



Improving post-operative pain management in children

Standard Operating Instructions (SOPs)

Version 1, February 2015

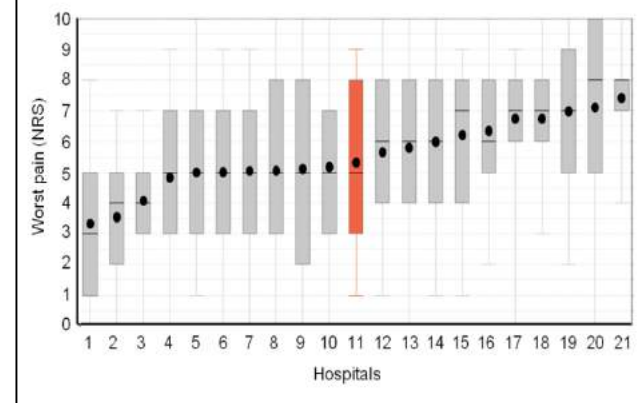




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The SOPs – for whom ?



For Principle Investigators & surveyors participating in PAIN OUTinfant – so that they can learn about the aims of the project, how to collect the data, how to input it into the web-based mask and how to obtain feedback.



How to go about implementing PAINOUTinfant in your hospital?

- Introduce the project and its aims to:
 - Medical- & nursing directors & staff on prospective wards
 - Quality Improvement department
 - Information Technology department
- Form an interdisciplinary working group to assess findings and plan future care plans.
- Provide staff with password to benchmark server so that they can look at the findings.

Why is there need for PAIN OUT*infant*?

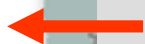


Management of post-operative pain in children is not optimal.

Insufficient management may be due to lack of:

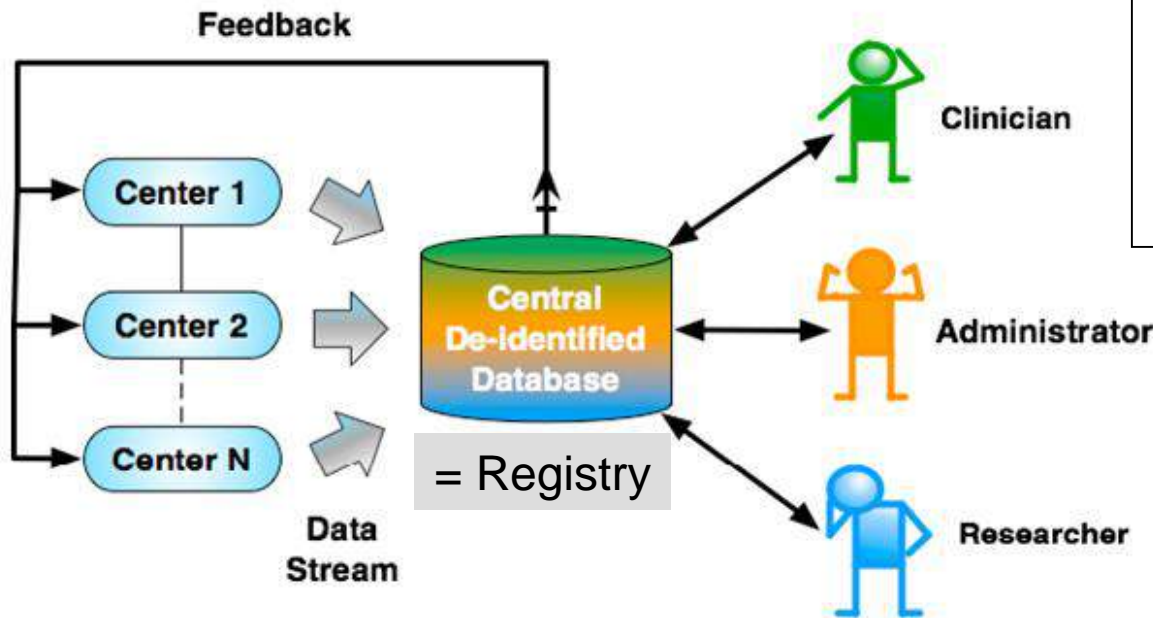
- (1) routine assessment
- (2) treatment algorithms
- (3) audit and feedback

PAIN OUTinfant



Karling et al, 2002 - national survey Swedish (185 depts)

Stamer et al 2005 - national survey in Germany (383 depts)



(1) Quality assessment

Audit, feedback & benchmarking of Patient Reported Outcomes to improve quality of care

(2) Research

Data for in-depth analysis = 'outcomes research'

The registry methodology is used in different fields of medicine to carry out standardized assessment to follow up effectiveness and safety of care when patients and healthcare providers operate in their natural environment.

and in the field of pain?



Adults
2000

Children
2007



Adults
2008

Children
2015

QUIPS / PAIN-OUT



PAIN OUT

- EG-funded (until 2012, thereafter financed by hospital fees)
- Non-for profit, endorsed by IASP
- 15 languages
- Modules for postop pain in adults, 12-month follow up
- > 40.000 data sets



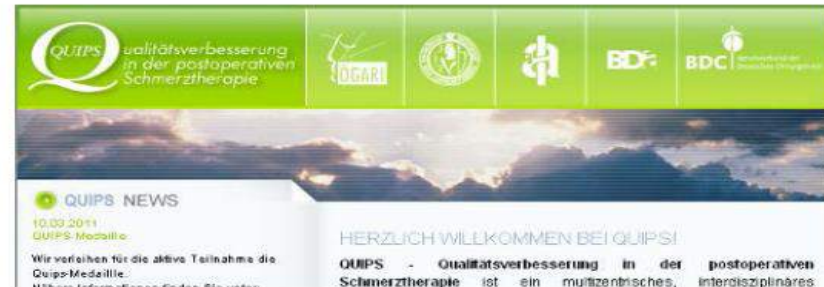
7th EU Framework Programme:
PAIN-OUT



International Association for the Study of Pain
IASP
Working together for pain relief

QUIPS:

- run by DGAI/BDA, DGCH/DC, ÖGARI
- Non-for profit, no drug companies involved
- Financed by hospital fees
- German language only
- Modules for postop pain in adults, children (age 4-18), office-based surgery
- 190 hospitals, > 320.000 data sets



QUIPSI:

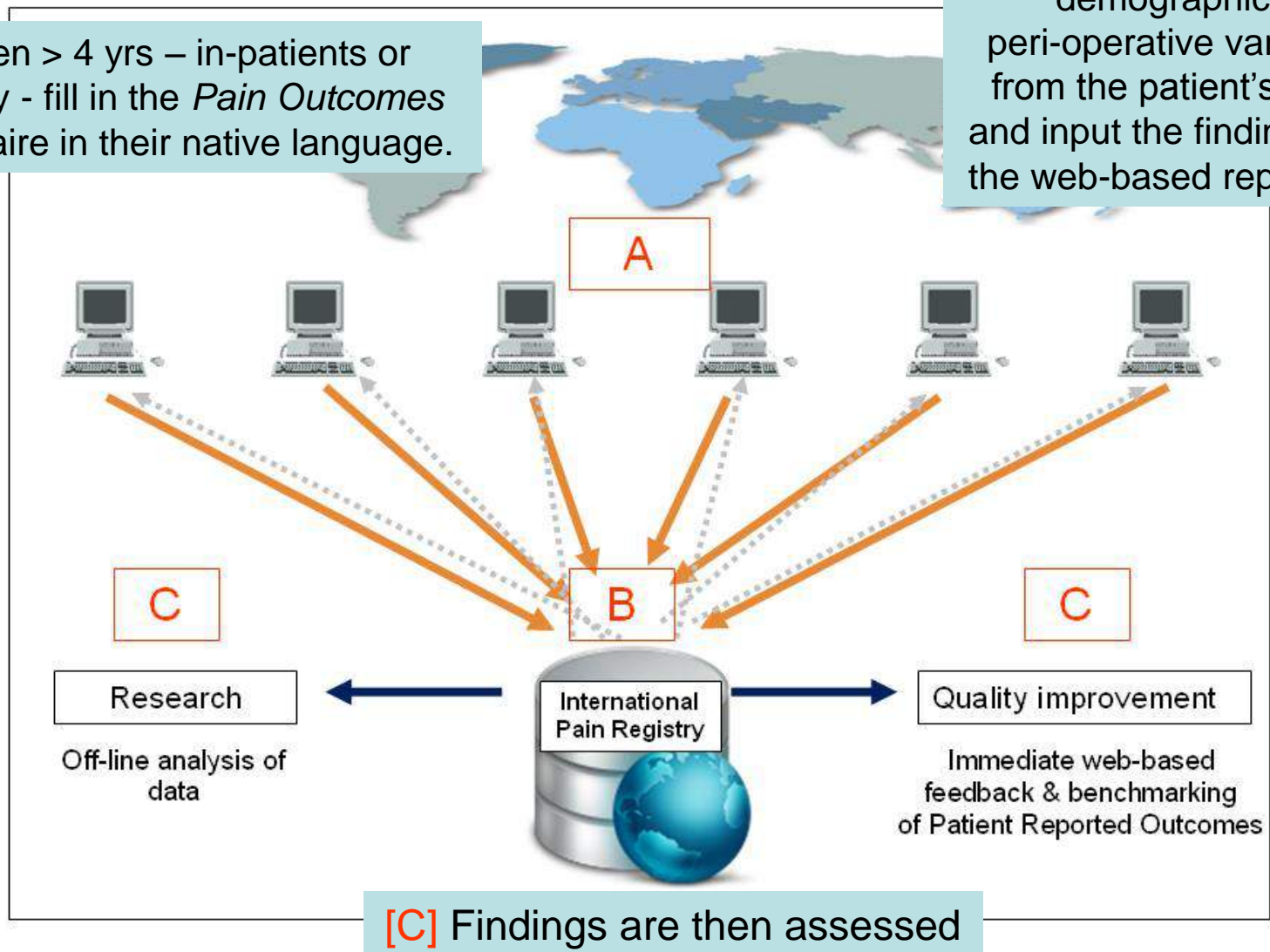
- Since 2007
- > 5900 data sets
- 16 hospitals; 36 wards;
- Types of surgery: General surgery, orthopedics, ENT for in- & ambulatory patients.



