Identification of Problem/Overview: Respiratory depression is a dangerous adverse effect of opioid administration in conjunction with advancing sedation (Jarzyma et al., 2011). Harmful events associated with opioid-induced respiratory depression (OIRD) can be averted through systematic patient assessments and treatment. The Pasero Opioid-induced Sedation Scoring (POSS) tool is a validated instrument to assist nurses to select appropriate clinical actions based upon the patient’s sedation score.

Purpose: To explore the relationship between education level and experience of PACU nurses, and their knowledge levels in assigning sedation scores and pain management options using the POSS tool.

Methods/Evidence/Results: A descriptive quantitative research design was used with an online survey with demographic data including education, certification, and years of experience, as well as self-reported comfort, competence, and utilization of the POSS. In addition, 10 medical-surgical questions assessing knowledge of analgesic, sedation scoring, and pain management options modified from an article by Overdyke and Guerra (2011) were included. Correlational analysis was conducted to test the nature of the relationship between knowledge and the other variables. Seventeen out of 24 nurses (71%) completed the survey. The results revealed no statistically significant correlation between the participant’s self-report of competency, consistency, and comfort level in applying the POSS and the correct responses to survey questions. The overall percentage of correct responses to the knowledge questions was 59.4%, which demonstrated a lack of knowledge of pain management options. These findings revealed a need for further education and audits on pain management and treatment options for the prevention of OIRD.

Significance of the findings/outcomes: One barrier affecting the prevention of OIRD is inconsistent nurse practice patterns. There is a need to develop and implement guidelines and educational programs for the effective management of post-operative pain. Continued educational support of evidence-based educational programs on pain assessment and management techniques promotes the delivery of quality patient care.

Implications for perianesthesia nurses and further research: Further research is needed with a larger sample size to guide excellence in pain management for the patients in our care. Implementing best practices for pain management requires follow-up and engagement with staff during patient assessments at the bedside.