"My Aching Back...What More Can Be Done?"
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This performance improvement project was prompted by negative patient responses to pain questions on the National CAPHS survey. Earlier studies indicated that the orthospinal patient reports high pain scores of 8 in the PACU that are not well controlled by current pain therapy. Dr. James Griffin, a speaker at the 2008 ASPAN) American Society of PeriAnesthesia Nurses) National Conference also reported a similar finding and linked this finding to lower patient satisfaction scores in this patient population. The purpose of this study is to develop, implement and evaluate a preemptive protocol to reduce postoperative pain and to influence patient satisfaction. The PACU team collaborated with the orthopedic surgeon, Dr. Michael Chapman and the anesthesiologist, Dr. Peter Sakas to review information from medical literature and experts in the anesthesia and the pain management fields. The use of analgesics, muscle relaxants, sedatives, the use of regional blockade and the infusion of Dexametomidine were considered in the development of the protocol. The preemptive use of oral Celebrex/OxyContin/Tylenol was first step taken after which evaluation would occur to determine the impact on pain scores. An audit tool was devised to obtain data related to the orthospinal procedure type, the highest VAS (Verbal) pain score verbalized in PACU as well as the amount of Fentanyl administered in PACU. The patient population included patients having lumbar discectomy, lumbar decompression, cervical spine procedures and those having XLIP, BMP and XSTOP procedures. All patients had a general anesthetic and were over the age of 18. Patients possessed the cognitive ability to understand the pain scale and were able to communicate comfort needs. Patients placed in same-day status were excluded from the study. The evaluation of data showed that pain scores were reduced from 7.36 to 6.07, matching Dr Griffin’s goal. Comparative analysis of pre- and post- implementation data revealed a decrease in pain scores in each procedure type and a decrease in the Fentanyl narcotic use. The percentage of patients registering the highest pain score category 8-10 fell from 60% before the protocol was implemented to 33% in the post implementation audit. The Fentanyl average dose per patient decreased from 148 mcgs. to 113 mcgs. following the use of the protocol due to a reduction in the number of patients with pain scores of 8-10. By lowering the pain score, the narcotic requirement was reduced. The preemptive analgesic protocol will be implemented for use in the orthospinal patient and the physician order sets have been adjusted to include Celebrex/OxyContin/Tylenol. Additional study is needed to implement the remaining options so as to expand the protocol in the future. Analysis of the next National CAPHS report pain statistics will determine the impact on patient satisfaction.