).

What, if any, variables were controlled for? None.

RESULTS:

Brief answers to research questions:

- 56% (n=37) had no protocol for adults, 35% (n=23) had no protocol for children and 23% (n=15) had no protocols for either.
- The Netherlands is not in line with standards published in international literature (where cited standards include guidelines and statements from the Institute for Clinical Systems Improvement; Australian and New Zealand College of Anaesthetists, Faculty of Pain Medicine; and ACEP clinical policy statement, but not explicitly compared to how other countries are doing with their own ED pain protocols)

Additional findings:

- Diagnosis required before pain medication: ~75% of protocols
- Oral paracetamol and NSAIDs: all protocols
- No IV opioids: ~one third of protocols
- In severe acute pain (Visual Analogue Scale > 7) nurses allowed to bypass paracetamol and NSAIDs and to start with opioids *after* consultation of a physician: ~50% of protocols
- Non-pharmacological approaches, as overall components of pain management: 3 protocols.
- Drafted as a joint effort of nurses and physicians: No protocols
- Pain measurement is included: ~50% of the protocols (in only 5% a target score is defined).
- Age-related pain measurement (Five faces, OUCHER and Children and Infants’ Postoperative Pain Scale): 8/43 pediatric protocols

Limitations:

- 61% response rate
- discrepancy between content of protocols and modus operandi
- Availability of pain protocols may not necessarily implicate good quality pain care and visa versa
- Acute pain protocols are a surrogate endpoint, for the adequate treatment of acute pain.

IMPLICATIONS FOR PRACTICE:

- Applicable to this clinical practice: Institution of protocols is likely applicable to all EDs
- Feasible (cost, resources, etc): Yes
- Clinically Relevant: Patient pain would go down, satisfaction would increase.

LEVEL OF EVIDENCE / DECISION FOR USE:
• Background • Consider Replication  Ready for use

• Level of Evidence:
  Ia  Evidence obtained from meta-analysis of randomized controlled trials
  Ib  Evidence obtained from at least one RCT
  IIa Evidence obtained from at least one well-designed controlled study without randomization
  IIb Evidence obtained from at least one other type of well-designed quasi-experimental study
  III Well-designed non-experimental studies
  IV  Expert committee reports, opinions of experts