Introduction:

Treatment in an Intensive Care Unit (ICU) often necessitates uncomfortable and painful procedures for patients. Chronic pain is becoming increasingly recognised as a long term problem for patients following an ICU admission. [1] Throughout their admission patients are often exposed to high levels of opioids, however there is limited information available regarding analgesic prescribing in the post-ICU period. This study sought to examine the analgesic usage of ICU survivors pre and post ICU admission.

Methods:

183 patients enrolled in a post-intensive care programme between September 2016 and June 2018. Intensive Care Syndrome: Promoting Independence and Return to Employment (InS:PIRE), is a 5-week multicentre, multidisciplinary rehabilitation programme for ICU survivors and their caregivers. Patients’ level of analgesia was recorded pre-admission and upon attending InS:PIRE, their level of prescribed analgesia was categorised using the World Health Organisation (WHO) analgesic ladder [2]

Results:

33·3% of patients (n=61) were prescribed regular analgesia pre-admission; this increased to 60·7% (n=111) post-admission, representing a significant absolute increase of 27·4% (95% CI: 20·2% - 34·4%, p<0·001) in the proportion of patients who were prescribed regular analgesia pre and post ICU. In addition, pre-admission, 22·4% (n=41) of patients were prescribed a regular opioid (step 2 and 3 of the WHO ladder) compared to 38·7% (n=71) post-admission, representing an absolute increase of 16·3% (95% CI: 9·8% -22·8%, p<0·001).

Conclusion:

This study found a significant increase in analgesic usage including opioids in ICU survivors. Follow-up of this patient group is essential to review analgesic prescribing and to ensure a long term plan for pain management is in place.

References: