



# The RADAR Approach

## – Healthcare Assistant workbook

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**LEADING THE WAY IN ACUTE PAIN EDUCATION**

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# HCA workbook objectives

RADAR (**R**esponsibility, **A**nticipation, **D**iscussion, **A**ssessment and **R**esponse) is a cyclical approach to the effective management of acute postoperative pain based on the combination of a number of guidelines. The Approach provides a framework for acute pain education across the wider healthcare team. As a healthcare assistant (HCA), you might not be able to prescribe pharmacological interventions for a patient's pain but you can bring pain to the attention of a more senior member of staff and there is much that you can do to make patients more comfortable. Optimising pain management is not only about the treatment a patient receives; it is the responsibility of everyone on the ward and should be on everyone's radar.

This workbook uses these principles to assist you in managing patients' pain on the ward. It will also help your development as a HCA providing you with the guidance and confidence to take responsibility where appropriate to improve the care you provide to your patients. This is achieved by providing an overview of the importance of pain management, the RADAR Approach and how this applies to pain management, and then gives you the opportunity to apply your knowledge to practical situations with a series of case studies. You could then discuss your answers with a nurse on the ward or check your progress using the suggested example answers\* at the back of the workbook.

\*Please note that there are many different possible responses, often dependent on local protocols. The sample responses are just one option and aim to illustrate the practical implementation of the RADAR Approach. If you are unsure about any aspect of a patient's care you should always talk to a nurse or more senior member of staff.

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# The importance of pain management

Across the UK, there has been considerable investment in efforts to improve postoperative pain management including the introduction of acute pain teams. However, despite these advances evidence suggests that many patients still experience severe pain after surgery.<sup>1</sup>

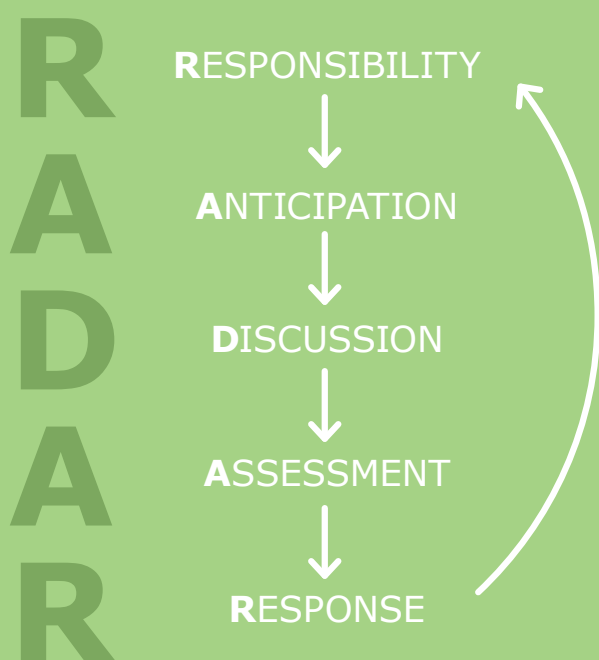
Pain can cause emotional distress for the patient<sup>2</sup> and delay discharge from hospital.<sup>3</sup> Effective pain management has the potential to facilitate a rapid recovery.<sup>2</sup> There is also some evidence that effective early analgesic intervention may prevent the development of chronic pain.<sup>2,4</sup>

It is therefore vital that pain is managed as effectively as possible. This can be assisted by the implementation of the RADAR Approach to pain management within your hospital, in which everybody should partake.

## The RADAR Approach

The RADAR Approach is a simple, structured and easy-to-implement set of key priorities that forms a cyclical approach to pain management: Responsibility, Anticipation, Discussion, Assessment and Response to optimise acute pain management. It is the consolidation of a number of guidelines providing a framework for acute pain management and education.

As a HCA, you are the interface between the patient and the clinician. You have direct interaction with patients in the clinical setting and should therefore play a large part in the management of their pain. Whilst you may not be able to prescribe pharmacological interventions for a patient's pain you can bring pain to the attention of a more senior member of staff, and there is much that you can do to make patients more comfortable.



