

Improving Utilization of Sucrose for Minor Procedural Pain Management in Neonatal Intensive Care Unit

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Background :

Pain in neonates is known to cause adverse short and long-term effects.

Oral Sucrose is proved to be a non-pharmacological intervention that reduces pain responses during common minor procedures in neonates (blood extraction, heel prick, IV insertion, IM injection and lumbar puncture) and induces calming and comfort which Increase procedural safety.

On October 2012 policy was formulated, but after one year the compliance rate in using sucrose for minor procedural pain relief in neonates in intermediate care unit, NICU, women's hospital is only 18 %. (International standards > 90 %).

Aim:

To improve the compliance in using sucrose to relieve pain for minor procedures in neonates in the intermediate care unit, NICU, women's hospital, from 22 % to 40 % during the period from October to December 2013 and to 90 % by end of 2014.

Business Case :

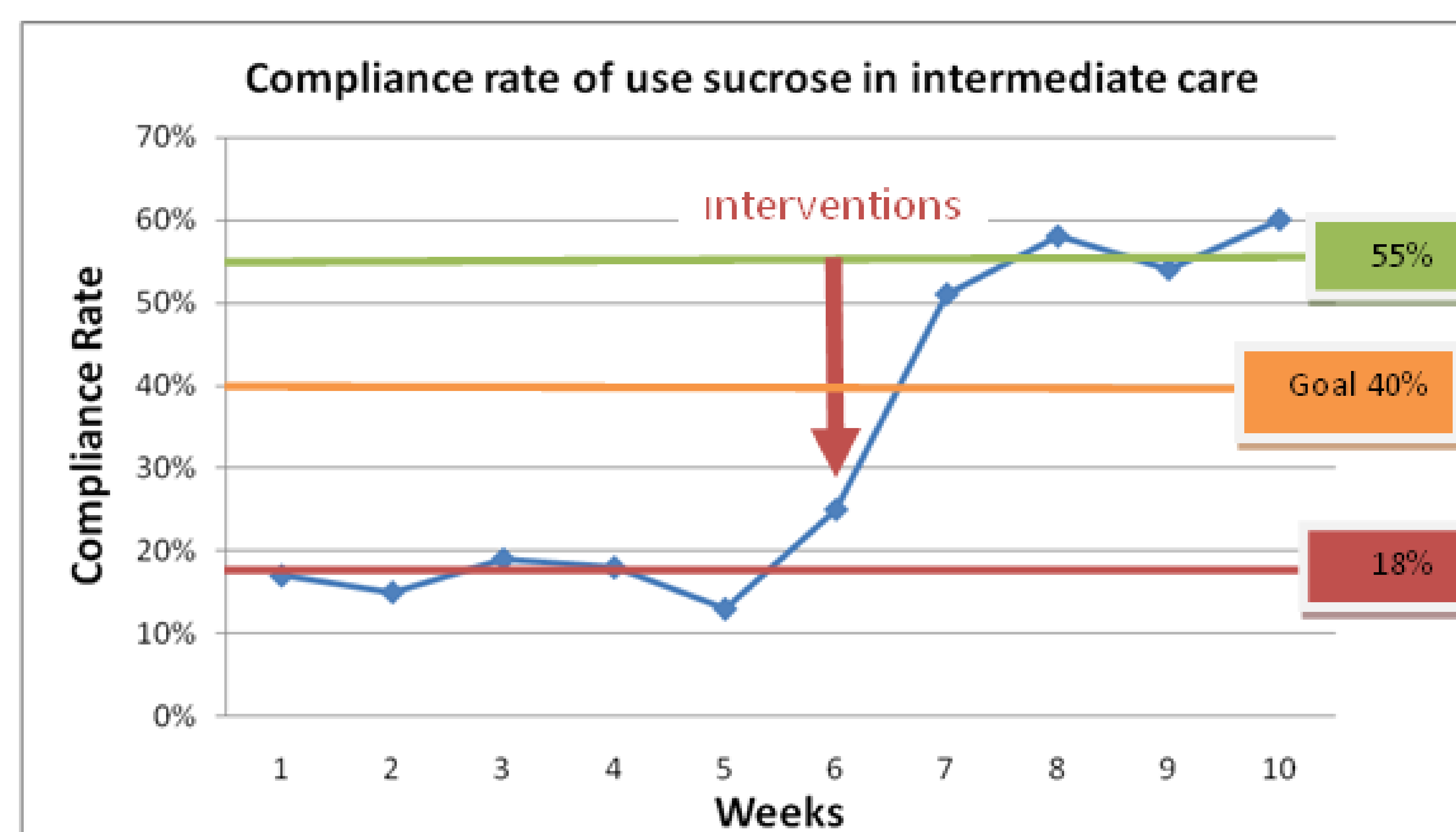
Increase neonates comfort and relieve the pain.
 Increase procedural safety.
 Increase parental satisfaction.
 Improve the standardized practice compliance.

Actions (Interventions):

After analyzing the process map, fish bone diagram and the result of the online survey we conducted for the medical staff in the NICU, we found the most significant factors causing the poor compliance of using sucrose are missing of physician order (prescription) and unavailability of sucrose in the unit as stock. We measured the compliance rate before and after we implemented these interventions:

- Encourage the physician to write sucrose order for any admission.
- Make one prescription valid till the baby is discharged from the unit.
- Make sucrose as a stock item in the unit.

Results:



Conclusion:

• Missing of physician order (prescription) and sucrose unavailability in the unit as stock were the most significant factors causing the poor compliance of using sucrose.

• The interventions were successful in improving the compliance rate in using sucrose for minor procedure in intermediate care from 18% to 55%.

• The next intervention to make sucrose as standing order, whereby the nurse will give sucrose routinely before any painful procedure without order or prescription from the physician.

• The sucrose available in the Corporation is 15 ml cups; the baby needs only 1-2ml each time. Due to single usage, the remaining is wasted. So we are working to change the product to a 2ml vial (toot sweet) and this will decrease the cost and wastage of this item.

• The project needs more time, ongoing education and compliance with the new interventions to reach to international standards.

Project team :

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