

## **EXPLORING A MULTI-MODAL APPROACH TO PAIN CONTROL IN THE POST-ANESTHESIA CARE AREA**

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**Introduction:** Surgical spine patients often arrive in the PACU with a pain score of 10 out of 10. When pain level is this high, it is very difficult to get it under control. The primary type of medication given for pain in the PACU is an opioid which is known to cause respiratory depression. Patients recovering from anesthesia frequently need to be prompted to breathe.

**Identification of the problem:** The balancing act of preventing respiratory depression and controlling the patient's pain begins. There needs to be alternatives to giving narcotics for these patients. The purpose of this study was to compare the difference in the amount of opioids given when non-opioids are utilized for pain control and when they are not. The non-opioids used in PACU are Tylenol aModand Robaxin.

**EP Question/Purpose:** Does administration of intravenous Tylenol and Robaxin decrease the amount of opioid used to control pain?

**Method/Evidence:** This was a retrospective study performed by collecting chart data on 21 lumbar spine patients in PACU. Data was collected by reviewing the Medication Administration Record on a daily basis during a one-month period. It was noted which patients received and did not receive intravenous Tylenol and intravenous Robaxin and how much opioid was given.

**Significance of Findings/Outcomes:** Out of 21 patients, 15 patients received Tylenol and/or Robaxin and 6 did not. The average amount of opioid given for patients receiving non-opioid medications was 1mg. The average amount of opioid given for patients that did not receive non-opioid medications was 2.3mg.

**Implications for perianesthesia nurses and future research:** This study suggests less opioid can be given when non-opioid medications are utilized. Therefore, our next step would be to collect data on a larger sample size to confirm our initial findings.