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

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Identification of the problem: Patients who consume illicit substances or 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 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?

Methodology: Initiated by nursing and utilizing the Iowa Model a root cause analysis was conducted. A literature search of eight articles including; five peer reviewed scholarly journals levels of evidence 4-7, a national practice guideline level of evidence 1, an author manuscript and a government report with levels of evidence at 7 along with interviews from similar facilities was completed. The admission process was reviewed, a gap identified, and a protocol for patients with a history of drug abuse or in pain management therapy was developed.

Outcome of Protocol: The surgeon is to identify and test patients for drug abuse or pain management therapy at the office when the procedure is scheduled. A surgical plan is developed including the pain management provider. If indicated, testing is repeated in Same Day Surgery by a stat urine drug screen. If positive, surgery is cancelled and a follow up with the provider is scheduled. The lab was able to bundle charges to keep the cost down and there was no significant delay in surgery times. Screening has been completed on 13,241 patients in Same Day Surgery, with ten patients identified; the office screenings were not tracked.

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. Ten potential occurrences were prevented.

Conclusion: Screening patients with a history of drug abuse or buprenorphine therapy should be completed prior to surgery.

Implication for Perianesthesia Nurses and Future Research: Patients do not always admit drug use, or display indications to suspect drug abuse. Would preoperative screening of all surgical patients identify those at risk.