

IDENTIFYING PATIENTS' LEVEL OF PAIN PREOPERATIVELY TO IMPROVE POSTOPERATIVE PAIN MANAGEMENT

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Overview: NYU Langone Medical Center Pre-Admission Testing (PAT) team hypothesized, chronic pain patients undergoing elective surgery, are at risk for suboptimal, pain control if they did not receive preoperative pain consultation. In collaboration with NYULMC Center for Innovations in the Advancement of Care, we designed a quality improvement project to answer the following research question.

EP Purpose/Question: Goals for perioperative nursing are to improve pain management, obtain pain consults, decrease pain scores and improve patient experience.

Chronic pain patients are identified preoperatively for pain consultation.

1. Can pain consults performed preoperatively, significantly improve post-op pain scores on chronic pain patients having elective surgery?

Methods/Evidence: We tracked patients meeting eligibility criteria over 11 months (n = 214). Patients were identified using current Clinical Criteria for Automated Pre-operative Pain Management Service Assessment/Consult developed by Pain Management service at NYULMC. Pain assessment was tracked at intervals: Pre-op pain scores were obtained entering PACU, 2 hours later and 4 hours later. A comparison of pain scores were reviewed on patients who received pain consults vs patients who did not receive pain consults.

Outcomes: Using a numerical pain rating scale (0-10), the average pre-op pain scores of 214 patients, is 3.83. 44.4% received pain consultations; 55.6% did not. Patients who received pain consults pre-op, had pain scores average of 4.17. 4-hours post-op, pain scores ↑ to 5.28. Patients who did not receive pain consult, had average pre-op pain score of 3.57. 4-hours post-op pain score average ↑ to 4.40. Patients who received pain consultations were less likely to achieve baseline pain scores compared to patients who did not receive pre-op pain consults.

Implications: The team conducted project to demonstrate early identification of chronic pain patients undergoing surgery, can benefit from preoperative pain consultations. Our original hypothesis was not confirmed primarily because further analysis concluded patients receiving consults appear to be different than those receiving consults. This suggests that (i) the Clinical Assessment tool needs further refinement and (ii), other clinical variables are at play that affect post-op pain scores. We will reexamine the data to identify obstacles which may contribute to higher pain scores postoperatively.