Addressing Opioid Range Order Use in Post Anesthesia Care Units (PACUs) Across a System

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Background

Range orders and therapeutic duplication are an ongoing issue in PACUs as we balance the unique needs of our patients with the restrictions of laws and regulatory bodies. The intent of opioid range orders is to allow the nurse the flexibility to administer pain medications to provide pain management to meet the patient’s acute individual needs immediately post-operative. While range orders allow for flexibility, they do not support standardization between nurses for initial and consecutive dose selection and administrations, dose titration, or transition to 2nd line or 3rd line opioids.

Purpose

With the goal to support standardized nursing practice for opioid administration with range orders to patients in the PACU, the multidisciplinary team efforts were focused on identifying a tool to meet these needs.

Assessment

PACU Nurses manage patient’s pain with opioid range orders written by the anesthesia provider.

PACU Nurses choose a dose based on patient’s pain rating, knowledge, experience, and comfort level.

Hospital Policy

States:
- Range orders are acceptable
- The maximum dose of an opioid range order must not exceed four times the lowest dose.
- Any dose range may be ordered if dose selection will be directed by an ordering provider

Opioid range orders written by anesthesia include:
- Range
- Frequency
- Cumulative maximum dose
- Therapy Line (1st line, 2nd line, etc.)
- When to move to the next line of therapy
- When to contact the provider
- Specific orders when bridging to oral therapy

Available tools and resources:
- The inpatient units have a tool which was created and implemented for use, while the principles of the tool meet the need to support PACU nursing practice, the actual language does not meet the PACU practice needs.

Stakeholders

Anesthesia Nursing – Clinical Nurse Specialists, Nursing Education Specialist, Quality and Safety Program Specialist Pharmacy

Discuss & Review

Current practice across all PACU/Phase I recovery areas across the system

Hospital policy directing practice related to patient care orders

Law and regulatory requirements

Brainstorm & Draft

Identify ideal practice within the limits of policy, regulatory requirements, and physician orders:

- Ideal state for assessing, dose selection, and administration
- Reassessing, dose increase/decrease same amount

Nurse Draft Review

Reviewed many algorithm iterations with a group of PACU nurses

Applied to real patient scenarios

Updated algorithm as needed with these reviews

Final Product & Rollout

All nurses providing care to patients in phase I recovery received training using real patient scenarios outlines in a Computer Based Training (CBT) module and were successful when completing training.

Results

The PACU/Recovery Room Opioid Management Tool supports standardization of initial and consecutive doses of range ordered opioids, allowing nurses to continue to manage a patient’s individual pain management needs with the flexibility range orders offer.

Implications

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