

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2021 / 12
Date of Issue:	1 st April 2021

Welsh Health Circular / Official Letter: N/A	Subject: Digitisation of Nursing Documentation – Pain Assessment Tool
<p>Sponsor: Jean White, Chief Nursing Officer, Welsh Government</p> <p>Claire Bevan, Senior Responsible Officer / Director of Quality, Safety, Patient Experience & Nursing, Welsh Ambulance Services NHS Trust</p>	
Implementation Date: March 2021	

DATA STANDARD CHANGE NOTICE

A Data Standard Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on 18th March 2021.

WISB Reference: ISRN 2019 / 010

Summary: The introduction of a standardised digital Pain Assessment tool to be used across the secondary care setting in Wales.

Applies to: This standard applies to all NHS Wales health boards and trusts that provide patient care in a secondary care setting.

Please address enquiries about this Data Standard Change Notice to the Data Standards Team in NHS Wales Informatics Service

E-mail: data.standards@wales.nhs.uk / Tel: 029 2050 2539

The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632>

DATA STANDARD CHANGE NOTICE

Introduction

The Digitisation of Nursing Documentation project has been established with a view to delivering standardised agreed electronic nursing documentation, in support of Work stream 2 of the Prudent Healthcare Strategy. The project's first phase has been funded by the Welsh Government Efficiency Through Technology Fund (ETTF) with the aim of making an agreed first tranche of digitised nursing documents available nationally by November 2019.

One of the key success factors of the digitisation of nursing documents will be to collaboratively define and develop information data standards and patient level data that will inform current and future system developments. This will include learning from existing e-nursing documents projects and pilots across Wales. This will provide one standard set of assessments and documents with the potential to provide safe and effective care to the population of Wales irrespective of location, and improve patient, carer and staff experience. The aim is to release nurses from the administrative burden of completing paper-nursing documents to spend more time on direct patient care.

Nursing colleagues, from across all NHS Wales health boards and trusts, have identified the first set of nursing documents to be digitised for secondary care settings. Prioritised documents have been determined on where the greatest value is perceived to be attributed to patient care and nursing time.

Included in the first set of documents to be developed digitally is an All Wales Pain Assessment Tool. This DSCN mandates the data fields and associated definitions to be collected as part of the continence assessment.

Scope

The digitised Pain Assessment tool will be implemented across all NHS Wales health boards and trusts that provide patient care in a secondary care setting.

Developing e-nursing- documents for primary and community care settings are not in scope as these are in scope for existing programmes. The project will work closely with these programmes to ensure a consistent use of national information standards.

Actions

Local Health Boards / Trusts:

- Ensure that local processes and systems have been updated to comply with the standard set out in the Information Specification within this DSCN.

NHS Wales Informatics Service:

- Ensure that all national systems have been updated to comply with the standard set out in the Information Specification within this DSCN.

SPECIFICATION

Information Specification

The table below lists the Data Items and corresponding definitions and values that make up the information standard mandated by this DSCN. Please refer to Appendix A at the end of this DSCN for a more detailed specification.

User Interface Name	Field Identifier	Definition	Data Value Format (code or other value)	Value Sets
Date of Assessment	Assessment_Date	This is the date the actual assessment was carried out with the patient	8 digit numeric, CCYYMMDD 6 digit numeric: hh:mm:ss	
Is your patient able to verbalise their pain?	Verbalise_pain	This is to indicate whether the patient is able to verbalise their pain	n1	1 Yes 2 No
Pain Assessment Tool Used	Pain_tool	This is to indicate what pain assessment tool has been used	n1	1 - Categorical (N-M-M-S) 2 - Numerical 3 - Pain AD 4 - Adapted Abbey
Categorical Scale	Categorical_scale	This is to indicate the patients categorical pain scale	n1	0 No Pain 1 Mild Pain 2 Moderate Pain 3 Severe Pain
Action / Comments	Action_comments_categorical	This is to provide a comment or detail the actions taken	Free Text	
Numerical Rating Scale Score	Numerical_score	This is to indicate the patient numerical rating scale score	n1	1 2 3

