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**NON RANDOMISED CONTROL STUDY OF THE EFFECTIVENESS OF A NOVEL PAIN ASSESSMENT TOOL FOR USE BY PARAMEDICS**

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**Background** Eighty percent of patients presenting to ambulance services present with pain. Pain is sometimes inadequately assessed and treated. Effective pain management can improve patient outcomes and experience. Previous qualitative research suggested that numerical verbal pain scores, usually used to assess pain in the ambulance setting, were poorly understood. We developed a new tool, the 'Patient Reported Outcome Measure for Pain Treatment' (PROMPT), to address this need. Initial testing showed that PROMPT had reliability and (face, content and predictive) validity. We aimed to investigate the effectiveness of PROMPT.

**Methods** We used a non-randomised control group design in adult patients with chest pain or injury treated by intervention paramedics using PROMPT compared with control paramedics following usual practice for pain outcomes (reduction in pain score, use of analgesia). Routine data from electronic patient records were used to measure outcomes. We collected baseline rates of outcomes in patients treated by intervention and control paramedics, in a seven month period one year previously, to adjust

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for secular trends. The study was conducted in East Midlands Ambulance Service. We used regression analysis to compare groups for differences in pain score change and use of analgesics correcting for baseline rates and demographic differences.

**Results** Twenty-five intervention paramedics used PROMPT (of 35 who were trained in its use) treating 300 patients over a seven month period. Data for these and 848 patients treated by 106 control paramedics were entered into SPSS and STATA12 for analysis. Mean reductions in pain score ( $p < 0.001$ ) and use of analgesics was significantly greater ( $p < 0.001$ ) in patients managed by paramedics using PROMPT compared with those receiving usual care after adjusting for patient age, sex, clinical condition and baseline rates.

**Conclusion** Use of the PROMPT resulted in greater reductions in pain score and increased use of analgesics compared with usual care.



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