

EQUALITY IMPACT ASSESSMENT TOOL

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Guideline: Guideline for the nursing care of an adult patient who has received a regional nerve block or who is receiving a local anaesthetic agent via an indwelling local block catheter (either as a continuous infusion or intermittent bolus injection)

Background

- Description of the aims of the guidelines
- Context in which the guidelines operates
- Who was involved in the Equality Impact Assessment

The guideline has been developed to enable nursing staff to safely manage patients who have continuous infusions of local anaesthetics including intra-articular infusions and/or subcutaneous infusions OR local anaesthetic blocks requiring intermittent bolus injections via an indwelling block catheter. All of the of acute pain pre operatively e.g. for patients who have a fractured neck of femur or other lower limb fractures, or post operatively following other surgeries

The EIA was carried out by Sharon Kitcatt, following consultation with members of the Acute Pain Service

Methodology

- A brief account of how the likely effects of the guidelines was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

The existing guidelines were reviewed by the team to assess whether any patient groups would be excluded from this area of care. Patient suitability for the use of local anaesthetic agents is decided by the anaesthetist caring for the patient. Any patient for whom a local anaesthetic agent is not appropriate is offered alternative methods of analgesia

Examples: patients with clotting abnormalities, patients with known or suspected sensitivity to local anaesthetic agents, patients who are physically unable to manage the patient control aspect of a local anaesthetic infusion, patients who are cognitively impaired and may not understand the use of local anaesthetic infusions (and the patient control aspect), patients who are unable to consent to the siting of a local anaesthetic catheter (for an infusion or for intermittent bolusing)

Guidelines for other trusts using similar techniques were reviewed although none appeared to have undergone an EIA process

The consultation included other members of the Acute Pain Service and anaesthetists who were frequently involved in administering local anaesthetic drugs via this method

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<p>Key Findings</p> <ul style="list-style-type: none"> • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
<p>Patients with a disability (physical or cognitive) who may not be able to manage the patient bolus aspect of a local anaesthetic infusion may still have the infusion but the patient control facility would not be set up. Patients who are unable to have a local anaesthetic agent due to drug sensitivity or physiological reasons will be offered an alternative method of analgesia.</p> <p>There are no adverse or potentially adverse impacts for any other equalities groups</p>
<p>Conclusion</p> <p>These guidelines will not have any impact with regards to race and ethnic origin, gender, culture, religion or belief, sexual orientation</p>
<p>Recommendations</p> <ul style="list-style-type: none"> • State recommended changes to the proposed guidelines as a result of the impact assessment • Where it has not been possible to amend the guidelines, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment <p>No changes made to the guidelines in light of the EIA The guidelines will be reviewed after 2 years or if new clinical evidence emerges that requires review before then</p>

Guidance on Equalities Groups

<p>Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)</p>	<p>Religion or belief (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)</p>
<p>Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the guidelines promotes the involvement of disabled people)</p>	<p>Sexual orientation including lesbian, gay and bisexual people (consider whether the guidelines/service promotes a culture of openness and takes account of individual needs)</p>
<p>Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)</p>	<p>Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)</p>
<p>Culture (consider dietary requirements, family relationships and individual care needs)</p>	<p>Social class (consider ability to access services and information, for example, is information provided in plain English?)</p>

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