



Establishing Acute Pain Services: A Practical Guide for Anesthesiologists in Pakistan

Gauhar Afshan¹, Asif Gul Kayani ², Khalid Bashir ³, Muhammad Saleh Khaskheli ⁴, Salman Ahmad Saleem ⁵, Rafia Tabbassum ⁴, Asma Abdus Salam ⁶, Ausaf Ahmed Khan,¹ Ateeq Ur Rehman ⁷, Rashid Iqbal ⁸, Syed Majid Waseem ⁸, Amjad Iqbal ⁹

These guidelines were developed jointly by the Society for the Treatment and Study of Pain (STSP), Pakistan, and the Faculty of Pain Medicine, College of Physicians and Surgeons Pakistan. They have been adapted from Chapter 11, *Guidelines for the Provision of Anaesthesia Services for Inpatient Pain Management (2026)*, published by the Royal College of Anaesthetists. These guidelines are intended to support teaching hospitals in Pakistan in establishing and strengthening Acute Pain Services (APS). Although the framework has been developed in the Pakistani context, this practical guide can also be adapted for use in other low- and middle-income countries (LMICs) with similar resource constraints.

Introduction:

The need to establish formal Acute Pain Services (APS) for postoperative pain management has been recognized worldwide because of their role in reducing postoperative morbidity, shortening hospital stays, improving patient satisfaction, and enhancing overall clinical outcomes. In Pakistan, there is a significant shortage of established APS in teaching hospitals. A recent nationwide survey demonstrated that only 18 % of teaching hospitals have a formal Acute Pain Service. (STSP data, June, 2026)

Aims & Objective :

These guidelines provide a practical framework for Anaesthesiologists to establish and develop effective and sustainable Acute Pain Services (APS) in low -and middle -income countries (LMICs), such as Pakistan. They outline the essential requirements for delivering safe and effective APS while allowing flexibility according to local needs and available resources.

Scope :

Target Audience :

These guidelines are intended for all healthcare professionals involved in the provision of APS, including, but not limited to, consultant anaesthetists, pain physicians, anaesthesia and pain medicine trainees, nurses, pharmacists, and other allied health professionals who contribute to multidisciplinary acute pain management.

Target Population :

These guidelines apply to patients of all age groups requiring inpatient APS for the management of acute postoperative pain.

Healthcare Setting : These guidelines apply to all teaching hospital settings including operating theatres, post-anaesthesia care units (PACUs), surgical wards, intensive care units (ICUs), high-dependency units (HDUs), emergency departments where appropriate, and other inpatient clinical areas.

Recommendations:

1.0 Staffing Requirements

The delivery of an Acute Pain Service (APS) relies on a structured, multidisciplinary team with clearly defined roles, responsibilities, and appropriate training. Staffing levels should be sufficient to ensure timely assessment and effective pain management for all patients at all times.

1.1 Nursing Staff

Adequate numbers of APS and ward nurses should be available to fulfil pain management 24 hours a day, 7 days a week.

Hospital Category	Hospital Size (Beds)	Recommended APS Nursing Staff	Recommended Surgical Ward Nursing Staff*
Small Teaching/Tertiary Care Hospital	300–900	3–4 dedicated APS nurses	2–3 nurses in each surgical ward
Intermediate Teaching/Tertiary Care Hospital	901–1500	4–5 dedicated APS nurses	3–4 nurses in each surgical ward
Large Teaching/Tertiary Care Hospital	More than 1500	5–6 dedicated APS nurses	4–5 nurses in each surgical ward

* **Note:** The recommended surgical ward nursing staff refers to nurses with responsibility for pain management as part of their routine bedside patient care duties and does not imply to full core APS team.

1.2 Anaesthesia and Pain Medicine Workforce

- Each institution should have at least one consultant anaesthetist or pain physician, supported by one to two anaesthesia or pain medicine trainees, to supervise APS activities.

- The consultant-led team should support ward and APS nurses in implementing pain management protocols, provide clinical oversight, troubleshoot complex pain-related issues, and serve as the designated point of contact for expert advice.
- Consultant-level support should be available 24 hours a day, 7 days a week,

1.3 Clinical Leadership

The APS should be led by a designated Clinical Lead (Consultant Anaesthetist or Pain Physician) with clearly defined responsibilities for the leadership, governance, quality assurance, and ongoing development of the service.

1.4 Multidisciplinary Collaboration

The core APS team should work collaboratively with designated representatives from each surgical specialty and other relevant healthcare professionals, including pharmacists, physiotherapists, clinical psychologists, and physicians from relevant medical specialties, to ensure coordinated, patient-centred pain management.

2.0 Equipment and Facilities and Safety Standards

The provision of a safe and effective Acute Pain Service (APS) requires appropriate equipment, dedicated facilities, and adherence to established safety standards.

Category	Requirements and Standards
Infusion Systems	▪ Appropriate infusion devices must be available for intravenous (IV) systemic analgesia, patient-controlled analgesia (PCA), neuraxial analgesia, and continuous regional analgesia. ▪ All infusion pumps should comply with institutional safety standards and undergo regular maintenance and calibration.
Safety Connectors	▪ All equipment used for neuraxial and regional anaesthesia and analgesia should utilize NRFit connectors if available to prevent accidental misconnections between neuraxial and intravenous systems.
Interventional Equipment	▪ Ultrasound machines and peripheral nerve stimulators should be available to facilitate the safe performance of regional anaesthesia and analgesic procedures whenever indicated.
Pain Management Protocols (institutional or national As STSPrecommends)	▪ APS team shall adhere to pain management protocols for the appropriate use of opioids, patient-controlled intravenous analgesia (PCIA), epidural analgesia, and other regional analgesic techniques.