[A] Children > 4 yrs – in-patients or ambulatory - fill in the *Pain Outcomes* questionnaire in their native language.

[B] Surveyors abstract demographic & peri-operative variables from the patient's chart and input the findings into the web-based repository.

How
does
it
work?



Phases of work addressed in the SOPs:

I

Collecting data (recruited & excluded patients)



II

Inputting data into the web-based mask



III

Obtaining web-based feedback
& benchmarking





I

Collecting data (recruited & excluded patients)



II

Inputting data into the web-based mask



III

Obtaining web-based feedback
& benchmarking



Who collects the data?

Typically:

- Students, QI staff, research assistants, research fellows etc.
- Nurses (e.g. APS or ward)
- Physicians (e.g. an anesthesiology or surgical resident)

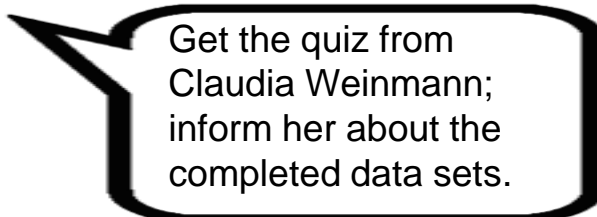
If possible, the person collecting data should **not** have clinical responsibilities on this ward.

Why?

Patients / parents should not feel obliged to please the surveyor.

Training for data collection

- Read the Standard Operating Procedures (SOPs)
- Complete the quiz
- Collect & input data for ~ 10 patients
 - Notify us
 - We will go over the data to ascertain that the methodology is followed correctly
- Continue collecting data.



Get the quiz from
Claudia Weinmann;
inform her about the
completed data sets.

Claudia Weinmann -> claudia.weinmann@med.uni-jena.de

Standardized data collection is crucial for data quality.

Contact us for questions; queries; when in doubt





How many cases to collect for **each** ward?

- Aim for a minimum of 30 cases per quarter
 - a number which should give meaningful results over time.
- The obligatory data set takes ~ 10 – 15 minutes to collect.

Randomization

Depending on the volume of surgeries carried out in the ward(s) you work in, you might need to randomize on two levels: (i) ward and (ii) patient.

(i) Randomizing wards

If you will be collecting data from **one ward only**, collect data from ALL the patients who comply with the inclusion criteria, on the day you are collecting data.

- If there are too many patients for you to do this, randomize the patients (see 'randomizing patients').

If you will be collecting data from **several wards** and are not able to collect data from all patients on all these wards on the days you are collecting data, then you need to randomize the wards. Do so like this:

- Write out the names of all wards you will be working with onto separate pieces of paper; one ward per paper.
- Put the pieces of paper in a box.
- Draw out one piece of paper; collect data from all patients in that ward on that particular day. Do not return that piece of paper to the box.
- Next time you collect data, repeat this process until you have collected data from all the wards.

(ii) Randomizing Patients

- If there are too many patients on a particular ward for you to collect on one day, you will need to randomize this factor, too:
- Get a list of eligible patients who are on the day of surgery you plan to collect, eg the 1st post-operative day.
 - If the list is not numbered, number it.
- Create a set of randomized numbers, by using the website www.randomizer.org or by drawing numbers from a box.
- Recruit patients according to the numbers on the randomization table and the length of time you have for data collection.



How to recruit a patient and when
to use each questionnaire ?

How to recruit a patient? (summary)

1. **Physician:** Introduce PAIN OUTinfant during the pre-operative visit → make note for the surveyor (**optional**).
2. **Surveyor:** carry out **preliminary** selection using the surgical list.
 - Fill in D2 – D 6 (see next slide).
 - If randomization is necessary, carry it out at this point.
3. **Surveyor:** after surgery, see the patient and parent(s) in person to decide whether the patient can be recruited.
 - If patient can be recruited
 - Fill in the rest of the Process questionnaire
 - Ask the patient (and parent) to fill in the Outcomes questionnaire.
 - If the patient is excluded, fill in D10.

Day of surgery: (1) carry out preliminary selection using the departmental surgical list & fill in D2 – D 6; (2) If randomization is necessary, carry it out at this point.

PAINOUTinfant process parameter questionnaire

Demographics

D1 Number: _____

(Fill in the number that is generated by the web-based application when you enter this data set into the mask)

D2 Gender:

☐ male

☐ female

D3 Age in years:

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 – 12

☐ 13 – 14

☐ 15 – 16

☐ 17 – 18

D3.1 Weight:

_____ kg

D3.2 Height:

_____ cm

D4 Calendar week of OP:

_____ /year _____

D5 Post-op day:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

D6 Ward:

POD 1 most assessed

After surgery, go to the patient & parent (s) & check:

- i. Willing to be recruited ?
 - > Give **Outcomes questionnaire**
 - > Complete the **Process questionnaire**.
- ii. BUT if exclusion criteria apply, fill in D10
 - > recruitment stops at this point.

D10 Inclusion of the patient not possible due to the following reason:

- ☐ Patient is on another ward
- ☐ Patient is absent / discharged
- ☐ Patient/parents do not wish to participate
- ☐ Patient/parents do not speak local language sufficiently
- ☐ Patient is confused/does not understand the questionnaire
- ☐ Patient is sedated/asleep (if yes, specify)
 - ☐ slightly sleepy
 - ☐ frequently sleepy/can easily be woken up
 - ☐ fast asleep, difficult to rouse
 - ☐ cannot be woken up
- ☐ Other reasons

**D10 Inclusion of the patient not possible due to the following reason:**

- ☐ Patient is on another ward
- ☐ Patient is absent / discharged
- ☐ Patient/parents do not wish to participate
- ☐ Patient/parents do not speak local language sufficiently
- ☐ Patient is confused/does not understand the questionnaire
- ☐ Patient is sedated/asleep (if yes, specify)
 - ☐ slightly sleepy
 - ☐ frequently sleepy/can easily be woken up
 - ☐ fast asleep, difficult to rouse
 - ☐ cannot be woken up
- ☐ Other reasons

If ...



... fill in the complete **Process questionnaire**

to allow for further investigation of reasons for sleep / sedation.

Inclusion criteria

Patient age:	≥ 4 years old.
Type of ward:	Regular ward (not intensive care) Any surgical discipline Ward is participating in PAIN OUTinfant
When to recruit :	First post-operative day (majority of participants) OR Ambulatory surgery OR POD 2 – 5
Consent:	Parent (or legal guardian) Patients ≥16 years will also sign the form Oral or written consent -> determined by local ethics committee
Language:	A patient reported outcomes questionnaire is available in the child's and parent's native language. Currently available in: German, English, Dutch, French, Hebrew
Patient undergoing multiple surgeries:	Include once per hospital stay.

The data is collected using two questionnaires:

- (1) Patient reported outcomes
- (2) Demographic and clinical parameters

some variables are *obligatory*; others *optional*

Improving post-operative pain management in children

(1) Patient reported OUTCOMES

PAIN OUT_{infant}- Questionnaire


Hi!

We'd like to learn more about how children feel after they have had an operation. To do this we need to ask many children how they feel. This is why we are asking you to answer the following questions. All your answers will be kept private. If you don't want to answer, it's no problem at all – and of course it will not influence your treatment.

These faces show how much something can hurt. The left-most face shows no pain, the faces in-between show more and more pain and the right-most face shows very much pain.

Circle the face that shows how much you hurt when you moved (for example when you got out of bed, had a wash, played or swallowed something you ate or drank)?

No pain 0 2 4 6 8 10 Very much pain



(2) Patient demographics, type surgery & reason for exclusion (if relevant)

PAINOUT_{infant} process parameter questionnaire

Demographics

D1 Number: _____
(Fill in the number that is generated by the web-based application when you enter this data set into the mask)

D2 Gender: ☐ male ☐ female

D3 Age in years: ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 – 12 ☐ 13 – 14 ☐ 15 – 16 ☐ 17 – 18

D3.1 Weight: _____ kg **D3.2 Height:** _____ cm

D4 Calendar week of OP: _____ /year **D5 Post-op day:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

D6 Ward: _____

D7 OP-duration: OP-cut: _____ OP-suture: _____ ☐ not possible to obtain

D8 ASA status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ not possible to obtain

D9 Surgical procedure codes (ICD): ☐ not possible to obtain

D9.1: _____ **D9.2:** _____ **D9.3:** _____ **D9.4:** _____ **D9.5:** _____

D10 Inclusion of the patient not possible due to the following reason:

- ☐ Patient is on another ward
- ☐ Patient is absent / discharged
- ☐ Patient/parents do not wish to participate
- ☐ Patient/parents do not speak local language sufficiently
- ☐ Patient is confused/does not understand the questionnaire
- ☐ Patient is sedated/asleep (if yes, specify): _____

Optional (3) Peri-operative pain management

PREMEDICATION

F1 Sedatives ☐ none given ☐ not possible to obtain

Application: Chloral hydrate

INTRA-OPERATIVE

F1 Non-opioids ☐ none given ☐ not possible to obtain

Application: Paracetamol, Ibuprofen, Metamizol, Diclofenac, Ketoprofen, Euprofen

P2 Non-opioids ☐ none given ☐ not possible to obtain

Application: Paracetamol, Ibuprofen, Metamizol, Diclofenac, Ketoprofen, Euprofen

RECOVERY ROOM

A1 Non-opioids ☐ none given ☐ not possible to obtain

Application: Paracetamol, Ibuprofen, Metamizol, Diclofenac, Ketoprofen, Euprofen

WARD

S1 Non-opioids ☐ none given ☐ not possible to obtain

Application: Paracetamol, Ibuprofen, Metamizol, Diclofenac, Ketoprofen, Euprofen

Application: Paracetamol, Ibuprofen, Metamizol, Diclofenac, Ketoprofen, Euprofen

(4) Blank fields

BLANK FIELDS

F1		
F2		
F3		
F4		



Improving post-operative pain management in children

Obligatory

PAIN OUTinfant- Questionnaire

Hi!

