

## **USE OF A PREOPERATIVE ASSESSMENT TOOL TO IDENTIFY SURGICAL PATIENTS AT RISK FOR POSTOPERATIVE PAIN MANAGEMENT CHALLENGES**

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**Introduction:** The inability to control pain is a patient and nurse dissatisfier. A challenging aspect of perianesthesia nursing is the pain management of patients with a history of chronic pain and/or opioid use.

**Identification of the Problem:** PACU nurses perceived that patients with a history of chronic pain responded differently to standard post-operative analgesia leading to delays in achieving acceptable levels of pain.

**Purpose:** The purpose of the non-experimental, quantitative study was to evaluate if a preoperative pain management risk assessment tool would help accurately identify patients who are in a low, medium and high risk for post-operative pain management challenges.

**Methodology:** A pain management risk tool was designed by PACU nurses to preoperatively identify surgical patients' post-op pain management risk. This retrospective study analyzed randomly selected medical charts (N=185) of adult inpatients who self-reported pain. The predictive value of the tool was statistically evaluated by computing the agreement between the pre-op risk score and the post-op pain management level. Symmetry test was used to compare pre-op and post-op risk classification. Sensitivity and specificity were also computed for the overall group and by surgery type.

**Results:** The distribution of the pre-op and post-op risk categories was statistically different ( $p < 0.001$ ) in the overall sample. There was agreement for 58% of the patients (Weighted Kappa=0.35). Sensitivity was 72% (% of post-op high-risk patients correctly identified as such pre-op) and Specificity was 93% (% of post-op low/medium risk patients correctly identified as such pre-op).

**Discussion:** The moderate agreement between pre and post risk classification may be due to the inadequacy of the tool to discriminate pre-operatively between three distinct categories in terms of other contributing factors.

**Conclusion:** 72% of the high-risk patients were correctly identified by the tool which suggests that the use of this tool preoperatively may significantly contribute to better pain management of patients with a history of chronic pain and/or opioid use.

**Implications for Perianesthesia Nursing for Future Research:** Streamlining the tool to simplify the assessment into two categories may result in more predictive outcomes. Further research in other facilities and with specific surgical categories may provide additional support for the use of this tool.