Category	Requirements and Standards
Medication Management	▪ The team shall also ensure the consistent implementation of multimodal analgesia for common clinical indications managed by the APS. ▪ Local anaesthetic agents should be stored separately from intravenous medications. ▪ Controlled drugs (Opioids) must be stored, handled, documented, and audited in accordance with national regulations and institutional policies.
Monitoring and Equipment Maintenance	▪ Clinical areas providing APS must have appropriate monitoring equipment and adequately trained staff to detect and manage cardiovascular, respiratory, and neurological complications. ▪ A planned program for routine inspection, maintenance, calibration, and timely replacement of all APS equipment should be implemented.

3.0 Areas of Special Requirement

The guidelines also identify following specific patient group requiring modified APS.

3.1 Acute on Chronic Pain: Acute exacerbation of chronic pain conditions is a growing problem.

These patients require more time and resources of APS in a well coordinated multi-disciplinary approach.

3.2 Children: The standard of care for neonates, infants, children and young people should be the same as adults in APS with specific skills in paediatric pain management and paediatric anaesthesia.

3.3 Emergency department (ED): The APS should work collaboratively with the ED to optimize pain management during their stay. Specialist acute pain management advice and intervention should be available in the ED.

3.4 Special patient groups: Guidelines and care pathways should be available for patients requiring tailored pain management in following subgroups

- Older or frail adults
- Patients on alcohol or other drugs
- Patients with dementia or physical disabilities
- pregnant or breastfeeding patients
- Those with significant organ dysfunction or critical illness

3.5 Opioid stewardship : Responsible opioid prescribing is a key component emphasizing the prevention of long-term harm and misuse.

- Patients receiving high-dose opioids (≥ 60 mg oral morphine or equivalent/day) should be identified preoperatively and referred for specialist optimization where appropriate.
- The IPS should lead opioid stewardship initiatives, avoid initiating modified-release opioids for acute pain, and limit discharge opioid prescriptions to a maximum of five days.
- Patients prescribed opioids should receive documented counselling on the risks, safe storage and disposal, and a clear opioid tapering or de-escalation plan.

4.0 Training and Education

4.1 The APS should provide structured education on pain assessment, management, and relevant guidelines for all healthcare professionals involved in pain care.

4.2 Pain management training should be included at the time of staff induction and reinforced regularly, incorporating simulation-based learning where appropriate.

4.3 APS members should have some protected time and continuing professional development (CPD) to maintain competencies in acute and chronic pain management.

4.4 All clinical staff should know how to access specialist pain advice and use local pain management protocols to support safe, evidence-based care.

5.0 Clinical Governance, Quality Improvement and Research

A culture of continuous learning and rigorous audit is essential for maintaining service standards.

5.1 Quality and safety: The APS should play an active role in the organization's quality and safety framework, including incident reporting, review, and investigation to support continuous service improvement.

5.2 Governance and audit: The IPS should maintain a prospective database of clinical activity and outcomes, conduct regular audits of guidelines, protocols, and critical incidents, and use the findings to improve patient care.

5.3 Benchmarking: Services should participate in national benchmarking and accreditation programmes to ensure compliance with recognised standards and promote best practice.

5.4 Research: The APS should support research and contribute to national and international collaborative studies, particularly in areas such as transitional pain management and chronic post-surgical pain.

6.0 Organisation and Administration

6.1 The IPS should work closely with medical teams, chronic pain, palliative care, emergency medicine, and primary care to ensure coordinated pain management and appropriate step-down analgesia after discharge.

6.2 Evidence-based pain management guidelines, including those for specific patient groups, analgesic techniques, and the management of side effects and complications, should be readily accessible.

6.3 All guidelines should have clear authorship, regular review dates, and comply with local clinical governance requirements.

6.4 Regular audits, critical incident reporting, and dissemination of national patient safety alerts should support continuous improvement in pain management.

7.0 Patient Information

Effective administration ensures that clinical care is supported by clear protocols and informed patient participation.

7.1 Information must be provided in various formats (leaflets, videos, online) and languages to support informed consent.

7.2 Preoperative education should manage patient expectations regarding postoperative pain and analgesia.

7.3 Discharge plans must include step-down analgesic instructions during the hospital stay and advice on the impact of medications in collaboration with primary surgical team etc.

Reference

Royal College of Anaesthetists. Chapter 11: Guidelines for the Provision of Anaesthesia Services for Inpatient Pain Management 2026. Available from: <https://www.rcoa.ac.uk/gpas/chapter-11-2025>. Accessed on 08 October 2026.

Affiliations of the Authors:

1. The Aga Khan University Hospital, Karachi
 2. Mumtaz Medical & Dental Complex, Islamabad
 3. National Hospital & Medical Centre, Lahore
 4. Peoples University of Medical & Health Sciences for Women, Nawabshah
 5. Shifa International Hospital, Islamabad
 6. Ziauddin University Hospital, Karachi
 7. Evercare Hospita, Lahore
 8. Combined Military Hospital, Multan
 9. Islamic International Medical College, Riphah International University, Islamabad
-