Introduction: There is no standardized approach to managing perioperative pain in the chronic pain patient on sustained-release opioids. A pre-anesthetic interview is done by telephone before surgery to verify the patient’s health history and identify medications. The anesthesiologist reviews the assessment on the day of surgery and provides analgesics according to their preferences.

Problem: Analgesic gaps are created if the patient omits their morning pain medicine, the anesthesia provider doesn’t compensate for the missed doses, and the surgeon writes a postoperative analgesia order that doesn’t consider their patient’s chronic pain condition. The patient may be dissatisfied with the pain management received during the surgical visit and is at risk for withdrawal symptoms if treated the same as an opioid-naïve patient.

Purpose: Identify if prescreening the chronic pain patient before the day of surgery is safer and would increase patient satisfaction with pain control.

Methods: The framework used for this project was the Johns Hopkins Nursing EBP Model. A literature search (2000-2010) of PubMed, Cochrane, CINAHL, and specialty databases produced 42 articles which were narrowed to 2 clinical practice guidelines and 10 reviews. A 12 person multidisciplinary EBP team (perioperative nurses, pharmacists, anesthesiologists, nurse anesthetist, and clinical nurse specialist) conducted the project.

Results: Identifying chronically opioid-consuming patients is the responsibility of the entire perioperative team. Preoperative evaluation is necessary to document daily opioid use and plan perioperative pain medicine management. A pain team consult may be needed.

Discussion/Conclusions: Pre-hospital nurses can identify surgical patients on chronic opioid therapy using sustained-release opioids. A sticker placed on the inside cover of the patient’s chart will remind the anesthesia provider and surgeon that the patient is on chronic opioid therapy, to expect higher perioperative opioid usage, and to take the patient’s baseline requirements into consideration as well as acute pain. A pain management reference guide and pain team consult form can be included in the chart to assist the surgeon in writing appropriate and safe postoperative orders.

Implications for Perianesthesia Nurses: Improving patient outcomes by identifying chronic pain patients on sustained-release opioids and providing adequate pain relief is the goal for all perioperative nurses.