# The RADAR Approach

## RESPONSIBILITY

An organised and multidisciplinary approach, involving all members of the care team, and support staff including HCAs, should form the basis of acute pain management. Each member of the team should have clearly defined roles and responsibilities and you should ensure you are aware of what the role of a HCA in your hospital is in relation to managing patients' pain. The acute pain service should take responsibility for providing all staff with adequate practical training and education, if you feel you want to learn more, discuss this with the acute pain service or a senior nurse on your ward.

## ANTICIPATION

Pain should be anticipated wherever possible. Planning for postoperative pain management should begin in the preoperative period, with physical examinations, documentation of pain history and development of a perioperative plan aligned to patient needs and local protocols. If, as the HCA, you become aware of particular patterns in a patient's pain (eg as a result of not using the patient controlled analgesia [PCA] while asleep, the patient experiences pain on awakening), you should flag this to the nurse or clinician in charge so this can be anticipated and another method of pain relief can be considered. In addition, if you can see that a patient is positioned awkwardly, you can anticipate that this is likely to cause them discomfort and rearrange pillows or adjust the bed position.

## DISCUSSION

It is important that there is effective communication between the multidisciplinary team, ensuring the analgesic plan is discussed and shared with all members. Treatment goals and options should be discussed with the patient and their carers, providing reassurance and realistic expectations. If during your conversations with the patient, you obtain information relating to the patient's condition; it is important that you pass this on to a member of the team to ensure good communication throughout the team. The HCA's role as the interface between patient and healthcare professional is particularly important for the discussion element of the RADAR Approach.

## ASSESSMENT

It is important to continually assess pain and document the results alongside other vital sign test results. HCAs should act as a patient champion. As a HCA you can assess a patient's pain on a regular basis, it may be as simple as asking them whether they are in pain or checking to see if they look uncomfortable as you pass. An analgesic gap is when a patient experiences pain due to a period of ineffective analgesia, regular re-assessment of pain monitors progress and will help to identify any analgesic gaps that may occur.

## RESPONSE

If a patient appears to be experiencing uncontrolled pain, it is important you do what you can to help. This may include checking or performing the following.

- Ensure that the patient has received analgesia as per their analgesic plan. If not, this should be highlighted to a nurse to ensure the patient is provided with adequate analgesia.
- Make sure the patient is comfortable by checking the position of their body and limbs and if necessary, correct using the positioning of the adjustable beds and pillows.
- For a patient who has pressure sores or is at risk of pressure sores, ensure that they are placed on an air mattress and positioned to relieve any pressure.
- Ensure an incontinent patient is clean and dry. Urine and faecal matter can burn the skin and cause sore patches.
- Spend time with the patient and assess their pain, sometimes elderly or paediatric patients may just need attention and reassurance that their pain is not abnormal or uncontrolled.
- Perform general observations that may include blood pressure, heart rate, respirations, oxygen saturations and temperature.
- If the patient has a temperature, consider putting a fan next to them or sponge their head with a cool flannel to make them more comfortable.
- Ensure catheter/drains are not pulling and that the patient's intravenous (IV) line is not compromised.
- A full bladder can exacerbate pain or trigger pain elsewhere. Check on each patient regularly to see if they need the bathroom.
- Ensure the patient is hydrated (ensure you check that the patient is not 'nil-by-mouth' prior to an operation), dehydration may be causing discomfort or headaches/dizziness.

If the patient is still experiencing uncontrolled pain and you feel you cannot help any further, you should report the situation to a senior member of staff who will be able to review and optimise the patient's medication regimen.

If you would like to learn more about the development and implementation of the RADAR Approach please visit [www.painradar.co.uk](http://www.painradar.co.uk)

# Case scenarios

The following case scenarios have been provided for you to practise implementing the RADAR Approach from the perspective of the HCA. Read through the scenarios and answer the questions either independently or with a nurse. After completing the questions you may wish to review the example answers at the back of the workbook, or go through your answers with a senior nurse on your ward who can also help align your responses to your hospital protocols and policies.

