IMPROVING POSTOPERATIVE PAIN MANAGEMENT IN ORTHOPEDIC TOTAL JOINT SURGICAL PATIENTS WITH OPIOID TOLERANCE USING THE IOWA MODEL OF EVIDENCE-BASED PRACTICE
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Problem/Overview:
Opioid-tolerant orthopedic surgery patients had poor pain control and considerable time was spent managing their pain in the Post Anesthesia Care Unit (PACU). This resulted in delayed recovery time, poor patient satisfaction, and additional institutional expense.

EB Question/Purpose:
The purpose of this evidence-based project was to determine effective changes for the perioperative period that would measurably improve pain management for patients in the PACU.

Method/Evidence:
The Iowa Model of Evidence-Based Practice guided this project. A literature search revealed several strategies to improve pain management. These included (1) early patient identification of opioid-tolerant surgical patients, (2) pre-emptive and multimodal medication strategies, (3) consistency in team handoff communications and (4) patient and staff education to facilitate timely interventions. A Pain Screening Tool was developed for preoperative patient identification. An individual pain management plan was then created and communicated during staff handoffs. Data was collected and analyzed from 20 pre-guideline and 20 post-guideline chart reviews.

Significance of Findings/Outcomes:
Improved patient identification resulted in a more comprehensive pain management plan of care. Outcomes included lowered pain scores, shorter PACU time and overall hospital length of stay (LOS). Time in PACU was reduced by 30 minutes and hospital LOS reduced by 3 days. A practice guideline for opioid-tolerant patients can result in cost savings and improved patient satisfaction. Additional findings included lower pain scores in PACU, fewer “rescue” calls to the Pain Service from PACU staff, and increased use and earlier initiation of patient controlled analgesia (PCA) in PACU.

Implications for Perianesthesia Nurses and Future Research:
Increased numbers of the “Baby Boomer” generation with opioid tolerance will present for surgery in the future. It will be advantageous to be guided by evidence-based practice to better manage their pain. Teamwork and process transformation can provide a more customized and satisfying patient care experience in the PACU. Decreased PACU time and hospital LOS can significantly improve patient flow and financial savings for the institution.