OPIOID SEDATION COMPARISON STUDY
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Introduction
Respiratory depression is a serious side effect from the use of opioids. Nurses are essential in recognizing respiratory depression. Patients become sedated prior to clinically significant opioid-induced respiratory depression (2009). The literature is stressing the need to monitor sedation for all narcotic administration to prevent untoward events.

Study Purpose
This study is collaboration with Phelps Memorial Hospital and NYSPANNA to replicate an original study by Alison Nesbit and Florence Mooney-Cotter (2009). The original study was designed to test the validity and reliability of three sedation scales, the Richmond Agitation and Sedation Scale (RASS), Inova Sedation Scale (ISS), and Pasero Opioid-Induced Sedation Scale (POSS). The purpose of the study was to determine which sedation scale the SPH med-surg nurses preferred and could they determine that sedation precedes respiratory depression.

Method
A convenience sample of Med Surg nurses was used for participation. Question content remained intact. The questions were downloaded to the SPH website for three weeks.

RESULTS
The data revealed 42 complete visits, or 3% of the targeted population. In Nisbett's study, all scales were valid, with med-surg nurses preferring the POSS and RASS scales. Phelps's and SPH nurses preferred the POSS scale. Phelp's data supported the validity of the scales. Due to low numbers, no statistics were done for SPH. Ninety percent of the SPH staff identified that sedation precedes respiratory depression compared to 85.3% in Nesbit's study.

Discussion
The implications of this study is that a sedation scale is a useful tool to help nurses assess respiratory depression (2009).

Bibliography