## CASE SCENARIO 1

*Larry is a 56-year-old man who has been diagnosed with and treated for haemorrhagic stroke and is now recovering on the ward where he has been for the past 3 days. His wife Paula visits regularly.*

*Larry has been bed-bound since his stroke and has been given analgesia for headaches and for the pain that he has been experiencing down his affected side. He is fairly immobile and his condition is also making it very difficult for him to communicate, leaving him frustrated and distressed. On one of her visits, Paula informs you that she thinks Larry is in pain and asks you if you can help.*

*Using the principles of RADAR, please look at the following questions and consider how you could take action.*

1. Whose responsibility is it in the first instance to help Larry?

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2. Considering his condition and length of time in hospital, what do you anticipate may be the problem(s) he may encounter, or you may encounter when attending to Larry?

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3. You know that Larry is finding it difficult to communicate since his stroke, and anticipate that it will be difficult for him to let you know what is wrong and where he is experiencing pain. How could you overcome this and make communication easier for Larry?

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4. What assessments should you perform on Larry and how could you go about this?

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5. What could you do for Larry, considering the possible problems he may be encountering?

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6. If you have helped Larry as much as is possible, yet he is still experiencing pain, what could you do next?

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## CASE SCENARIO 2

*James is a 13-year-old boy on the paediatric ward who is recovering from a tonsillectomy that he had a few hours ago. He is due to be discharged tomorrow morning and is still under the influence of the analgesia he received immediately after the operation. However, he has woken with a very sore throat and is thirsty. He is very shy and reluctant to talk and the pain is making it difficult for him to swallow. His mother has been with him but has been absent for 30 minutes at the canteen. You notice that he looks upset and keeps touching his cannula.*

*Using the principles of RADAR, please look at the following questions and consider how you could take action.*

1. Who does the responsibility lie with to attend to James?

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2. What problems and pain can you anticipate James will experience?

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3. With whom should you discuss the situation?

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## CASE SCENARIO 3

*Margaret is recovering from a hip replacement. She was in severe pain before the operation due to osteoarthritis and has been very positive since the operation with few complaints. It is 3 days into recovery and she is sitting up. She has been catheterised since the operation and has for the last 2 days been encouraged to stand by the physiotherapist and begin walking. However, this is very painful despite the analgesia she is receiving and Margaret has only been doing this once or twice a day. While chatting with Margaret you notice that she flinches. She explains that she has experienced a little pain in her right thigh and on observation you can see there is some swelling in the thigh and the skin is looking redder and warmer in comparison to the left thigh.*

*Using the principles of RADAR, please look at the following questions and consider how you could take action.*

1. What would be your initial response to Margaret's flinching?

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2. What do you anticipate could be causing her pain?

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3. Why is it important to have regular conversations with patients such as Margaret?

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# Example answers

The following pages provide example answers and approaches to the case scenario questions. There are many different possible responses, often dependent on local protocols. The sample responses below are intended as a guide only. If in practice you are ever unsure of any element of the pain management protocols in your hospital or how to manage a particular patient, you should speak to a senior nurse.

## CASE SCENARIO 1 – example answers

### 1. Whose responsibility is it in the first instance to help Larry?

**Responsibility:** The problem has been reported to you first, therefore you have the initial responsibility to take action. If you find there is no more that you can do, you must then report the problem to a senior colleague who will be able to help.

### 2. Considering his condition and length of time in hospital, what do you anticipate may be the problem(s) he may encounter, or you may encounter when attending to Larry?

**Anticipation:** You can anticipate that since his stroke, Larry will find it difficult to communicate. This not only makes it difficult for you to assess and treat him, but may cause him increased levels of distress.

Possible complications that could be causing Larry pain or discomfort should be considered, these could include:

- **catheter discomfort** – Larry will have had his catheter in place for a little while, if this is causing him pain, check it is not pulling and that it is fitted correctly
- **immobility** – Larry has been in bed for a few days, it is possible he may be at high risk of developing bed sores
- **posture** – it may be that a simple adjustment of the bed position or his pillows will make him more comfortable
- **distress** – a stroke is a very distressing event for a patient and Larry may be concerned about his future
- **headaches** – this is common amongst stroke patients and can cause significant discomfort

### 3. You know that Larry is finding it difficult to communicate since his stroke, and anticipate that it will be difficult for him to let you know what is wrong and where he is experiencing pain. How could you overcome this and make communication easier for Larry?

**Discussion:** It is important that you talk to Larry about his concerns, he may be very worried about the impact his condition may have on his future. Reassure him, if appropriate (based on his prognosis), that he can make a significant recovery or that help and support is available.

