Methods This clinical audit examined patients who had been administered morphine by EMAS staff. Inclusion criteria were patients who had received documented oral, intravenous or intramuscular morphine within a three-month period. Those who declined morphine were excluded. Data extracted from the patient report forms included: patient demographics; documented Ps; morphine doses and routes; adjunct analgesics and use of anti-emetics. This information was used to determine how appropriately Ps, analgesic adjuncts and anti-emetics were being used alongside morphine.

Results There were 293 patients included in the audit. 205 (70.0%) had a Ps documented before and after morphine administration; 50 (17.1%) had one documented Ps and 38 (13.0%) had none. 58 (19.8%) patients received ENTONOX before the administration of morphine and 17 (5.8%) received it after morphine. 218 (74.4%) had no record of ENTONOX administration and only 100 (34.1%) patients were prescribed an anti-emetic with morphine.

Conclusion There is potential for improved adherence to JR CALC guidelines through increased awareness and education. We will trial this at EMAS through staff notices followed by a re-audit in 4–6 months. Ideally, audits within other ambulance services with more patients would be undertaken for widespread quality improvement.

REFERENCE

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