



# Optimizing the Post-Operative Experience for Mismatched Patients with Chronic Pain by Initiating Pain Consultations

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## 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.

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## 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 consults 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.

**Chronic Pain Screening Algorithm**

**Step 1: Ask questions on Identification screen**

Questions from Identification screen:

1. Have you had constant pain prior to your hospitalization? No → Done Screening
2. How long have you had pain? Yes → Document and Continue
3. Do you see an outpatient pain management specialist? No → Document and Continue

Yes → Document the following in the log:

1. Full name and phone number of pain specialist
2. Ask patient these follow up questions:
  - a. When did they last see the MD?
  - b. Does the MD know patient is having surgery?
4. Taking long acting opioids? Yes → Document the medications in log

4. Call surgeon and request for pain consult.  
Surgeon response to consult request:

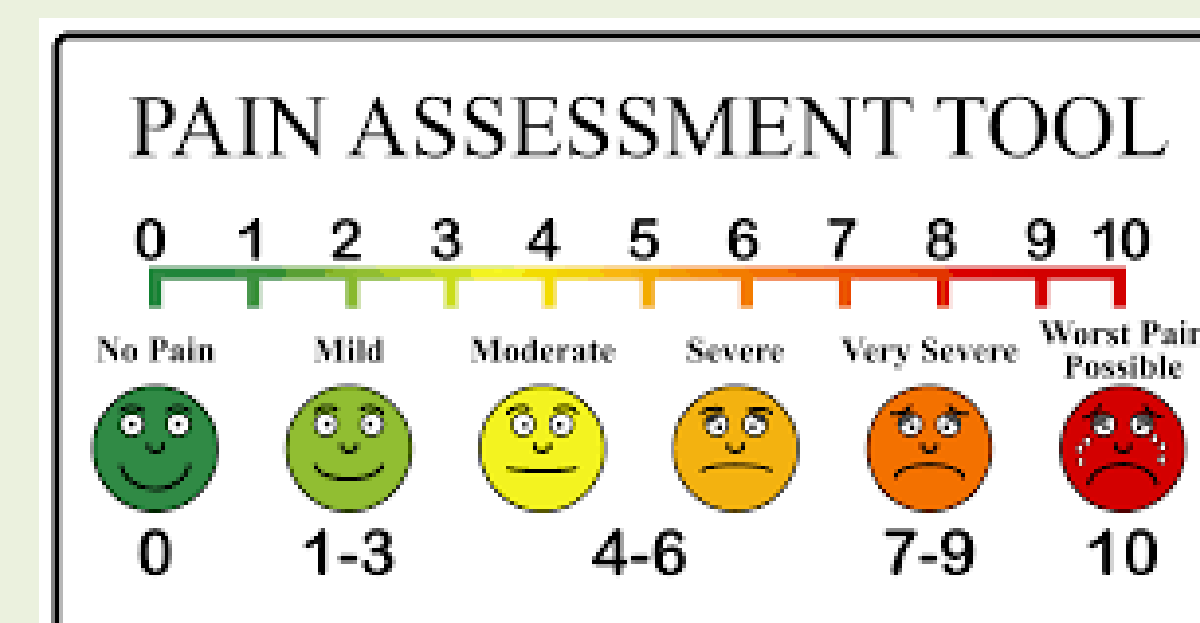
No → Document in Log

Yes → Proceed with the following:

1. Put Orders in Meditech
  - a. Put order in Meditech under surgeon's name, under telephone order. If it is preoperatively done, location will be SAM
  - b. \*\*CHANGE DATE OF CONSULT TO DATE OF SURGERY
  - c. Order will read "CONSULT PAIN MANAGEMENT"
  - d. Has the Consulting Physician Been Notified? PUT "Y" for yes
  - e. Consulting Provider type in COVA/NAT and search for doctors name:
    - i. Nurse Anesthetists
    - f. In Consult Comment Box Please Type: Pain management consult
    - g. Your name, RN paged Dr. \_\_\_\_\_ via perfect serve
2. Perfect serve Dr. Covarrubias for pain consult  
Dr. Covarrubias is excellent at reading texts and getting back via perfect serve. If not Dr. Covarrubias, then someone else from pain management will receive the message.