It is important that you consider Larry's condition, his diagnosis and his recovery. As you cannot ask Larry to provide you with a descriptive answer to open questions, you might consider the possible problems and ask direct questions which he can answer yes or no to.

If Larry is not able to give you a yes or no answer, consider offering him your hand for him to squeeze to answer your questions. It will also be worthwhile including Larry's wife in your discussions as she knows him well and communication may be easier for her. It is important that you record any findings in the patient records and that you also report these to a nurse if appropriate.

#### 4. What assessments should you perform on Larry and how could you go about this?

**Assessment:** As Larry's condition may be quite complicated, it is important that he is regularly assessed. His pain score should be assessed and recorded along with other vital sign tests that you may perform. As communication is an issue and Larry is not able to describe his pain to you, it will be useful to use a pain rating scale to assess the severity of his pain.

#### 5. What could you do for Larry, considering the possible problems he may be encountering?

**Response:** There are several things that you may be able to do for Larry in response to his pain. Firstly, provide reassurance and communicate with him. He may be feeling frustrated and isolated. You can help him with this by reassuring him and finding an effective method of communication.

You can ensure that Larry's posture is not making him uncomfortable. He has been in bed for a few days now and has not been very mobile. If, during your assessments and review of the pressure sore prediction score you think that he is at risk of developing a pressure sore, you should consider requesting an air mattress for him and moving him regularly. Be sure to comply with all manual handling training that you have received when moving patients and bearing weight.

If he is suffering from headaches, ensure Larry is hydrated and if the headaches do not subside, contact a doctor or nurse who can prescribe some analgesic.

#### 6. If you have helped the patient as much as is possible, yet he is still experiencing pain, what would you do next?

**Responsibility:** If you feel you can no longer help Larry within your job role, it is important that you hand the responsibility to somebody who can and make a more senior colleague aware that Larry is experiencing discomfort and that they need to assist him.

## CASE SCENARIO 2 – example answers

#### 1. Who does the responsibility lie with to attend to James?

**Responsibility:** Even though James has not asked for help directly, if you are the person that has first seen that he looks distressed, it is your responsibility to attempt to deal with it, before referring to the appropriate paediatric nurse if necessary.

#### 2. What problems and pain can you anticipate James will experience?

**Anticipation:** In the case of a tonsillectomy, the older the patient the more pain they will be experiencing. It is very common for younger patients to complain of ear ache, this is due to the nerve supply to the ear. Although James' cannula will be helping with dehydration, he may still be feeling thirsty and experiencing a dry mouth if he has not drunk anything. James is a healthy young boy and will not be used to cannulas like some of the more regular paediatric patients with long-term conditions. James may feel uncomfortable with his cannula or have been touching it and caused it to become sore. He may also be feeling worried or upset and may require reassurance and support. He may also have concerns about an overnight stay in an unfamiliar place and possibly feel embarrassed about voicing this.

#### 3. With whom should you discuss the situation?

**Discussion:** Analgesics may have already been administered by the anaesthetist through a cannula, hence it is important to discuss the pain medication with colleagues and read the patient's notes.

*Continued overleaf*

At 13-years-old, James will probably be old enough to understand and discuss how he is feeling with you. Encourage him to talk to you and also try to involve his mother on her return to the ward.

#### 4. When talking to James, how would you approach a discussion and what considerations should you bear in mind whilst doing so?

**Discussion:** A young boy such as James may be a complicated patient to approach. He is at an age where he will probably try to be brave and not want you to know he is feeling worried or upset, however he is still young enough to feel very reliant on his parents for reassurance and to feel safe. Since his mother has been gone, he may have started to worry or feel vulnerable or alone. It is important to communicate on his level making him feel as relaxed and comfortable as possible. Approach him casually and enter into a conversation, leading you to enquire about the problems you anticipated he may be experiencing, whilst giving him the space to open up and talk to you discussing any other concerns he may have.

#### 5. Why is regular assessment important?

**Assessment:** Regular assessment is important with all patients especially those taking pain medication. It is a way to monitor the effectiveness of the pain medication. This should be documented and reported to a nurse if you think that James' pain is a result of ineffective analgesia.

