SPEAKING THE SAME LANGUAGE: ESTABLISHING A UNIFORM CRITERIA FOR SAFE ADMINISTRATION OF OPIOIDS IN THE PACU USING POSS

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Identification of the problem – Overview: Sedation resulting from opioid-administration is a concern for the Post Anesthesia Care Unit (PACU) nurse. The Joint Commission recommends the use of a standardized sedation assessment tool to reduce the occurrence of opioid induced respiratory depression. The use of the Pasero Opioid-induced Sedation Scale (POSS) is recommended by the American Society for Pain Management Nursing as easy to use with superior measurement of sedation in conjunction with being directly linked to nursing interventions. Our current descriptive sedation assessment is subjective with imprecise meanings that are open to varied interpretation leading to diverse narcotic administrative practices.

EP Question/Purpose: In post-operative patients receiving opioids, how does the use of the POSS compare to the current descriptive sedation assessment assist nurses' decisions when administering opioids within the phase I recovery period in the PACU?

Methods/Evidence: This is an evidence based practice (EBP) project instituting the POSS. The Johns Hopkins Model for Evidence Based Practice was used to guide the project. A team of two staff nurses and the perianesthesia nurse educator was created. The evidence revealed both an EBP guideline and recommendation that gave high quality support for the POSS to replace the current assessment method. Support was obtained from all managerial stakeholders. An action plan was developed including the revision of the phase I and II nursing record, the Post Anesthesia Discharge Criteria, and the Post General Anesthesia Protocol followed by staff education. The POSS was instituted, audited, and the results reviewed.

Significance of Findings/Outcomes: Twenty patients were selected for audit. Audit questions and the revised nursing record were distributed to the nurses. A five point Likert Scale was utilized. The nurses reported 63% agreement that the POSS assisted with their opioid administration. Regarding the use of the POSS changing their opioid administration, 40% agreed. Lastly, 50% strongly agreed that the POSS is a valuable tool for sedation assessment. Use of the POSS was found to be worthwhile for inclusion into practice. Needed support and reeducation with initial use was provided by the project team.

Implications for perianesthesia nurses and future research: The POSS was instituted to assist nurses in the uniform evaluation of sedation and administration of opioids. Future projects include the reevaluating of the PACU nursing record for the continued efficacy of the POSS and recommending use for patients receiving moderate sedation.