

EP024

**DETERMINATION OF A NRS THRESHOLD VALUE FOR THE ADMINISTRATION OF ANALGESICS AT THE PACU**

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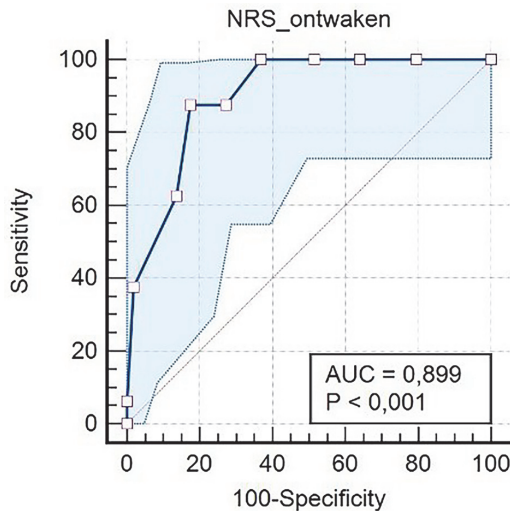
**Background and Aims** Several pain management guidelines recommend administration of analgesics based on patients' numeric rating scale(NRS) scores. This study aimed to identify which threshold patients prefer to receive analgesics with and without the risk of postoperative nausea and vomiting(PONV) in the post anaesthetic care unit(PACU).

**Methods** This study was approved by the institutional Ethics Committee. Patients scheduled for elective surgery under general anaesthesia were screened between August 2019 and April 2022. Immediately after awakening from anaesthesia, patients were asked to score their pain intensity using the NRS and whether they desired no analgesic, an analgesic with or without the risk of PONV. Receiver Operating Characteristic(ROC) curves were used to assess the specificity and sensitivity of different NRS scores for receiving analgesics. Upon leaving the PACU, patients were asked which NRS score they preferred as a threshold value to receive an analgesic with and without risk of PONV.

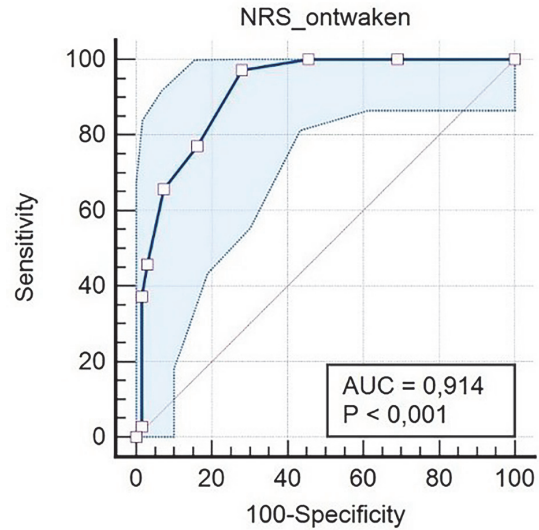
**Results** 120 patients were enrolled. ROC curves show that an NRS threshold of >2 should be used to treat patients with a mild analgesic and of >5 to administer a strong analgesic. In contrast, upon leaving the PACU, patients report a median NRS threshold of 5 to receive a mild analgesic and of 8 to receive a strong analgesic.

**Abstract EP024 Table 1** Threshold values for the administration of analgesics at the PACU

	Mild analgesic (without risk of PONV)	Strong analgesic (with risk of PONV)
Awakening from anaesthesia arriving at PACU		
Optimal NRS threshold value calculated using ROC curve	>2	>5
Awake patient leaving PACU		
Preferred NRS threshold value by patients	5(4-6)	8(7-8)



**Abstract EP024 Figure 1** Receiver operating characteristic (ROC) curve with the sensitivity and specificity for the different NRS cut-off points for a mild analgesic



**Abstract EP024 Figure 2** Receiver operating characteristic (ROC) curve with the sensitivity and specificity for the different NRS cut-off points strong analgesic

**Conclusions** The thresholds perceived by patients to receive mild or strong analgesics are lower when patients are just awakening, compared to awake patients preferred threshold. We presume that sedatives might influence patients' ability to assess their need for analgesics.

ePoster session 1 – Station 5

EP025

**LOCAL ANESTHETIC BUPIVACAINE BARICITY AND ADJUVANT FENTANYL IMPACT ON QUALITY OF LOW-DOSE SPINAL ANESTHESIA**

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**Background and Aims** To evaluate the influence of bupivacaine baricity and fentanyl on quality of low-dose spinal anesthesia in knee arthroscopy.

**Methods** The research included patients (BMI>25), who underwent short-term knee surgery under low-dose spinal anesthesia. 3 groups formed: 7 mg/165cm(±1mg/5cm) isobaric bupivacaine +10µg fentanyl intrathecally (IF group); HF – 7 mg/165cm(±1mg/5cm) hyperbaric bupivacaine +10µg fentanyl; H – 7 mg/165cm(±1mg/5cm) hyperbaric bupivacaine alone. Groups compared for sensory/motor blockade extension and duration, haemodynamics, complications, pain-satisfaction rates. **Results** The highest superficial[Th7] and deep[Th8-12] sensory blockade levels of operated limb at 60th min recorded in IF and HF groups. Lower sensory blockades[Th9; L1] detected in H group, compared with HF (p=0.003). Shorter (p<0.0001) sensory blockade caused by isobaric bupivacaine (-137.5 min), compared to hyperbaric with fentanyl. Lasting sensory blockade (+80 min) recorded in HF vs H group (p<0.0001). The motor blockade in groups HF and H was