Pain is often at its worst approximately 5–10 days following the operation. It is important to ensure the patient is aware of this and that they have correct medication for when they return home. Patients should be warned not to take any aspirin-related pain medication as this can cause/worsen bleeding.

#### 6. What immediate actions can you take to make James feel more comfortable?

**Response:** Check James' records and assess whether he is allowed to be given a glass of water yet following his surgery. You should also enquire about his levels of pain, if he is suffering from an unexpected level of pain and you feel the analgesia he is receiving is ineffective, you must report this to a member of staff that can perform an analgesic review and alter his medication if appropriate.

Providing James with reassurance and kind words may be the single most useful thing you could do for him until his mother returns. He may be trying to be brave but it is important you make him feel comfortable and secure. If James' cannula is sore, it may be that you can replace the dressing over/around this if he has been picking at it and reiterate the importance that he tries not to touch it.

Also check with him that he has used the bathroom if necessary, he may feel groggy after his anaesthetic and require some assistance in accessing the bathroom.

Finally, if you feel there is no more you can do, ensure you record any assessments you may have performed and contact a more senior member of staff.

### CASE SCENARIO 3 – example answers

#### 1. What would be your initial response to Margaret's flinching?

**Responsibility:** It is your responsibility to speak to the patient and to try to help where possible. You should refer your findings or concerns to a nurse or doctor and ensure that your assessments have been documented.

#### 2. What do you anticipate could be causing her pain?

**Anticipation:** Following a hip replacement, patients will usually be bed-bound in the first 1–2 days, except for the visits from the physiotherapist who will encourage them to stand and walk where

possible. It is essential to adjust their posture using the pillows and adjustable beds where necessary. You can anticipate that Margaret may not be thinking of her long-term recovery and may be avoiding movement due to the discomfort it causes her.

### 3. Why is it important to have regular conversations with patients such as Margaret?

**Discussion:** It is very important to discuss recovery with the patient to ensure they are feeling positive about the progress they can make. It is important to liaise with senior members of staff to make sure you are aware of common complications following surgery. When patients have been unable to move their legs following surgery there is a risk of developing deep vein thrombosis (DVT). Talking to Margaret may help you to assess the potential for DVT, as certain factors will increase her risk of developing DVT. These include being on a contraceptive pill that contains oestrogen or hormone replacement therapy, circulation problems, obesity, age (over 40 years), and a family history of DVT.

### 4. What assessments, if any, would you perform on Margaret?

**Assessment:** You can make assessments based on your discussions and these should be recorded and discussed with the appropriate nurse or doctor. It would also be a good idea to take Margaret's blood pressure and assess her pain on a pain rating scale and again, record your results. Although you may perform the assessments, it is important that you pass results on to a nurse or more senior member of staff as unexplained pain should always be reported.

### 5. What can you do to make sure Margaret is more comfortable and reduce her pain?

**Response:** Ensure that Margaret's catheter is not causing her discomfort, if this is the problem, contact a nurse immediately to rectify it.

Make sure she is clean and dry and that the catheter is not leaking, to prevent any sores occurring. She may be avoiding getting up and moving to go to the bathroom due to the discomfort this causes her. Remember to take into consideration that subjects like this may cause the patient embarrassment and it is important to consider the patient's dignity and privacy when discussing such topics.

Reassure Margaret and explain the benefits and long-term gains she will experience from following the advice of the physiotherapist and performing the exercises she has been given. It is important to remember if she has been given any instructions shortly after her operation or whilst in pain, it may have been more difficult for her to retain information, so this may need reiterating.

### 6. What will be your course of action following the unexplained pain in her thigh?

**Responsibility:** The unexplained pain in Margaret's leg should be reported immediately to a senior member of staff, and if you are aware of any risk factors it is important to mention them. Unexplained or unexpected pain should always be reported to a nurse or doctor.

In any scenario, if the patient is still experiencing uncontrolled pain and you feel you cannot help any further, you should report the situation to a senior member of staff who will be able to review and optimise the patient's medication regimen. Explain to the patient that you are going to get help from a senior member of staff. When you have discussed the patient with the member of staff ask them how long they will be and then go back to the patient and let them know. If the member of staff does not appear in the expected time return to them and ask for further advice.



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