Background

• Effective management of post-operative pain is often a challenge among patients with chronic pain
• This patient population is often under-treated and overlooked due to home regimens put on hold or not continued when they are admitted to acute care
• Pain consultations are requested when patients are in tremendous pain, and often, it is too late
• Opioid tolerant patients may have a longer length of stay in PACU related to difficulty managing their pain post-operatively
• Difficulty may arise from balancing medicating patients for pain on high levels of sedation with little change to their high levels of pain

Project Goal

• To facilitate and utilize a multi-disciplinary approach to treat chronic pain patients post-operatively by initiating pain consultations in the Pre-operative area.
• To decrease patient anxiety by providing early pain intervention with pain specialists.

Implementation

1. Create and implement an assessment tool to be used in the EMR regarding patient’s pain history
2. Get buy in from in house pain doctors as well as pain management directors to participate in project
3. Identify the vulnerable population of surgical chronic pain patients preoperatively in Outpatient Testing (OPTC) utilizing the chronic pain assessment tool
4. Expediting pain management consultations by having Outpatient Testing requesting for pain consultations from the surgeons to be seen in preop.
5. Notify pain management ahead of time with patient’s surgery date and time
6. Initiate pain management consultation in preop, ordering post operative pain medication ahead of time such as PCAs.
7. Monthly reassessment and meetings with leadership/stakeholders to reevaluate barriers and discuss ideas for change.

Results

• Patients have been screened and identified as chronic pain patients
• Patients have received pain consults post-operatively during their hospital admission
• Twenty-two preoperative pain management consults for 100 chronic pain patients were generated
• Pain quality scores for PACU increased from 69% to 95%

Conclusion

• Continuing this process will help improve communication and build a foundation for ways to best serve this patient population
• Develop a standard work for initiating pain consultations without calling the surgeons for a pain consultation request
• Plan to create and establish a nurse driven protocol for as needed post-op pain medication for patients with chronic pain

Implications for Practice

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