We'd like to learn more about how children feel after they have had an operation. To do this we need to ask many children how they feel. This is why we are asking you to answer the following questions. All your answers will be kept private. If you don't want to answer, it's no problem at all – and of course it will not influence your treatment.

These faces show how much something can hurt. The left-most face shows no pain, the faces in-between show more and more pain and the right-most face shows very much pain.

Circle the face that shows how much you hurt when you moved (for example when you got out of bed, had a wash, played or swallowed something you ate or drank)?

No pain 0 2 4 6 8 10 Very much pain

PAINOUTinfant process parameter questionnaire

Demographics

D1 Number: _____
(Fill in the number that is generated by the web-based application when you enter this data set into the mask)

D2 Gender: ☐ male ☐ female

D3 Age in years: ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 – 12 ☐ 13 – 14 ☐ 15 – 16 ☐ 17 – 18

D3.1 Weight: _____ kg **D3.2 Height:** _____ cm

D4 Calendar week of OP: _____ /year **D5 Post-op day:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

D6 Ward: _____

D7 OP-duration: OP-cut: _____; OP-suture: _____; ☐ not possible to obtain

D8 ASA status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ not possible to obtain

D9 Surgical procedure codes (ICD): ☐ not possible to obtain

D9.1: _____ **D9.2:** _____ **D9.3:** _____ **D9.4:** _____ **D9.5:** _____

D10 Inclusion of the patient not possible due to the following reason:

- ☐ Patient is on another ward
- ☐ Patient is absent / discharged
- ☐ Patient/parents do not wish to participate
- ☐ Patient/parents do not speak local language sufficiently
- ☐ Patient is confused/does not understand the questionnaire
- ☐ Patient is sedated/asleep (if yes, specify)

Patient reported OUTCOMES

- Filled in by the patient (& parents).
- In the patient's native language.

Patient demographics, type of surgery & reason for exclusion (if relevant).

- Filled in by the surveyor
- Data from patient's file

~ 5 - 10 minutes to fill in.

Data used for feedback & benchmarking.

Patient demographics, type of surgery & reason for exclusion (if relevant) - obligatory

PAINOUTinfant process parameter questionnaire

Demographics

D1 Number:

(Fill in the number that is generated by the web-based application when you enter this data set into the mask)

D2 Gender:

☐ male ☐ female

D3 Age in years:

☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 10 – 12 ☐ 13 – 14 ☐ 15 – 16 ☐ 17 – 18

D3.1 Weight:

_____ kg

D3.2 Height:

_____ cm

D4 Calendar week of OP:

_____ /year _____

D5 Post-op day:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

D6 Ward:

D7 OP-duration:

OP-cut: _____:_____

OP-suture: _____:_____

☐ not possible to obtain

D8 ASA status:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ not possible to obtain

D9 Surgical procedure codes (ICD):

☐ not possible to obtain

D9.1:

D9.2:

D9.3:

D9.4:

D9.5:

D10 Inclusion of the patient not possible due to the following reason:

- ☐ Patient is on another ward
- ☐ Patient is absent / discharged
- ☐ Patient/parents do not wish to participate
- ☐ Patient/parents do not speak local language sufficiently
- ☐ Patient is confused/does not understand the questionnaire
- ☐ Patient is sedated/asleep (if yes, specify)

Addressed
in the
following
pages

D1 Patient number: When you enter the data into the web-based mask (see Phase 2), a 10-digit identification code will be generated. Copy this number onto the paper-based questionnaire. It will allow you to associate between the paper-based questionnaire and the electronic file.

When might you need to do this? If there is missing data that remains to be obtained.

D2 Gender

D3 Age

D3.1 Weight

D3.2 Height

Abstract from the patient's file.

D4 Calendar week and year of surgery:

Automatically generated when you input the data into the web-based mask.

When collecting the data, make a note of the date on the paper-based questionnaire so that you can input the correct date if you collect and input the data on different weeks.

D5 Post-operative day: Record the day of surgery, 1 to 5 or ambulatory surgery.

D6 Ward: Use name of the ward according to the name given to you by the coordination team in Jena.

D7 OP-Duration: record the time of beginning (= 'OP-cut') and end (= 'OP-suture') of surgery. e.g. OP-cut: 12:45 and OP-suture: 13:30. Abstract from the surgical report or anesthesia record.

D8 ASA- Status: Record the child's ASA (American Society of Anesthesiologists physical status classification system) code. Abstract from the anesthesia record.

D9 OPS code: To record and code the surgical procedure(s) that were carried out.

Surgical procedures are classified using different systems in different parts of the world. In order to have a uniform method for coding procedures, PAIN OUTinfant uses the **ICD-9** classification system.

- If you know what the principal procedure is; record this as first on the list.
- Do NOT include codes that are used to describe technical procedures. e.g. x-ray or insertion of a catheter.
- Up to 5 codes can be listed.



The International Statistical Classification of Diseases and Related Health Problems (most commonly known by the abbreviation 'ICD') provides codes to classify diseases and surgical procedures.

The ICD is published by the World Health Organization (WHO) to promote international comparability in classification and processing of health-related statistics.

ICD is revised periodically. PAIN OUTinfant uses the 9th edition (=ICD-9) for coding surgical procedures; codes are up to 4 characters long.

e.g. 76.97 Removal of internal fixation device from facial bone

How to code?

- If ICD-9 codes are used in your hospital – abstract the code(s) from the anaesthesia / surgical record.
- If procedure(s) in your hospital are coded using a coding system - and it is NOT ICD-9 - convert the codes in a web-based program such as:
<http://www.medilexicon.com/icd9codes.php>
<http://icd9cm.chrisendres.com/> (make sure you are in the 'procedures' menu).
- If procedure(s) in your hospital are described using text (e.g., 'appendectomy'), look for the code in a web-based program such as those listed above.

D10 Inclusion of the patient is not possible due to the following reasons.

List reason(s) for exclusion of the child.

If a child is excluded - data collection for this child ends at this point.

There is one exception: if the reason for exclusion is due to sleep or sedation, fill in the rest of the process questionnaire, i.e. medications given peri-operatively.



Approaching the patient and family

Introduce yourself and briefly describe the PAIN OUT infant project. Use text such as the following:

‘Hello, (name of child), my name is Y. We are carrying out a survey on how children feel after surgery. The aim of the survey is to assess and improve management of pain after surgery in this department. We would be grateful if you would be willing to participate by filling in this questionnaire.

Your participation is **voluntary**. This means that if you or your parents do not want to participate, this is absolutely alright. Participating in the survey or not, will have no effect on the treatment you will receive.

The answers you give will be **confidential**. This means that I will not pass any of your replies to the doctors or nurses treating you. I myself do not belong to the team treating you.



Are you willing to take part?’

If the patient and/or parents are not interesting in participating, you should **NOT** exert **ANY** pressure them to do so. Neither should other members of staff, family or friends do so.



Components of the Patient reported outcomes questionnaire

- Introducing the survey to child & parent(s).
- Requesting participation.

PAIN OUT_{infant}- Questionnaire

Hi!

We'd like to learn more about how children feel after they have had an operation. To do this we need to ask many children how they feel. This is why we are asking you to answer the following questions. All your answers will be kept private. If you don't want to answer, it's no problem at all – and of course it will not influence your treatment.









Patient reported outcomes questionnaire







Page 1 of the questionnaire

Assessing intensity of pain







Circle the face that shows how much you hurt when you moved (for example when you got out of bed, had a wash, played or swallowed something you ate or drank)?

No pain	0	2	4	6	8	10	Very much pain
							

Now circle the face that shows how your worst pain was since your operation?

No pain	0	2	4	6	8	10	Very much pain
							

Now circle the face that shows how your pain is without moving?

No pain	0	2	4	6	8	10	Very much pain
							

Standardizing assessment of pain in children

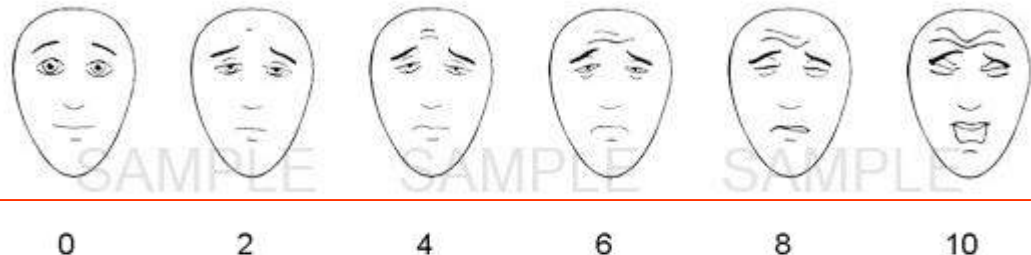
- Use the Faces Pain Scale – Revised.
 - Follow the instructions in IASP's website (see SOPs).
1. Download instruction sheets for the language(s) used in your hospital.
 2. Laminate the sheet(s) and use with children.

