POST-OPERATIVE PEDIATRIC PAIN MANAGEMENT EDUCATION

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Introduction

Our surveys for pain management education were consistently below the 75th percentile in our pediatric population. We needed to improve our pediatric patient satisfaction scores. The question we evaluated was, "Did someone from the staff tell you accurately how your child might feel after surgery?" We decided to focus on the pain the patient might experience after their procedure.

Purpose

We wanted to improve patient and caregiver knowledge of postoperative pain management. By discussing potential postoperative pain prior to the procedure, they would have information about what to expect during the postoperative experience at the surgery center and at home.

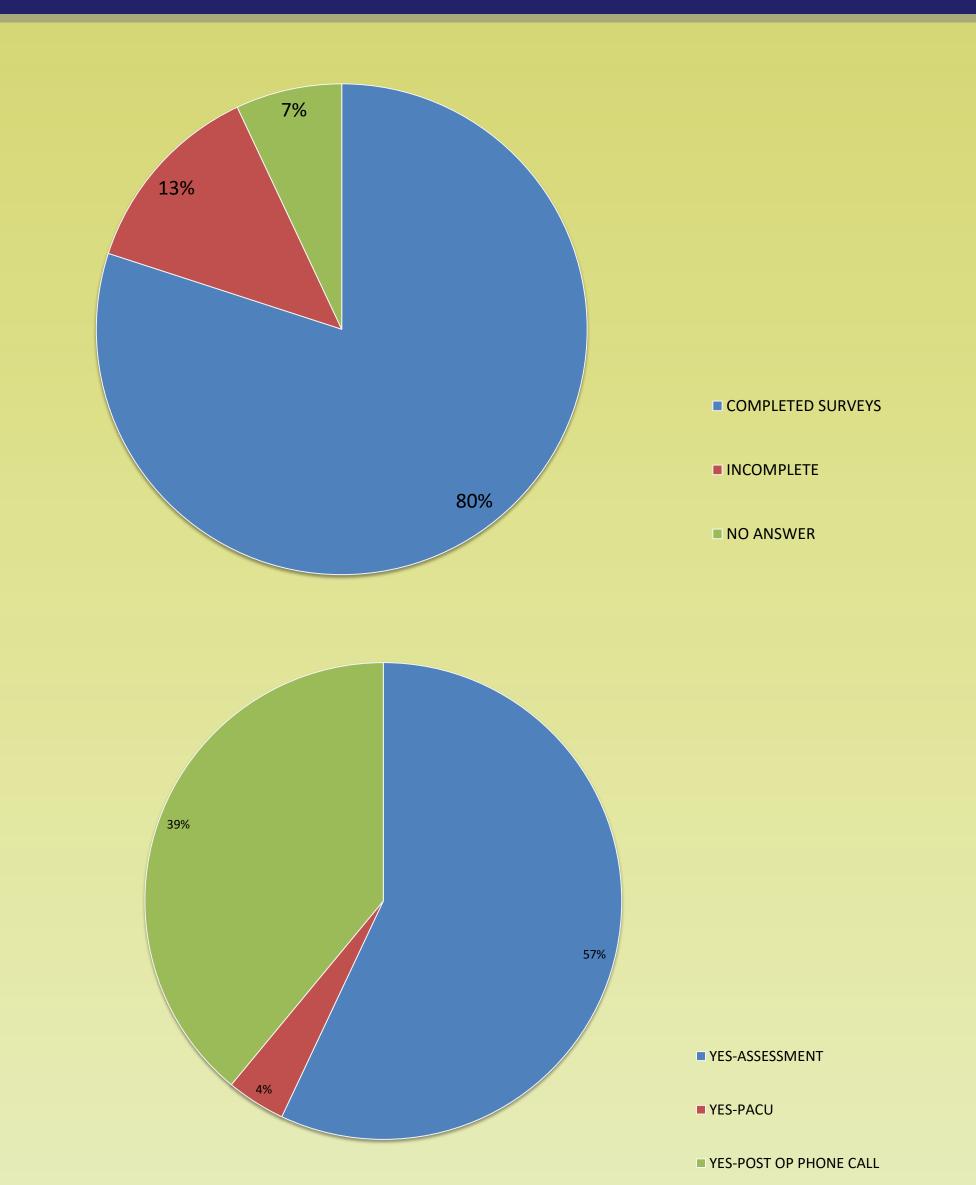
Question

Would discussing the potential postoperative pain the pediatric patient might have help the caregiver and improve satisfaction scores?

