



Leading the Way in Acute Pain Education

The RADAR Approach

Perioperative plan for high risk patients

This plan should be filled out for all high risk patients. It can also be used for other patients where necessary. GPs can use this form for referrals where they have assessed a patient at high risk of pain.

Your patient is considered high risk if they (tick box that applies):

- 1) Have previous experience of pain difficulty in hospital
- 2) Are on long-term opioid therapy
- 3) Are at high risk of neuropathic pain
- 4) Have established chronic pain syndrome
- 5) Have significant anxiety over postoperative pain

Document area and nature of existing pain + preadmission analgesic regimen

Patient details [STICK LABEL HERE]

Name: _____

Address: _____

NHS number: _____

Operation details

Consultant: _____

Anaesthetist: _____

Planned procedure: _____

Post operation

Any changes to planned procedure: _____

Fill out these sections as appropriate and refer to the Trust's local policy. Each section should be regularly reviewed and updated if changes are made.

PREOPERATIVELY

Analgesics administered prior to surgery _____

Some considerations:

- If the patient is on long-term opioid therapy, need to avoid withdrawal symptoms
- Administration of codeine should be monitored as a growing body of evidence suggests some patients may be slow converters of codeine¹

INTRAOPERATIVELY

Analgesics administered during the operation _____

Some considerations:

- Method of administration
- Update intra-operatively if changes are made

POSTOPERATIVELY

Analgesics to administer on the ward and regularity _____

Some considerations:

- Ensure all members of the team are aware of the 'rescue response' to be implemented if the patient experiences pain despite the above regimen
- Any special needs or management considerations for the patient on the ward?
- If the patient is on long-term opioid therapy consider discharge medication

Reference: 1. Stamer UM, Stuber F. Genetic factors in pain and its treatment. Curr Opin Anaesthesiol 2007; 20: 478-84.