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THE PROCESS OF IDENTIFYING A STANDARD ANALGESIA CONVERSION CHART FOR USE IN PALLIATIVE CARE

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Background Specialist palliative care doctors and nurses calculate breakthrough and opioid conversion doses of analgesia for patients as routine clinical practice. It was identified that different specialists and individuals used different opioid charts varying in format and content. It was considered whether there was a preferred chart to standardise best practice and reduce variability and clinical error.

Aim To identify an analgesia conversion chart which could be recommended for standard practice in a palliative care Hospice in-patient unit (IPU) and community setting.

Method The study team comprised of a Hospice IPU nurse and a specialist pharmacist. Five commonly used conversion charts were identified (sourced from local guidelines and <http://www.palliativedrugs.com/>). A questionnaire comprising five routine scenarios of breakthrough doses, with two conversions per chart, was distributed to 40 Hospice clinicians working in either IPU, community or both settings. Recipients were asked to anonymously complete calculations and feedback their opinion on the chart format, style and ease of use of each chart. A non-healthcare professional participated to contribute a non-specialist opinion and identify “assumed” information. Responses were analysed from a perspective of mathematical accuracy and usability.

Results A response rate of 40% was achieved (16/40). No one style of conversion chart was the preferred chart; some charts did not generate consistent conversions. Some participants highlighted that their learning style required illustrations rather than a tabular format. A reliance on a background clinical knowledge was identified.

Conclusion Whilst each of the conversion charts had merits, no one conversion chart was preferred by all participants or professional discipline or in a setting. The experiences, preferences and learning styles of palliative care professionals should be considered in devising training of drug conversions.