In the following instructions, say "Hurt" or "Pain," whichever seems right for a particular child:

"These faces show how much something can hurt. This face [point to left-most face] shows no pain. The faces show more and more pain [point to each from left to right] up to *this one*. [point to right-most face] It shows very much pain. Point to the face that shows how much you hurt [right now]."

Score the chosen face 0, 2, 4, 6, 8, or 10, counting left to right, so "0" equals "No pain" and "10" equals "Very much pain." Do not use words like "happy" and "sad." This scale is intended to measure how children feel inside, not how their face looks.

▶ [Click here to download the FPS-R and translations of the instructions in many languages.](#)



Standardized filling in of the questionnaire

- For children too young to read -> ask the parents to read the instructions in the questionnaire out loud.
- For children who can read but are unable to fill in the questionnaire on their own (e.g. their arm is in a cast, request help), the surveyor / parent can write in the answers given by the child.

If the child does not understand a question, repeat it using the same words as written in the questionnaire. If he / she do still not understand, leave the question un-answered.

Patient reported outcomes questionnaire

Page 2 of the questionnaire

Assessing:

- [1] perception of care,
- [2] interference of pain,
- [3] side effects.

[1]

Before you had your operation, did you get enough information about ways to treat your pain?

☐ yes

☐ no

[2]

Since your operation, did you have pain when you coughed or took a deep breath?

☐ yes

☐ no

Did pain wake you up from sleep last night?

☐ yes

☐ no

[1]

Would you have liked to receive more treatment for your pain?

☐ yes

☐ no

[3]

Have you felt very tired since your operation?

☐ yes

☐ no

Have you felt nauseous since your operation?

☐ yes

☐ no

Have you vomited since your operation?

☐ yes

☐ no

Patient reported outcomes questionnaire

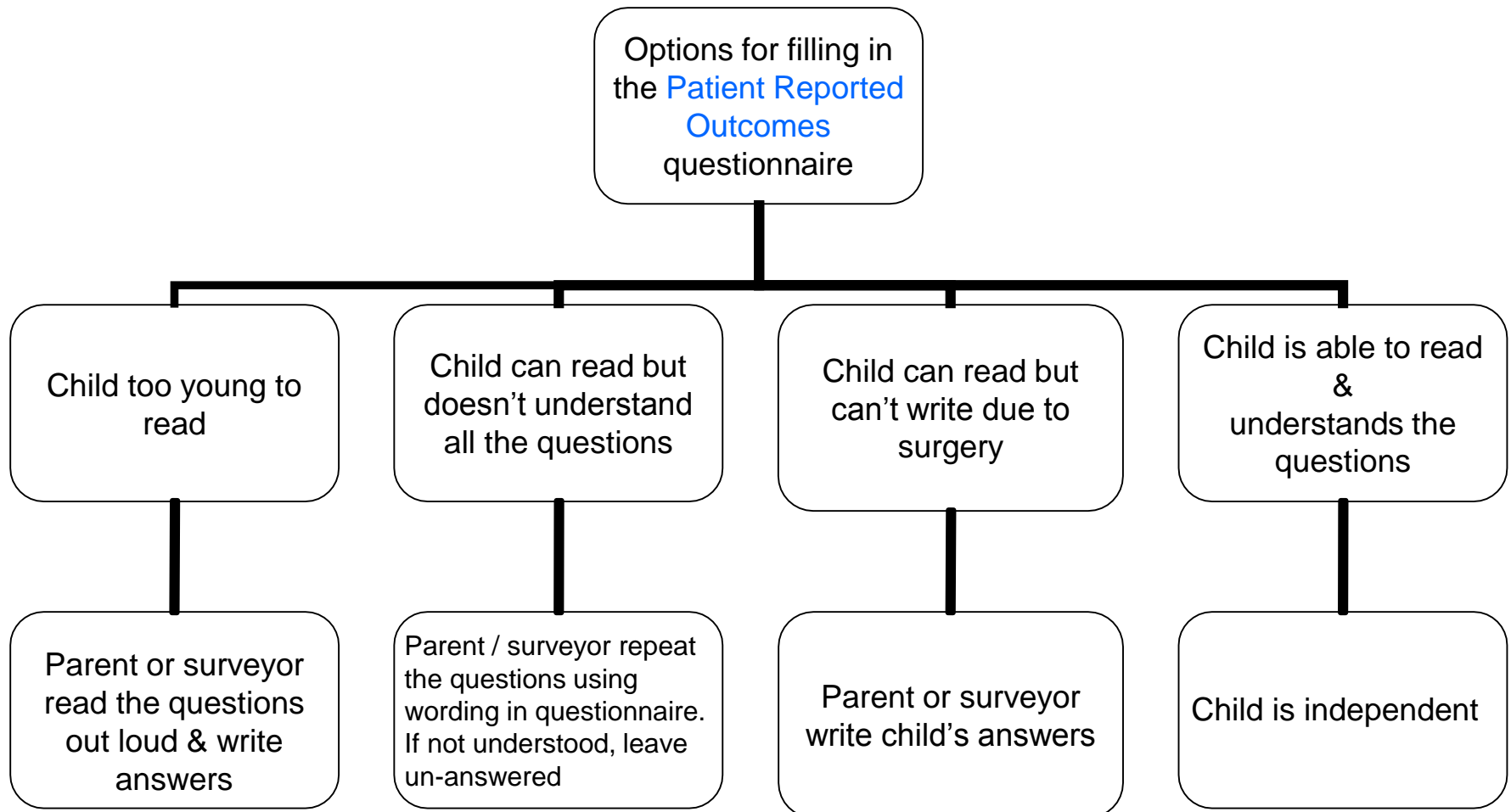
Page 2 of the questionnaire

Recording the method
for filling in the
questionnaire:

And a final question: How did you answer this questionnaire?

- ☐ on your own
- ☐ with assistance (someone read it aloud to you and/or explained words)
- ☐ someone else filled it in for you (for example, your parents)

this will depend on the child's age / medical condition / maturity.



When you come to pick up the filled in questionnaire, go over it to check:

- (1) Have all the questions been answered?
- (2) Are the answers consistent with one another?



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Circle the face that shows how much you hurt when you moved (for example when you got out of bed, had a wash, played or swallowed something you ate or drank)?

No pain 0 2 4 6 8 10 Very much pain

Now circle the face that shows how your worst pain was since your operation?

No pain 0 2 4 6 8 10 Very much pain

Now circle the face that shows how your pain is without moving?

No pain 0 2 4 6 8 10 Very much pain

Before you had your operation, did you get about ways to treat your pain?

☐ yes ☐ no

Since your operation, did you have pain when you coughed or took a deep breath?

☐ yes ☐ no

Did pain wake you up from sleep last night?

☐ yes ☒ no

Would you have liked to receive more treatment for your pain?

☐ yes ☐ no

Have you felt very tired since your operation?

☐ yes ☒ no

Have you felt nauseous since your operation?

☐ yes ☒ no

Have you vomited since your operation?

☒ yes ☐ no

And a final question: How did you answer this questionnaire?

- ☐ on your own
- ☐ with assistance (someone read it aloud to you and/or explained the words)
- ☐ someone else filled it in for you (for example, your parents)

1. Have all the questions been answered?

2. Are the answers consistent?

(1) Have all the questions been answered?

Yes ? OK

No ? Ask patient (& parent) if they meant to leave the question(s) un-answered.

If yes – leave.

If no – ask them to fill it in.

(2) Are the answers consistent with one another?

e.g. NOT marked as: pain without > worst pain OR 'no' for nausea but 'yes' for vomited

Yes ? OK

No ? Ask patient (and parent) if this is what they meant

If yes – leave.

If no – ask them to correct.





Assessing peri-operative pain management

1. Before admission
2. Anesthesia
3. Pre-medication
4. Intra-operative
5. Recovery
6. Ward

→ Surveyor abstracts the findings from the medical record

PAINOUTinfant process parameter questionnaire

Demographics
D1 Number: (Fill in the number that)
D2 Gender:
D3 Age in years:
D4 Calendar week of
D5 Ward:
D6 OP duration:
D7 ASA status:
D8 Surgical procedure:
D9 1:
D10 Inclusion of the p
D11 Did the patient re
Blank fields
ANESTHESIA
N1 Topical analgesia
N2 General anesthesia
N3 Regional anesthesia
N4 GA + RA

REMEDICATION
D1 Sedatives:
D2 Analgesics:
D3 Anticholinergics:
D4 Antihypertensives:
D5 Anticoagulants:
D6 Antiepileptics:
D7 Antibiotics:
D8 Antifungals:
D9 Antivirals:
D10 Other:

RECOVERY ROOM
D1 Sedatives:
D2 Analgesics:
D3 Anticholinergics:
D4 Antihypertensives:
D5 Anticoagulants:
D6 Antiepileptics:
D7 Antibiotics:
D8 Antifungals:
D9 Antivirals:
D10 Other:

WARD
D1 Sedatives:
D2 Analgesics:
D3 Anticholinergics:
D4 Antihypertensives:
D5 Anticoagulants:
D6 Antiepileptics:
D7 Antibiotics:
D8 Antifungals:
D9 Antivirals:
D10 Other:

Which non-pharmacological therapy was given on the ward?
Which regional analgesia (only catheter application) was used since surgery?
Is there an individualized pain management order in the patient's file?
Is there documentation that pain assessment was carried out on the ward?

Assessing peri-operative pain management

1. Before admission

D11 Did the patient receive opioids for the treatment of chronic pain before the current admission?

☐ yes ☐ no ☐ not possible to obtain

Select **"YES"** when you can find information about the data item in the medical record.

Select **"NO"** when the form used to record a particular treatment is in the medical record, but the category has not been filled in.

Select **"NOT POSSIBLE TO OBTAIN THE INFORMATION"** when the form used to record a particular treatment in your hospital is missing from the medical record.

