Background and Aims Pulsed radiofrequency (RF) is performed for treating several clinical conditions causing chronic pain. There are many variables in its application that are not well established based on the available evidence, voltage being one of them. Voltage can

Methods We have performed a survey to analyse the situation of the use of pulsed RF to treat several clinical conditions causing chronic pain; shared trough the Spanish pain society, 91 people answered it.

Results In trigeminal ganglion, 23/91 use 45V, 15/91 use 65V, 3/91 use 85V and 1/91 use 100V. In stellate ganglion, 31/91 use 45V, 17/91 use 65V and 1/91 use 85V. In cervical medial branch, 27/91 use 45V, 9/91 use 65V and 1/91 use 85V. In thoracic medial branch, 18/91 use 45V, 3/91 use 65V and 2/91 use 85V. In lumbar medial branch, 18/91 use 45V, 8/91 use 65V and 3/91 use 85V. In thoracic dorsal ganglia, 36/91 use 45V and 15/91 use 65V. In lumbar dorsal ganglia, 53/91 use 45V, 19/91 use 65V and 1/91 use 85V. For peripheral nerves (using the suprascapular nerve as an example), 46/91 use 45V, 20/91 use 65V and 1/91 use 85V. For peripheral nerves, 11/91 do not apply control of temperature with pulsed RF. 61% apply the variation of the voltage in the temperature control; 34% apply the variation of the pulse width in the temperature control.

Conclusions There is lot of variability in applying different voltages in pulsed radiofrequency for several clinical conditions; we need better evidence to stabilize the best voltage for any indication.

Background and Aims Opioids are effective medications that have been used extensively for in-hospital management of acute pain. Worldwide including in Ireland, number of opioid prescriptions is increasing, although many reports encourage controlled usage and warned against the potential health, economic and social hazards involved in opioid usage. To address this problem and to increase knowledge and safety regarding opioid usage, The HSE has issued guidelines for opioid prescribing for the in-hospital management of acute pain. Aim: - To improve compliance with the relevant HSE prescribing guidelines. – Ensure that opioids were prescribed appropriately as per national guidelines. – Check opioid usage is part of multimodal analgesia as per WHO analgesia ladder.

Methods - A retrospective medical record review for opioid prescriptions for acute pain was conducted 3 times over the past year. anonymous data was collected. – survey for Junior Doctors to understand opioid prescription behavior. – teaching conducted at departmental and hospital levels to increase awareness.

Results 24% of the sample received SR opioid preparation. Regarding Immediate release opioids, Only 12% had a documented stop/review date. In terms of multimodal analgesia, a good portion of the sample received regular paracetamol