

**PAIN CONTROL WITHOUT OVER-SEDATION IS POSS-ABLE.
FROM PACU EBP QUESTION TO SYSTEM WIDE CHANGE:
IMPLEMENTING THE POSS**

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Background: Based on the Joint Commission Sentinel Event Alert, hospitals need to focus on safe opioid administration and vigilant monitoring of the effects of opioids. The PACU lacked a standardized policy to determine when the non-ventilated patient is ready for discharge based on pain and level of sedation. PACU staff has varying levels of experience leading to inconsistency in treating pain and the risk of opioid-induced oversedation and/or respiratory depression.

Objective: To determine and implement the best sedation tool to manage the non-ventilated Phase-One PACU patient to prevent oversedation and/or respiratory compromise related to opioid administration for pain management, while reducing the need for Narcan.

Implementation: After an extensive literature search and review, the Pasero Opioid-Induced Sedation Scale (POSS) was identified as a reliable and valid tool to measure sedation while addressing pain management. Nursing education included information on the POSS, identifying high risk populations for post-operative opioid-induced respiratory depression and reviewing multimodal pain management.

Statement of successful practice: The POSS tool was successfully implemented into the electronic health record, which required a system-wide change affecting the three hospitals in the health system. Education was provided to staff at each hospital.

Implications for practice: Since implementation of the POSS tool, compliance with documentation of appropriate POSS score for discharge has ranged from 91-94%. No events requiring Narcan have been reported in PACU since implementation of the POSS tool. It is anticipated that the POSS can be utilized in the future by non-ventilated patients outside the PACU receiving opioid therapy.

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