2. Anesthesia

ANESTHESIA

N1 Topical analgesia		N2 Induction of anesth.		N5 Medication PONV prophyl.	
<input type="checkbox"/>	not possible to obtain	<input type="checkbox"/>	not possible to obtain	<input type="checkbox"/>	not possible to obtain
<input type="checkbox"/>	EMLA cream	<input type="checkbox"/>	intravenous	<input type="checkbox"/>	Dexamethason
<input type="checkbox"/>	Tetracaine gel	<input type="checkbox"/>	inhalational (mask)	<input type="checkbox"/>	DHB (Droperidol)
		<input type="checkbox"/>	Rectal	<input type="checkbox"/>	Dimenhydrinat (Vomex)
N3 Type of anesthesia		N4 If RA		<input type="checkbox"/>	Granisetron
<input type="checkbox"/>	not possible to obtain	<input type="checkbox"/>	not possible to obtain	<input type="checkbox"/>	Metoclopramid
<input type="checkbox"/>	General anesthesio (GA)	<input type="checkbox"/>	neuraxial	<input type="checkbox"/>	Ondansetron
<input type="checkbox"/>	Regional anesthesia (RA)	<input type="checkbox"/>	peripheral	<input type="checkbox"/>	Tropisetron
<input type="checkbox"/>	GA + RA	<input type="checkbox"/>	both		

How should you know which block is neuraxial or peripheral ?

It is neuraxial if it's: an epidural or spinal

It is peripheral if it's: brachial plexus / femoral / sciatic / paravertebral



Improving post-operative pain management in children

3. Premedication

Select medication(s) given: name & mode of administration; the dose is *optional*

P1 Sedatives				<input type="checkbox"/> none given		<input type="checkbox"/> not possible to obtain	
Application	PO		IV	IM	Rectal	SC	
Chloral hydrate	<input type="checkbox"/>	mg		<input type="checkbox"/>	<input type="checkbox"/>	mg	
Diazepam	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Midazolam	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
P2 Non-opioids				<input type="checkbox"/> none given		<input type="checkbox"/> not possible to obtain	
Application	PO		IV	IM	Rectal	SC	
Diclofenac	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Diclofenac/Orphenadrin			<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>
Ibuprofen	<input type="checkbox"/>	mg		<input type="checkbox"/>	<input type="checkbox"/>	mg	
Ketoprofen	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Metamizol (Dipyrone)	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Paracetamol	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
P3 Opioids				<input type="checkbox"/> none given		<input type="checkbox"/> not possible to obtain	
Application	PO	CR	IV	IM	Rectal	SC	
Codeine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>	µg	<input type="checkbox"/>	µg			<input type="checkbox"/>
	Transmucosal/intranasal	µg/hr transfer mal	µg	µg			mg
Hydromorphone	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Morphine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Nalbuphine			<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Oxycodone/Naloxone	<input type="checkbox"/>	mg		mg			
Pethidine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Piritramide			<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>
Sufentanil			<input type="checkbox"/>	µg	<input type="checkbox"/>		<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
P4 Co-analgesics				<input type="checkbox"/> none given		<input type="checkbox"/> not possible to obtain	
Application	PO		IV	IM	Rectal	SC	
Clonidine	<input type="checkbox"/>	µg	<input type="checkbox"/>	µg	<input type="checkbox"/>	µg	<input type="checkbox"/>
Dexamethasone	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>

Improving post-operative pain management in children

4. Intra-operative

Continue to
select
medication(s)
given:
name & mode
of
administration;
dose (optional)

INTRA-OPERATIVE

I1 Non-opioids					<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	IV	IM	Rectal	SC		
Diclofenac	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Diclofenac/Orphenadrine	<input type="checkbox"/> mg	<input type="checkbox"/> mg		<input type="checkbox"/> mg		
Ibuprofen		<input type="checkbox"/> mg	<input type="checkbox"/> mg			
Ketoprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Metamizol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Paracetamol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		

I2 Opioids					<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	IV	IM	Rectal	SC	Epidural	
Alfentanil	<input type="checkbox"/> mg	<input type="checkbox"/> mg		<input type="checkbox"/> mg		
Codeine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Fentanyl	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg		<input type="checkbox"/> µg	
Hydromorphone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Morphine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Nalbuphine		<input type="checkbox"/> mg	<input type="checkbox"/> mg		<input type="checkbox"/> mg	
Oxycodone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Oxycodone/Naloxone	<input type="checkbox"/> mg		<input type="checkbox"/> mg			
Pethidine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Piritramide		<input type="checkbox"/> mg	<input type="checkbox"/> mg		<input type="checkbox"/> mg	
Remifentanyl	<input type="checkbox"/> mg	<input type="checkbox"/> mg				
Sufentanyl		<input type="checkbox"/> µg	<input type="checkbox"/> µg		<input type="checkbox"/> µg	
Tramadol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	

I3 Co-analgesics					<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	IV	IM	Rectal	SC	Epidural	
Clonidine	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	
Dexamethasone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Ketamine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	

I4 Local anesthesia / wound infiltration	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not possible to obtain

 **Check if administered :**



Continue to select medication(s) given:
name & mode of administration; dose (optional)

5. Recovery Room

For the few children who receive 'controlled release' formulations, select: name of medication; no entry for dose.



Check if PCA
was used:

A1 Non-opioids		<input type="checkbox"/> none given		<input type="checkbox"/> not possible to obtain	
Application	PO	IV	IM	Rectal	SC
Diclofenac	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Diclofenac/Orphenadrin	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ibuprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Ketoprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Metamizol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Paracetamol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg

A2 Opioids		<input type="checkbox"/> none given		<input type="checkbox"/> not possible to obtain			
Application	PO-IR	CR	IV	IM	Rectal	SC	Epidural
Codeine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Fentanyl	<input type="checkbox"/> µg Trans mucos al/intr anasal	<input type="checkbox"/> µg/ hr trans der mal	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/>	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Hydromorphone	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Morphine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Nalbuphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Oxycodone/Naloxone	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pethidine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Piritramide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/>
Remifentanyl	<input type="checkbox"/> µg	<input type="checkbox"/>	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Sufentanyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/>	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Tramadol	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>

A3 Co-analgesics		<input type="checkbox"/> none given		<input type="checkbox"/> not possible to obtain		
Application	PO	IV	IM	Rectal	SC	Epidural
Clonidine	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Dexamethasone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Ketamine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>

A4 Patient-controlled analgesia (PCA)		<input type="checkbox"/> not used		<input type="checkbox"/> not possible to obtain	
<input type="checkbox"/> PCA-IV (intravenous)	<input type="checkbox"/> PCA-EA (Epidural)	<input type="checkbox"/> PCA-RA (regional)			



6. Ward

same as in
previous
phases of
treatment



WARD							
S1 Non-opioids				<input type="checkbox"/> none given		<input type="checkbox"/> not possible to obtain	
Application	PO	IV	IM	Rectal	SC		
Diclofenac	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Diclofenac/Orphenadrin	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Ibuprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Ketoprofen	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Metamizol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Paracetamol	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
S2 Opioids				<input type="checkbox"/> none given		<input type="checkbox"/> not possible to obtain	
Application	PO IR	CR	IV	IM	Rectal	SC	Epidural
Codeine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Fentanyl	<input type="checkbox"/> µg Trans mucos al/intr anasal	<input type="checkbox"/> µg/ hr trans der mal	<input type="checkbox"/> µg	<input type="checkbox"/> µg		<input type="checkbox"/> µg	<input type="checkbox"/> µg
Hydromorphone	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Morphine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Nalbuphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/>
Oxycodone	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
Oxycodone/(Naloxone)	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pethidine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Piritramide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/>
Remifentanyl	<input type="checkbox"/> µg	<input type="checkbox"/>	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Sufentanyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/>	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Tramadol	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/>
S3 Co-analgesics				<input type="checkbox"/> none given		<input type="checkbox"/> not possible to obtain	
Application	PO	IV	IM	Rectal	SC	Epidural	
Clonidine	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Dexamethasone	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Ketamine	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	

Check if
administered:



S4 Patient-controlled analgesia (PCA)	<input type="checkbox"/> not used	<input type="checkbox"/> not possible to obtain
<input type="checkbox"/> PCA-IV (intravenous)	<input type="checkbox"/> PCA-EA (Epidural)	<input type="checkbox"/> PCA-RA (regional)

Which non-pharmacological therapy was given on the ward?

S5 Non-pharmacological therapy	<input type="checkbox"/> none	<input type="checkbox"/> not possible to obtain
<input type="checkbox"/> Cooling	<input type="checkbox"/> Heat	<input type="checkbox"/> Positioning
		<input type="checkbox"/> Other

Which regional analgesia (only catheter applications) was used since surgery?

S6 Regional analgesia	<input type="checkbox"/> not used	<input type="checkbox"/> not possible to obtain
<input type="checkbox"/> Neuraxial	<input type="checkbox"/> Peripheral	

Is there an individualized pain management order in the patient's file?

