

OPIOID SPARING-HOW DARING: OPIOID NAIVE PATIENTS UNDERGOING KNEE OR HIP REPLACEMENT SURGERY RECEIVE MINIMAL OPIOIDS

Team Leaders: Toni Milne RN ADN CPAN, Amanda Charlton PT DPT MBA
Texas Health Huguley Hospital Fort Worth South, Burleson, Texas

Team Members: Joyce Melius RN-BC MSN EdD CCRN-K, Shelby Graf RN BSN

Background Information: With growing concern of opioid addiction, misuse and Opioid Related Adverse Drug Events (ORADE) in surgical patients, we evaluated the potential of decreasing the use of opioids on post-operative unilateral knee/hip arthroplasty patients. A high number of surgical patients experience ORADE while in the acute care facility. Initiating a protocol for opioid sparing regimen for the joint replacement patients was prudent. Surgical patients that receive less opioids experience less ORADE. This in turn decreases length of stay while achieving adequate pain management and maintaining high discharge home percentages without increased readmissions.

Objectives of Project:

1. Implement an opioid sparing pain management regimen
2. Decrease Opioid Related Adverse Events
3. Decrease length of stay in acute care
4. Discharge patients home with non-opioid pain medications as first line medication

Process of Implementation: After review of literature, team consensus and appropriate approval, order sets were revised to include an opioid sparing plan of care. A training plan was executed involving Anesthesiologists, Orthopedic Surgeons, Total Joint Care Coordinator, Pharmacists and Front-Line Nurses. Patients involved in opioid sparing medication regimen were educated on plan of care prior to surgery. In the hospital and after discharge, opioid naive patients receive multi-modal non-opioids as first line medication, and opioids only as needed for breakthrough pain. This decreased the morphine equivalent dosage that patients receive.

Statement of Successful Practice: Patients following the opioid sparing plan of care in conjunction with total hip or unilateral knee arthroplasty have experienced decreased ORADE, decrease in length of stay to an average of 2.06 days, discharge to home verses rehabilitation currently at 86.6%.

Implications for Advancing the Practice of Perianesthesia Nursing: The implementation of an opioid sparing plan of care improves the quality and safety of patient's overall surgical recovery. PACU nurses will continue to work closely with Anesthesia providers to utilize multimodal pain management to integrate minimal opioid administration during the perioperative phase. The team will continue to collect data and follow patient outcomes. The team is optimistic that other surgeons will recognize the benefits of opioid sparing pain management and will join our efforts to reduce opioid use and decrease the chances of opioid prescription availability for overuse and/or diversion.