

THE 5 P'S: THE POSTOPERATIVE PAIN PATIENT, A PREOPERATIVE PRIORITY

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BACKGROUND INFORMATION:

Patients receiving long-acting opioids preoperatively need special consideration postoperatively. The PeriAnesthesia Practice Council identified this population of surgical patients as a group that did not always receive timely pain control postoperatively as standard postoperative analgesic orders were often inadequate. Proper equianalgesic dosing regimens needed to be calculated preoperatively and available on admission to the Post Anesthesia Care Unit (PACU) to better achieve optimal pain relief.

OBJECTIVES OF PROJECT:

1. To identify chronic pain patients preoperatively.
2. To improve the postoperative pain management plan.
3. To provide optimal pain relief in the PACU.

PROCESS OF IMPLEMENTATION:

The PeriAnesthesia Practice Council, in consultation with the Anesthesia Pain Service (APS) Chief, developed an algorithm to identify patients with chronic pain. Patients taking long-acting opioids were identified by a nurse practitioner (NP) in the Pre Surgical Testing Area (PST). Long-acting opioids included any dose of a fentanyl patch(s), oxycontin, morphine contin, and methadone. When a patient taking these opioids was flagged by the PST NP, an order was placed for a preoperative APS consult. On the day of surgery, the order was activated in the preoperative unit. An APS team member then preoperatively evaluated the patient and prescribed an appropriate and individualized analgesic regimen to begin on admission to the PACU. Pharmacy prepared specific concentration patient controlled analgesia (PCA) infusions and obtained needed medications ahead of time to avoid delays in administering the prescribed regimen. PACU nurses had the correct medications and doses available on the patients' admission to the PACU. Pain crises were minimized and patients subsequently experienced improved pain relief in the early postoperative period.

STATEMENT OF SUCCESSFUL PRACTICE:

Before instituting this program, the APS service averaged two PACU postoperative consults monthly. Since inception of this practice, preoperative consults have increased to 16 per month. By implementing this, the PACU nurse provides patients with individualized and optimal pain management. This innovative program has increased both patient and nurse satisfaction.

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

Due to the success of this project, practice will be standardized for all surgical and procedural patients across the care continuum including inpatients and those undergoing procedures in the Endoscopy and Interventional Radiology suites.