6. If there are any questions regarding patients meeting criteria: please email Gloria Franklin at [Gloria.Franklin@stjoe.org](mailto:Gloria.Franklin@stjoe.org) or by calling: 714-732-0244

7. Fax log to Michelle Marmol in PACU at end of day (714-456-7567)



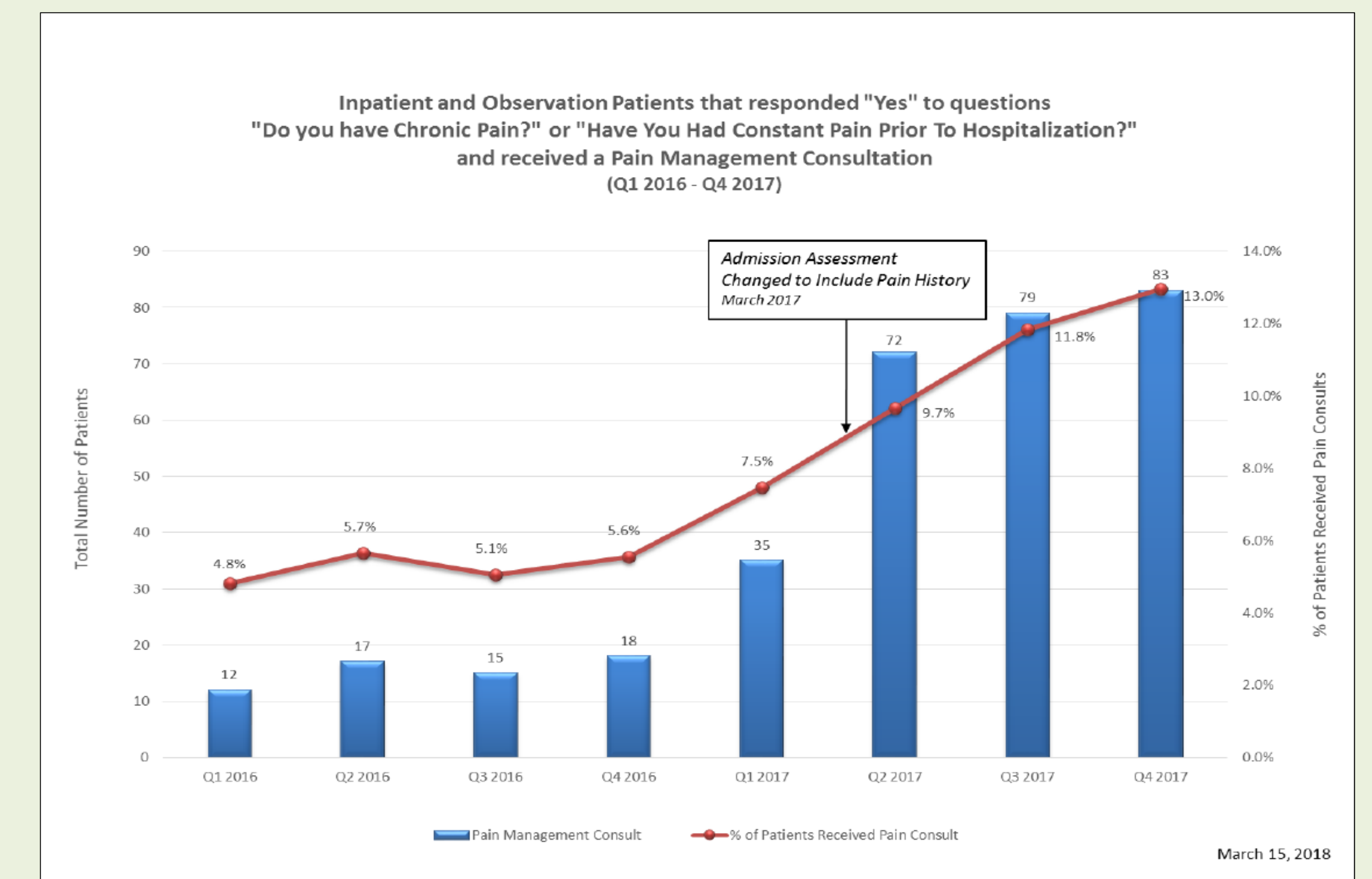
**TEARLESS PAIN DEFINITION:**

Excruciating pain that can't be seen by others but that hurts like hell to the one experiencing it

**NOTE: Sometimes Tearless Pain can be accompanied by feelings of frustration, sadness, and loneliness because those who can't see the Tearless Pain assume that everything is fine with the person experiencing it.**

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## Results



## Conclusion

- 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%

## Implications for Practice

- 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