IMPLEMENTATION OF CLINICAL GUIDELINES FOR THE USE OF IV ACETAMINOPHEN IN PERIANESTHESIA PAIN MANAGEMENT

Team Leaders: Susan Dorion, MSN, RN, Eswar Sundar, MD, Peter Panzica, MD, Katherine Cunningham, PharmD, Ross Simon, BA
Beth Israel Deaconess Medical Center, Boston, Massachusetts
Team Members: Marianne McAuliffe, MSN, RN, Mary Ellis, BSN, RN, Mary Grzybinski, BSN, RN, Meghan Connolly, MS, NP, Soumya Mahapatra, MD

BACKGROUND:
IV acetaminophen use in the PeriAnesthesia Area has steadily increased since receiving FDA approval in 2010. At BIDMC in Boston, clinician preference rather than standard guidelines have been the predominant decision tools in selecting patients for this treatment option. Recent price increases have tripled the cost per dose. The question of continued unrestricted use of this methodology needed to be answered in order to provide positive patient outcomes in the current fiscally challenging healthcare environment. A multidisciplinary team with representatives from nursing, anesthesia, surgery and pharmacy was formed to provide guidelines for the use of IV acetaminophen within a multimodal approach to PeriAnesthesia analgesia.

OBJECTIVE OF THE PROJECT:
- Develop guidelines for the use of oral preemptive analgesia
- Develop guidelines for the use of IV acetaminophen in the PeriAnesthesia setting
- Maximize utilization of resources

PROCESS OF IMPLEMENTATION:
- Literature search to review efficacy of PO vs. IV acetaminophen and best practices for preemptive oral analgesia
- Survey sent to surgeons, NPs, PAs, and RNs to assess understanding of and willingness to use preemptive PO medications in lieu of IV acetaminophen postoperatively
- Developed a guideline for the appropriate use of IV acetaminophen
- Created a 24 hour alert in the electronic ordering system to require daily IV acetaminophen reordering
- Development of service line protocols for preemptive medications
- Education of new guidelines rolled out to staff
- Encourage use of preemptive PO medication in Holding Areas
- Implement an ongoing audit of IV acetaminophen use
- Analyze PeriAnesthesia pain assessments to validate changes made

STATEMENT OF SUCCESSFUL PRACTICE:
The use of preemptive analgesia, as well as following the new guidelines has led to a decrease in PACU IV acetaminophen use, while maintaining optimal PeriAnesthesia pain management, providing a significant cost savings to the medical center.
IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:
Healthcare costs may influence the care provided to patients. PeriAnesthesia nurses working as part of a multidisciplinary group have the opportunity to influence best practice in the care of their patients at the same time recognizing the financial constraints of institutions.