S7 Pain management order	<input type="checkbox"/> yes	<input type="checkbox"/> no
--------------------------	------------------------------	-----------------------------

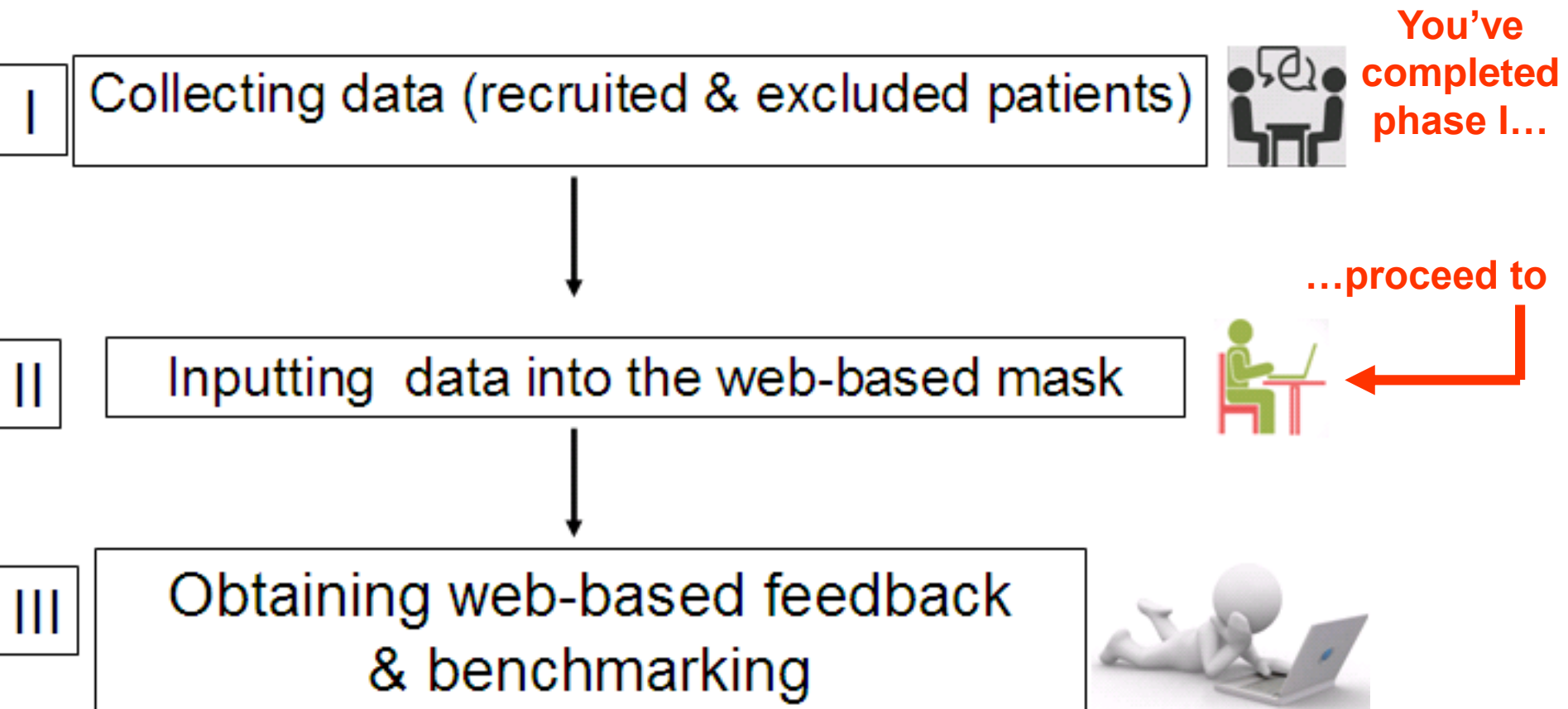
Is there documentation that pain assessment was carried out on the ward?

S8 Pain documentation	<input type="checkbox"/> yes	<input type="checkbox"/> no
-----------------------	------------------------------	-----------------------------

BLANK FIELDS

F1		
F2		
F3		
F4		

- Blank fields are for collecting variables of interest to colleagues in your site.
- Each site is responsible for defining the variables.
- Enter the data into the web-based mask and carry out analysis out offline.



To access the PAIN OUTinfant mask, type:
<https://bms.med.uni-jena.de/cgi-bin/WebObjects/BmsQuips.woa/wa/Quips?lang=en>

To log - in fill in:

Login

Username	<input type="text"/>
Password	<input type="password"/>

Login

→ You will receive your username & password once you have completed the quiz successfully.

<input type="checkbox"/> Questionnaires
Base
<input type="checkbox"/> Infant
<input type="checkbox"/> Outpatient
<input type="checkbox"/> Data
Number of patients
Excluded patients
Interview situation
Patient information
Chronic pain
Non-medical methods
Allowed to participate
<input type="checkbox"/> Pain intensity
Pain under movement
Worst pain
Least pain
Chronic pain intensity
Pain without movement
<input type="checkbox"/> Condition
Mobility
Coughing
Sleep
Mood
Tiredness
Nausea
Vertigo
Satisfaction
More pain medication
<input type="checkbox"/> Ward
PCA
Regional anaesthesia
Individualized pain management
Pain documentation
<input type="checkbox"/> Data
Export

Start

Welcome to QUIPS!

To input a new dataset or edit an existing one for
an *inpatient*, select **INFANT**.

For *ambulatory surgery*, select **OUTPATIENT**

Creating a new dataset

☐ Questionnaires

Base

Infant

Outpatient

☐ Data

Number of patients

Excluded patients

Interview situation

Patient information

Chronic pain

Non-medical methods

Allowed to participate

☐ Pain intensity

Pain under movement

Worst pain

Least pain

Chronic pain intensity

Pain without movement

☐ Condition

Mobility

Coughing

Sleep

Mood

Tiredness

Nausea

Vertigo

Satisfaction

More pain medication

☐ Ward

PCA

Regional anaesthesia

Individualized pain management

Pain documentation

Questionnaires

Timespan: 2015/01/07 - 2015/01/21


Number:

Participant: all

Status: all

Status	Number	OP in Woche vom	Erstellung	Änderung	Participant
No Entries					

Es wird für jeden gespeicherten Patientendatensatz eine Nummer generiert und der Status farblich gekennzeichnet. Die eingegebenen Daten werden direkt in der hinterlegten Datenbank zusammengeführt und können mit Hilfe der Suchmaske online eingesehen werden.

-  Der Patientendatensatz ist gespeichert, die Möglichkeit besteht ihn weiter zu bearbeiten.
-  Der Patientendatensatz ist abgeschlossen.
-  Die Ergebnisparameter sind unvollständig.
-  Die Ergebnisparameter sind vollständig oder der Patient wird nicht eingeschlossen.

Select to create a
new questionnaire

Demographic Parameters

Outcome

Anaesthesia

Premedication

Intraoperative

Recovery Room

Ward

Blank fields

Save

D1 Number

9E90QPIFYZ

D6 Ward

please select

D2 Gender

☐ Male ☐ Female

D3 Age (years)

not available

D3.1 Weight

kg

D3.2 Height

cm

D4 Week

4 Year 2015

D5 Post-op day

not available

D7 OP-cut

[hh:mm]

OP-Naht

[hh:mm]

Duration in minutes

-

not available

☐

D8 ASA status

not available

D9.1 ICD 1

- .

D9.2 ICD 2

- .

D9.3 ICD 3

- .

D9.4 ICD 4

- .

D9.5 ICD 5

- .

not available

☐

Tabs addressing the items
in the process & outcomes
questionnaires

To fill in a new dataset
begin with:



remember to:

Save

Demographic Parameters	Outcome	Anaesthesia	Premedication	Intraoperative	Recovery
D1 Number	9E90QPIFYZ				
D6 Ward	please select				
D2 Gender	<input type="radio"/> Male <input type="radio"/> Female				
D3 Age (years)	not available				
D3.1 Weight	not available				
D3.2 Height	4 5 6 7 8 9 10-12 13-14 15-16 17-18				
D4 Week					
D5 Post-op day					
D7 OP-cut	<input type="text"/> : <input type="text"/> [hh:mm]				
OP-Naht	<input type="text"/> : <input type="text"/> [hh:mm]				
Duration in minutes	-				
not available	<input type="checkbox"/>				
D8 ASA status	not available I II III IV				
D9.1 ICD 1	<input type="text"/> - <input type="text"/> . <input type="text"/>				
D9.2 ICD 2	<input type="text"/> - <input type="text"/> . <input type="text"/>				
D9.3 ICD 3	<input type="text"/> - <input type="text"/> . <input type="text"/>				
D9.4 ICD 4	<input type="text"/> - <input type="text"/> . <input type="text"/>				
D9.5 ICD 5	<input type="text"/> - <input type="text"/> . <input type="text"/>				
not available	<input type="checkbox"/>				
D10 Patient not included because	please select				

Filling in a new dataset

For each new data set, a 10-digit-number is generated. Write this number in D1 on the paper-based process questionnaire; this will associate between the paper-based and electronic questionnaire

drop-down menus, when possible

If the patient is excluded - remember to record the reason

Demographic Parameters
Outcome
Anaesthesia
Premedication
Intraoperative
Recovery Room
Ward
Blank fields

CloseNew QuestionnaireSave

E1 Pain under movement

E2 Maximal pain

E3 Pain without movement

Circle the face that shows how much you hurt when you moved (for example when you got out of bed, had a wash, played or swallowed something you ate or drank)?

☐ 0
☒ 2
☐ 4
☐ 6
☐ 8
☐ 10
deselect

Now circle the face that shows how your worst pain was since your operation?

☐ 0
☒ 2
☐ 4
☐ 6
☐ 8
☐ 10
deselect

Now circle the face that shows how your pain is without moving?

☐ 0
☐ 2
☐ 4
☐ 6
☐ 8
☐ 10
deselect

Information

Before you had your operation, did you get enough information about ways to treat your pain?

☐ ja (nur allgemein)
☐ ja (auch speziell)
☐ no
☐ not available

E5 Coughing

E6 Sleep

E13 More pain treatment

E8 Tiredness

E9 Nausea

E10 Vomiting

E11 Answered by

Since your operation, did you have pain when you coughed or took a deep breath?

☒ yes
☐ no
☐ not available

Since your operation, did pain wake you up from sleep?

☐ yes
☐ no
☐ not available

Would you have liked to receive more treatment for your pain?

☒ yes
☐ no
☐ not available

Have you felt very tired since your operation?

