POSTOPERATIVE PAIN MANAGEMENT
FOR PERIPHERAL NERVE BLOCK PATIENTS
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Pain management has been a major concern in the perianesthesia setting. Since late spring 2010, a change of anesthesia practice for preoperative peripheral nerve blocks was performed in two operating rooms instead of the Post Anesthesia Care Unit (PACU) department. By summer 2010, PACU nurses identified a problem regarding delays in initiating the patients’ peripheral nerve block infusion pumps, especially for orthopedic patients for immediate postoperative pain management. The change of location made an impact on the infusion pump delays causing physicians and staff nurses’ frustration.

Strategies:
A collaborative effort was initiated by the PACU staff to identify and improve the delays for pain management in the PACU through a PDSA (Plan, Do, Study, Act) improvement process. The PACU staff identified key departments and unit champions; worked collaboratively with the group in identifying specific issues and concerns that impact the delays, and identified specific improvement process for all departments involved. The PACU nurse champions will monitor all patients with peripheral nerve block infusion and report results to the group.

Evaluation/Implications:
The overall goal was to initiate the patients’ continuous peripheral nerve block infusion pumps within one hour of the time of PACU admission. An immediate improvement was noticed in the first 2-3 months after the project started, especially in the reduction of the wait time for the medications to be filled by pharmacy. Currently, this practice is being monitored when PACU staff nurses noticed delays, which occurs occasionally. The key success of implementing this project was the driving force from the anesthesia provider and the constant communication among the departments involved. The immediate attention and successful initiation of each department’s roles to initiate postoperative pain management helped improve patient satisfaction, successful outcome and positive surgical experience.