PainTrainUK survey of Diamorphine shortage - For acute pain leads.

14 Apr 2024

How has the anaesthetic workforce responded to the national diamorphine shortage in the management of non-obstetric peri-operative pain?



* Required

General questions

To be filled by collaborator

1.	What is the name of hospital where you are recruiting? *			
2.	Wha	t is the region of UK is this? *		
	\bigcirc	North East and Yorkshire		
		North West		
	\bigcirc	Midlands		
		East of England		
	\bigcirc	London		
		South East		
		South West		
		Scotland		
		Northern Ireland		
		Wales		

3.	3. What type of hospital you work at?		
	\bigcirc	Teaching hospital	
	\bigcirc	Trauma centre	
	\bigcirc	District general hospital	
	\bigcirc	Day case Centre	
	\bigcirc	Other	
4.	How	many total number of consultant anesthetists do you have at your site?	
	\bigcirc	Other	

Acute pain lead/Inpatient pain team/ Clinical lead

5.	Has	your department been affected by the shortage of intrathecal diamorphine?
	\bigcirc	Yes
	\bigcirc	No
		Maybe
3 .	-	s, has the impact been significant enough to change departmental practice? see tick all that apply.
		Not currently
		No, Monitoring stock levels
		Restricted use of intrathecal diamorphine to specific areas
		Informal advice of alternatives to diamorphine
		Formal departmental advice via email
		New guideline/ Standard Operating Procedures (SOP) in place
		Other

7. Has the post-operative monitoring of patients altered specifically due to a change in intrathecal opiates used in your trust in the context of diamorphine shortage?		
\bigcirc	Not applicable	
\bigcirc	There is a change in practice but not how we monitor patients	
\bigcirc	Yes – please provide details below	
\bigcirc	Other	
	ve you changed how or where post-operative patients are monitored after new ctice?	
	Admission to higher acuity Post-operative destination (Post-operative Anaesthetic Unit (PACU), extended recovery, High Dependency Unit (HDU), ward, etc.)	
	Duration of monitoring	
	What Is being monitored (observations etc.)	
	Whether there is a doctor on-site	
	Other	

9.	9. Prior to diamorphine shortage, where would majority of your patients with intrathecal opioids be cared for in the post-operative period?	
	\bigcirc	PACU/HDU/Overnight recovery
	\bigcirc	Higher care area on surgical ward
	\bigcirc	Routine post-operative surgical ward
	\bigcirc	Other
10.	10. Have any specific surgical specialities continued to use diamorphine du shortage?	
		Not applicable
		Obstetrics
		Paediatrics
		Vascular
		Orthopaedics / Trauma
		Neurosurgery
		Cardiothoracic surgery
		Other

11.		What preparation of diamorphine does your department have available? Please tick all that apply	
		Pre-filled syringes 1mg	
		Pre-filled syringes 3mg	
		Pre-filled syringes 5mg	
		1mg vial	
		5mg vial	
		10mg vial	
		Other	
12.		e you developed any guidelines/Standard Operating Procedures because of shortage of diamorphine? (excluding obstetric anaesthesia)	
	\bigcirc	No	
		Yes	
		Other	

	nat evidence have was considered to inform these guidelines/Standard erating Procedure documents?	
	Not applicable	
	Local consensus	
	Expert opinion	
	Adaptation of existing local guideline	
	National guidelines	
	Other	
	s your hospital have a local policy for ward-based monitoring of patients who received intrathecal morphine or diamorphine?	
\bigcirc	Yes	
	No	
	Don't know	
\bigcirc	Maybe	
	Other	
com	Ild you be willing to be contacted by the Pain-Train UK team for further munications regarding this study? If yes, please leave your email. (We nise not to spam every week or month, privacy will strictly be followed.) free to share specifics.	
	Ope	

Questions for individual consultant anaesthetists-3

This survey focuses on the use of diamorphine in a non-obstetric setting

16.		hich anaesthetic subspecialities did you routinely use intrathecal diamorphine re the diamorphine shortage?
		General
		Paediatrics
		Obstetrics
		Vascular
		Orthopaedics / Trauma
		Neurosurgery
		Cardiothoracic surgery
		Other
17.		e you changed your anaesthetic practice due to recent diamorphine tages?
	\bigcirc	Yes
	\bigcirc	No

18.	How	has this practice changed? Please select all that apply
		Voluntarily reduced use of diamorphine to help preserve limited stock
		Required to change practice due to formal departmental policy
		Forced to change practice as no available stock
		Other
19.		at changes have you made to your intrathecal practice as a consequence of diamorphine shortage?
		Intrathecal morphine
		intrathecal fentanyl
		Other intrathecal opioids - please name below
		Local Anaesthetic without opioids
		Stopped intrathecal analgesia
		Other
20.	If dia	amorphine stocks improve, will you return to your previous practice?
	\bigcirc	Yes
	\bigcirc	No
	\bigcirc	Maybe

21. If you stopped using intrathecal analgesia what was the reason for this:		
		Unfamiliarity with alternative intrathecal opioids
		Lack of departmental policy
	\bigcirc	Lack of national guidance
	\bigcirc	Lack of evidence
		Patient safety concerns / Lack of adequate postoperative care facilities
		Other
22.		there been a change in local policy in the postoperative destination of ents?
		Yes
	\bigcirc	No
	\bigcirc	If yes, please specify
23.	Wha	t change in local policy in the postoperative destination of patients?
		Extended stay in recovery
		Increased admissions to high dependency areas
		Specific surgical wards with trained staff
		Other

24.	Did you use intrathecal morphine in your personal anaesthetic practice prior to the Diamorphine shortage?		
		Yes	
		No,	
		Other	
25.	Wou yes	ald you like to know the result of this survey? Please write your email below if	
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		Microsoft Forms	