☐ yes
☐ no
☐ not available

Have you felt nauseous since your operation?

☐ yes
☐ no
☐ not available

Have you vomited since your operation?

☒ yes
☐ no
☐ not available

How did you answer this questionnaire?

☐ on your own
☐ with assistance (someone read it aloud to you and/or explained words)
☐ someone else filled it in for you (for example, your parents)
☐ not available
deselect

The orange borders are removed once data is entered.



For included patients: input data for each tab



Demographic Parameters	Outcome	Anaesthesia	Premedication	Intraoperative	Recovery Room	Ward	Blank fields
------------------------	---------	--------------------	---------------	----------------	---------------	------	--------------

Close

New Questionnaire

Save

N1 Topical analgesia

☒ EMLA Salbe
☐ not available

☐ Amethocain-Gel

☐ PONV-Prophylaxe

N2 Induction of anaesthesia

☐ intravenös
☐ not available

☐ inhalativ (Maske)

☐ rektal

N3 Type of anaesthesia

☒ Allgemeinanästhesie
☐ not available

☐ Regionale Anästhesie

☐ Allgemein- mit Regionalanästhesie

N5 PONV prophylaxis

☐ Dexamethason
☐ Granisetron
☐ Tropisetron

☐ DHB (Droperidol)
☐ Metoclopramid
☐ andere

☐ Dimenhydrinat (Vomex)
☐ Ondansetron
☒ not available

[a]

Questionnaires

Timespan 2015/01/07 - 2015/01/21

Number

Participant all

Status all

[b] Number **OP**

[c] Participant

Erstellung **Änderung**

Search

Number	OP	Erstellung	Änderung	Participant
VDV26WVDOQ	12.01.2015	16.01.2015	16.01.2015	330
YAKC8T3XUP	12.01.2015	16.01.2015	16.01.2015	330
GD4IACPNNY	12.01.2015	16.01.2015	16.01.2015	330
6ZYX6J02J7	12.01.2015	16.01.2015	16.01.2015	330
IYZOFI0EZK	12.01.2015	16.01.2015	16.01.2015	330
TFLMXCQYWY	12.01.2015	16.01.2015	16.01.2015	230
N1DGTBIO5Q	12.01.2015	16.01.2015	16.01.2015	230
XR3NHGFAAJ	12.01.2015	16.01.2015	16.01.2015	230
KTYEGMRI2Q	12.01.2015	16.01.2015	16.01.2015	230
NT2CMNRDRZ	12.01.2015	16.01.2015	16.01.2015	230
GMOC79MOKY	12.01.2015	16.01.2015	16.01.2015	230

Timespan: default is 1 month;
To find data inputted before –
change timespan by clicking on left
window.

[c] **Participant** = name of ward

Use the screen listing datasets in the server to:

- (1) find a specific dataset by [a] Timespan; [b] patient code; [c] participant
- (2) obtain information on the *status* of a dataset.

Symbols indicating the status of a dataset



1. The dataset has been saved and can still be edited.
2. A dataset remains open and can be edited for 2 weeks;
 - Once it is closed & if you need to make changes / additions – contact the coordination office.
3. This data is not included in the feedback.



1. This dataset is closed - data entry is no longer possible.
2. The data has been submitted to the central server and will be included in the feedback.



1. The outcome parameters of this dataset are incomplete.
2. If the dataset is not yet closed - missing data can be added.



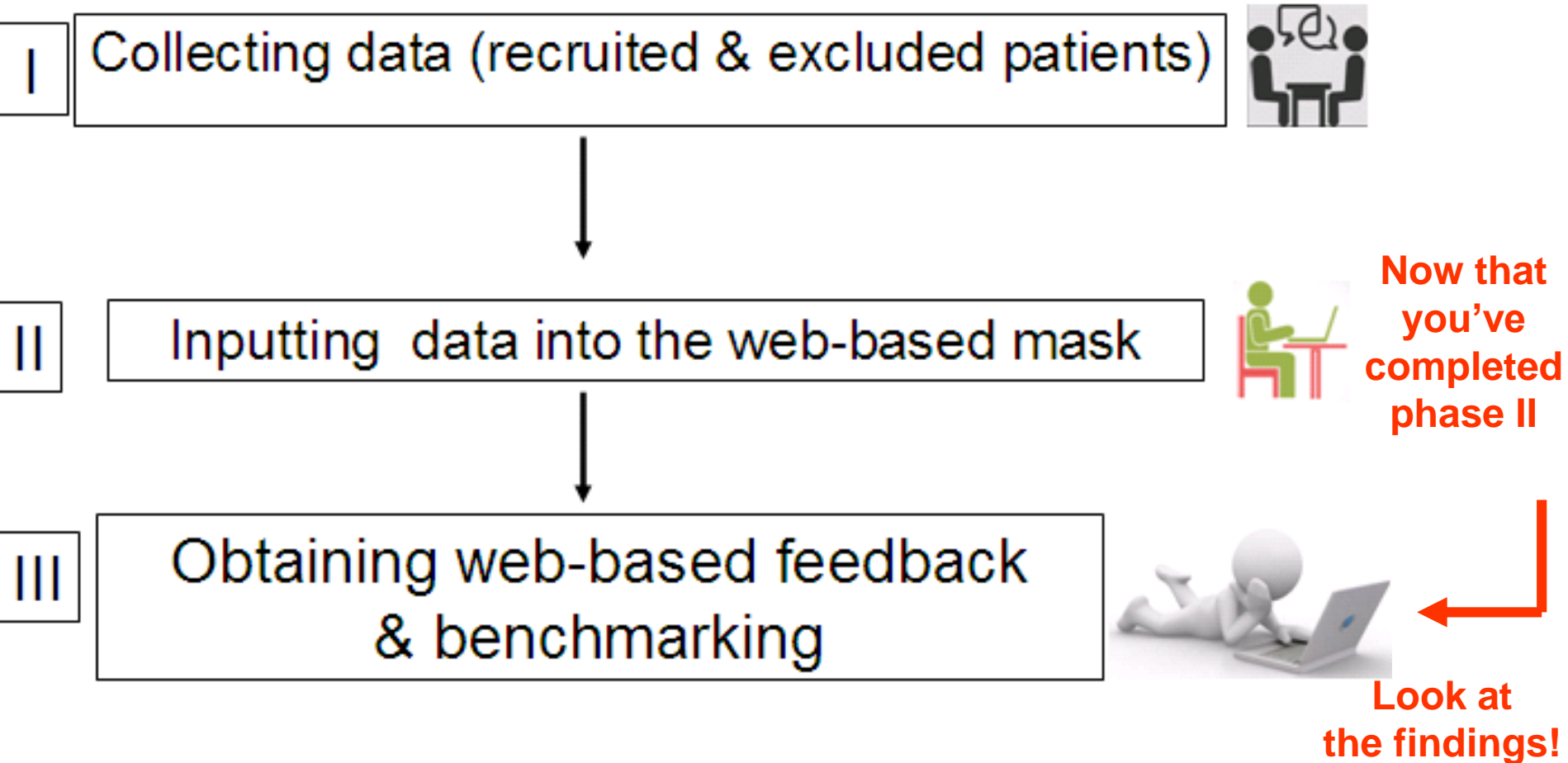
1. The outcome parameters are complete.
2. If the patient was excluded (i.e. survey stops at D10) the dataset is also marked using this symbol

Once you have entered data for one patient – check each tab to assess for completeness & accuracy of data input.

CHECK issues such as:

1. If patient was excluded – did you fill in the reason?
2. For included patients - did you fill in the ICD-9 code?
3. For medications – is the dose correct?





☐ **Questionnaires**

Base
Infant
Outpatient

☐ **Follow-up**

Patients
Follow-ups

☐ **Data**

Number of patients
Excluded patients
Interview situation
Patient information
Chronic pain
Non-medical methods
Allowed to participate

☐ **Pain intensity**

Pain under movement
Worst pain
Least pain
Chronic pain intensity
Pain without movement

☐ **Condition**

Mobility
Coughing
Sleep
Mood
Tiredness
Nausea
Vertigo
Satisfaction
More pain medication

☐ **Ward**

PCA
Regional anaesthesia
Individualized pain management
Pain documentation

☐ **Data**

Export

Number of patients

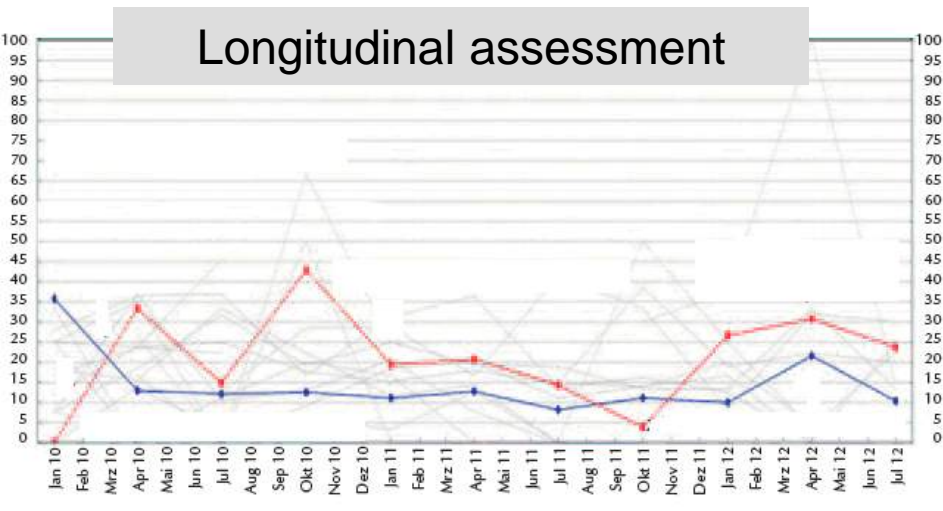
Benchmarkgroup	Allgemeinchirurgie	
Timespan	2014/01/26	- 2015/01/26
Graphics Type	Count	
Post-OP-Tag / OPS	all	/ - .
Anästhesie Narkose	all	all
Regionalanästhesie Station	all	
PONV / PCA Station	all	/ all
Geschlecht / Alter	all	/ all
chronische Schmerzen	all	