				4 5 6 7 8 9 10
Equivalent Categorical Scale	Equiv_cat_scale_numerical	This is to indicate what the equivalent categorical scale is against the numerical scale	n1	0 No Pain 1-3 Mild Pain 4-6 Moderate Pain 7-10 Severe Pain
Action / Comments	Action_comments_numerical	This is to provide a comment or detail the actions taken	Free Text	
Pain AD Breathing Independent of Vocalization	PainAD_Breathing	This is to indicate how the patient is currently breathing	An2	B1 - Normal B2 -Occasional labored breathing. Short period of hypervention B3 - Noisy labored breathing. Long period of hypervention. Cheyne-stokes respirations
Pain AD Negative Vocalization	PainAD_Negative_Vocalization	This is to indicate whether the patient has negative vocalization	An2	V1 - None V2 - Occasional moan or groan. Low level speech with a negative or dissapointing quality V3 - Repeated Troubled calling out. Loud moaning or groaning. Crying
Pain AD Facial Expression	PainAD_Facial_Expression	This is to indicate how the patients facial expressions are	An2	F1 - Smiling or inexpressive F2 - Sad. Frightened. Frown F3 - Facial grimacing

Pain AD Body Language	PainAD_Body_Language	This is to indicate the patients body language	An2	L1 - Relaxed L2 - Tense. Distressed pacing. Fidgeting L3- Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out
Pain AD Consolability	PainAD_Consolability	This is to indicate the patients consolability	An2	C1 - No need to console C2 - Distracted or reassured by voice or touch C3 - Unable to console, distract or reassure
PainAD Scale Total Score	Painad_Scale_Totalscore	This is to indicate the patients total score on the PainAd scale	n1	0 1-3 4-6 7-10
Equivalent Categorical Scale	Equiv_cat_scale_PainAD	This is to indicate what the equivalent categorical scale is against the PainAD scale	n1	0 No Pain 1-3 Mild Pain 4-6 Moderate Pain 7-10 Severe Pain
Action / Comments	Action_comments_painad	This is to provide a comment or detail the actions taken	Free Text	
Abbey Vocalisation e.g. whimpering, groaning, crying	Abbey_vocalisation	This is to indicate the patients vocalisation	8char	Absent Mild Moderate Severe

Abbey Facial Expression e.g. grimacing, frowning, looking tense, looking frightened	Abbey_facial_expression	This is to indicate the patients facial expression	8char	Absent Mild Moderate Severe
Abbey Change in Body Language e.g. fidgeting, rocking, guarding of body, withdrawn	Abbey_change_in_body_language	This is to indicate the patients change in body language	8char	Absent Mild Moderate Severe
Abbey Behavioural Change e.g. alterations in usual patterns, increased confusion, refusing to eat	Abbey_behavioural_change	This is to indicate the patients behavioural change	8char	Absent Mild Moderate Severe
Abbey Physiological Change e.g. temperature, rapid pulse, blood pressure outside normal limits	Abbey_physiological_change	This is to indicate the patients physiological change	8char	Absent Mild Moderate Severe
Abbey Physical Changes e.g. skin tears, pressure areas, arthritis, contractures	Abbey_physical_changes	This is to indicate the patients physical changes	8char	Absent Mild Moderate Severe
Equivalent Categorical Scale	Equiv_cat_scale_abbey	This is to indicate what the equivalent categorical scale is against the Adapted Abbey scale	n1	0 No Pain 1-3 Mild Pain 4-6 Moderate Pain 7-10 Severe Pain
Action / Comments	Action_comments_abbey	This is to provide a comment or detail the actions taken	Free Text	

<p>Frequency of Pain Assessment and Analgesia Administration</p>	<p>Assessment_frequency_analgelsia_admin</p>	<p>This is to indicate the recommended frequency of the asesment and analgesia administraion</p>	<p>n1</p>	<p>1 - No pain - Reassess 12 hourly as per NEWS observations 2 - Mild Pain - Reassess 4 hourly 3 - Moderate Pain - Give analgesia, reassess after 30 - 60 minutes, ongoing assessment minimum 4 hourly 4 - Severe Pain - Give step 3 analgesia, reassess after 30 minutes</p>
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Appendix

[Pain Tool - Specification](#)