USE OF A PROTOCOL DEVELOPED FROM NURSING CONCERN AND STUDIES REGARDING PARTIAL OPIOID AGONIST/ANTI-AGONIST MEDICATIONS AND OTHER ILLICIT SUBSTANCES IN THE PREOPERATIVE PATIENT TO PREVENT ADVERSE OPERATIVE AND POST OPERATIVE COMPLICATIONS

Identification of the Problem

Patients who consume illicit substances or are in a pain management program may experience adverse reactions to anesthesia and difficulty with post-operative pain control. Identifying these patients pre-operatively allows for interventions aimed at optimizing anesthesia, post-operative pain control and preventing complications.

EBP Question

Will the implementation of a protocol to identify preoperative patients in pain management therapy or participating in the use of illegal drugs and to establish collaboration with the prescribing providers decrease the potential for adverse outcomes in the perioperative period and improve post-operative pain control?



Settings

- + 222 bed hospital
- + 25 Same Day
 Surgery rooms
- + 19 Same Day
 Endoscopy rooms
- + 12 Operating Rooms
- + 6 Endoscopy rooms
- + 1 Bronchoscopy room
- 1 Cystoscopy room
- + Same Day Surgery sees 10,552 patients/year

Methodology

A root cause analysis was conducted using the Iowa Model

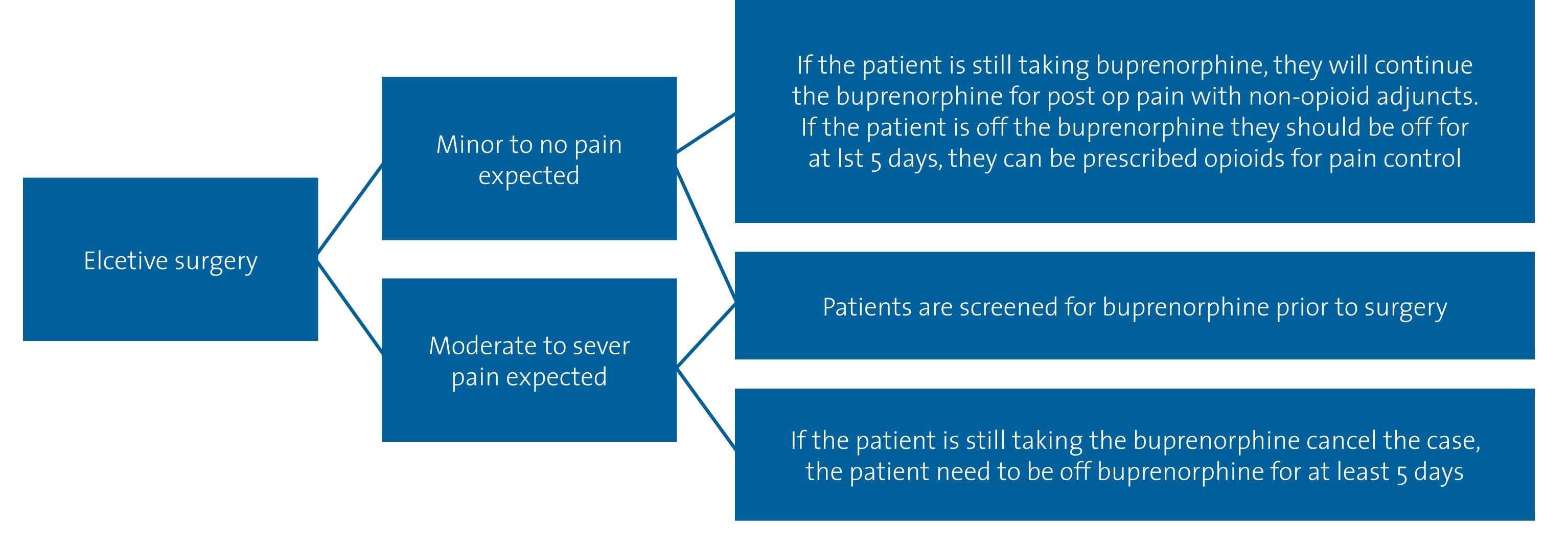
A literature search of eight articles including five peerreviewed scholarly journals with levels of evidence ranging from 4-7, a national practice guideline level of evidence -1, an authored manuscript and a government report with levels of evidence -7 was completed

Interviews with similar facilities were conducted

A gap was identified

A protocol for patients with a history of drug abuse or those in pain management therapy was developed

When the patient is scheduled for surgery, a complete medical history is obtained at the providers office. If there is a history of drug abuse or a suspected history of drug abuse a comprehensive drug screen is obtained at that time. If the screen is positive the patient is offered counseling and informed of the potential complications with drug use and anesthesia, a stat urine drug screen is repeated in Same Day Surgery the day of surgery. If the screen is positive the provider will cancel the case unless it is emergent. If cancelled the patient will need to follow up with their primary provider and must provide the results of a negative screen to be rescheduled. The patient will be tested again the day of surgery in Same Day. If the patient is on pain management therapy with buprenorphine (subutex) or suboxone



Results

Screening was completed on 13,241 patients n Same Day Surgery with ten patients identified. Tracking was not completed at the provider offices.

LEAD INVESTIGATOR

Tiffany Shope, BSN, RN | Risk Manager

CO-INVESTIGATORS

Lora Dement, BSN, RNRisk Manager

Jackie Knauff, BSN, RN, CAPA
Clinical Nurse Educator

Nicole Reese

Medical Staff Educator

Bridget Scott, MBA, MT, MS Laboratory Manager

Bethany Wheeler, BSN, RN Nurse Manager Same Day Surgery

Discussion

Patients often do not admit the abuse, and are at greater risk for perioperative complications. An operative complication or death is a devastating event both financially and emotionally for all involved. Ten potential occurrences were prevented

Conclusion

Screening patients with a history of drug abuse or those in pain management therapy (with buprenorphine) should be completed prior to surgery

Implication for Perianesthesia Nurses Future Research

Patients do not always admit drug abuse or display indications to suspect drug abuse. Would preoperative screening of all surgical patients identify those at risk?

Southern Ohio Medical Center

Very Good things are happening here