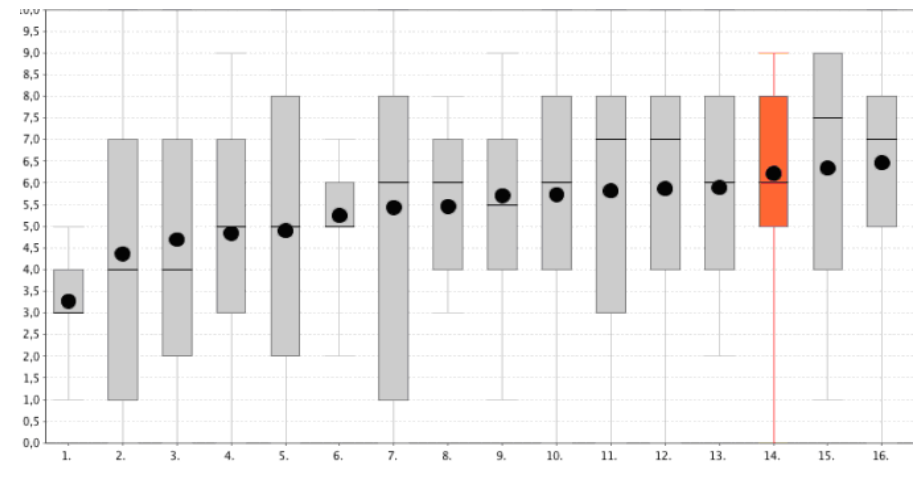
The menus for receiving feedback

Accessing the benchmark server

Look at results from your site; compare findings with other sites.



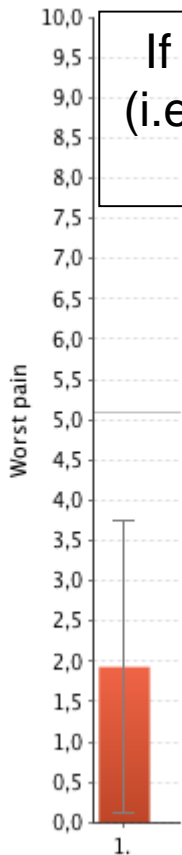
Assessing 'worst pain' over time in two wards. Time is recorded on the x-axis and severity of the outcome on the y-axis.



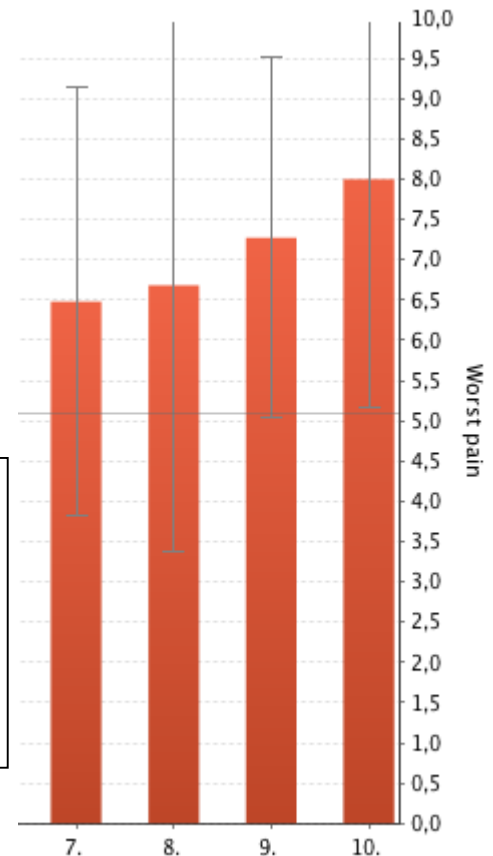
Each bar represents summarized data from one site for one patient reported outcome. The y-axis represents the 0 – 10 pain scale. Data from your site is identified (red bar), data from other sites (grey bars) is anonymous.

Look at patient reported outcomes from your site at regular intervals, e.g once a quarter and assess:

If outcomes in your ward are good (i.e. conform with current standards) – continue following over time.



If outcomes are not optimal - develop strategies for change; follow their implementation over time by assessing change in the outcomes over time.



Base
Infant
Outpatient
<input type="checkbox"/> Follow-up
Patients
Follow-ups
<input type="checkbox"/> Data
Number of patients
Excluded patients
Interview situation
Patient information
Chronic pain
Non-medical methods
Allowed to participate
<input type="checkbox"/> Pain intensity
Pain under movement
Worst pain
Least pain
Chronic pain intensity
Pain without movement
<input type="checkbox"/> Condition
Mobility
Coughing
Sleep
Mood
Tiredness
Nausea
Vertigo
Satisfaction
More pain medication
<input type="checkbox"/> Ward
PCA
Regional anaesthesia
Individualized pain management
Pain documentation
<input type="checkbox"/> Data

Pain under movement

Benchmarkgroup

Timespan

Graphics Type

Min. Count

Post-OP-Tag / OPS

Anästhesie Narkose

Regionalanästhesie Station

PONV / PCA Station

Geschlecht / Alter

chronische Schmerzen

Kinderchirurgie (stationär)

2008/12/02 - 2015/01/20

Statistical Bar

20

1 / .

all

all

all

all

/ all

all

, all

all

Calculate

select
benchmark group

select filters

select outcome

Kinderchirurgie (ambulant)
Kinderchirurgie (stationär)
Kinderchirurgie HNO (stationär)
Kinderchirurgie Trauma/Orthopädie (stationär)

☐ **Questionnaires**

Base

Infant

Outpatient

☐ **Follow-up**

Patients

Follow-ups

☐ **Data**

Number of patients

Excluded patients

Interview situation

Patient information

Chronic pain

Non-medical methods

Allowed to participate

☐ **Pain intensity**

Pain under movement

Worst pain

Least pain

Chronic pain intensity

Pain without movement

☐ **Condition**

Mobility

Coughing

Sleep

Mood

Tiredness

Nausea

Vertigo

Satisfaction

More pain medication

☐ **Ward**

PCA

Regional anaesthesia

Individualized pain management

Pain documentation

☐ **Data**

Export

Worst pain

Benchmarkgroup

Timespan

2010/01/04 - 2015/01/20

Graphics Type

Statistical Bar

Min. Count

20

Post-OP-Tag / OPS

1 / /

Anästhesie Narkose

all / all

Regionalanästhesie Station

all

PONV / PCA Station

all / all

Geschlecht / Alter

all / all

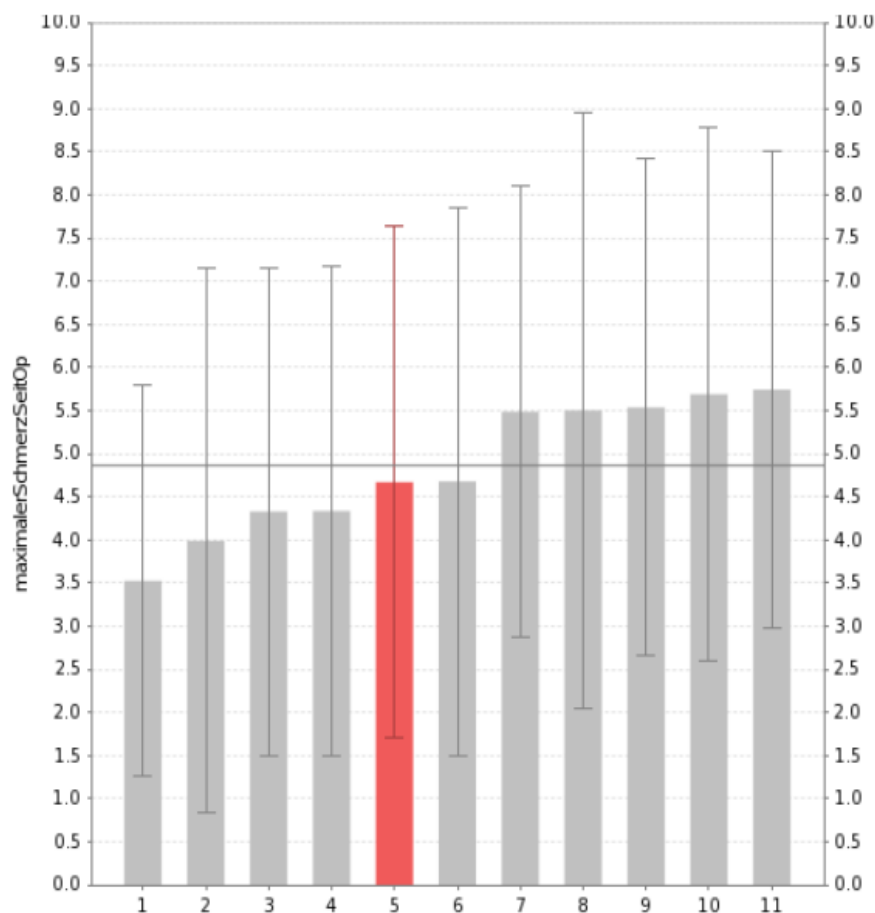
chronische Schmerzen

all

General surgery - inpatient

Time span: since 2010

POD 1



Findings from
11 wards,
min 20 data
sets each

Summary

1. Standardized data collection is a key factor for obtaining quality data in the registry.
2. Aim of ~ 30 data sets \ ward \ quarter.
3. Contact us for questions; when in doubt; to suggest improvements.