Hypothesis

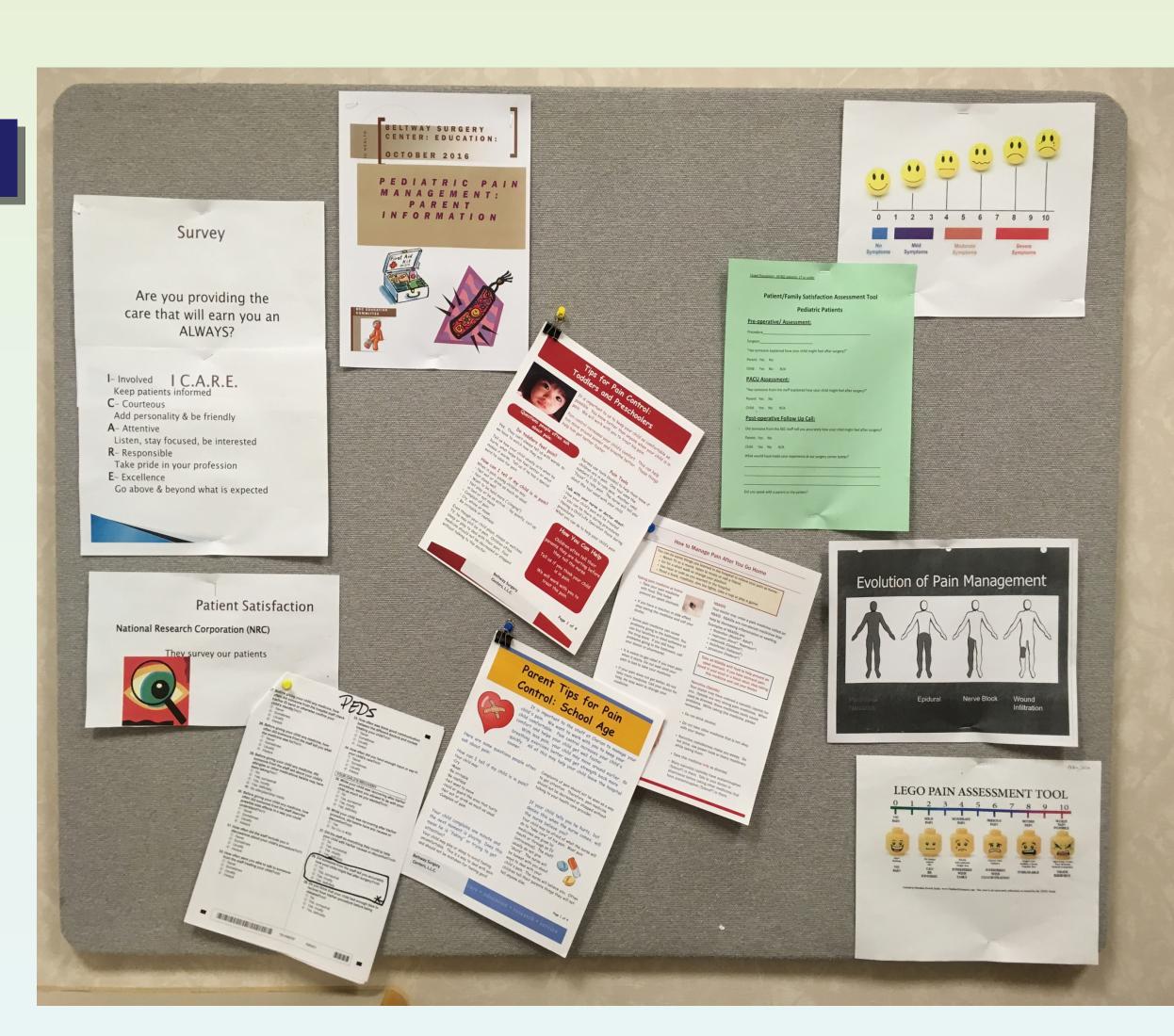
If the nursing staff educates the caregiver on potential postoperative pain prior to the surgery, then the caregiver will feel more comfortable about pain management.

Results



Methods & Materials

Pediatric Pain Management Staff education: We created an education board for the staff to review. We also met with the nursing staff to discuss the education material and survey. We informed the surgeons and anesthesia staff of our focus group.



Results/ Comments

93 total surveys. 12 surveys not complete, 7 no answer with post-op call. Total usable surveys=74

Caregiver comments-

- Didn't expect that level of pain
- Pain worse than expected
- Felt better, so prepared
- We did a good job of explaining everything
- Very glad we had told her what to expect
- Appreciated the education, it made her feel better

Methods & Materials

Pediatric Pain Education Assessment Tool:

Patient/Family Satisfaction Assessment Tool

Pediatric Patients

Pre-operative/ Assessment:

| Procedure | | |
|--|----|-----|
| Surgeon | | |
| "Has someone explained how your child might feel after surgery?" | | |
| Parent: Yes | No | |
| Child: Yes | No | N/A |
| | | |

PACU Assessment:

"Has someone from the staff explained how your child might feel after surgery?" Parent: Yes No

Child: Yes No N/A

Post-operative Follow Up Call:

Did someone from the BSC staff tell you accurately how your child might feel after surgery?

Parent: Yes No

Child: Yes No N/A

What would have made your experience at our surgery center better?

Did you speak with a parent or the patient?

Implications for Nursing

We should consistently proactive with our pediatric education in the perianesthesia areas. We cannot assume that pain management education is addressed during the pre-surgery office visit.

Conclusion

It was clear that the majority of patients were not educated before arriving at our facility. The assessment nurse was able to start the education process. We were able to reinforce the education in PACU and during the post op phone call. Our anesthesiologists also were an essential part of this education because many of the parents stated that they had discussed pain management with them in assessment. Our survey scores have been consistently above the 75th percentile with some of our quarterly results at 100%.

References

Blomberg, A. (2014). Education Improves Patient Satisfaction and Patient Safety. The Official Journal of the Anesthesia Patient Safety Foundation.

Heath, S. (Ed.). (2017). Improving Pediatric Patient Experiences with Age-Appropriate Education. Retrieved from https://patientengagementhit.com/

Moreno, M., Furtner, F., & Rivera, F. P. (2011). How Parents Can Help Children Cope With Procedures and Pain. Pediatrics & Adolescent Medicine.

http://dx.doi.org/doi:10.1001/archpediatrics.2011.157

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