

Early Ambulation to Decrease Narcotic Use in Postoperative/Postpartum Cesarean Section Mothers.

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BACKGROUND/ INTRODUCTION

PICO: Will getting caesarean section mothers out of bed at 7 hours post admission to MBU vs at 12 hours decrease the amount of opioid pain medication usage.

- On the Mother Baby Unit, we want our patients to have the best experience while staying with us after their Cesarean Section. Research shows that walking and moving as soon as possible after surgery will help our mom's. It creates more independence, and better bonding with their baby during the postpartum period. It also promotes faster physical healing with less long term pain. Studies show a decreased amount of narcotic pain medication needed to control pain. Evidence shows:

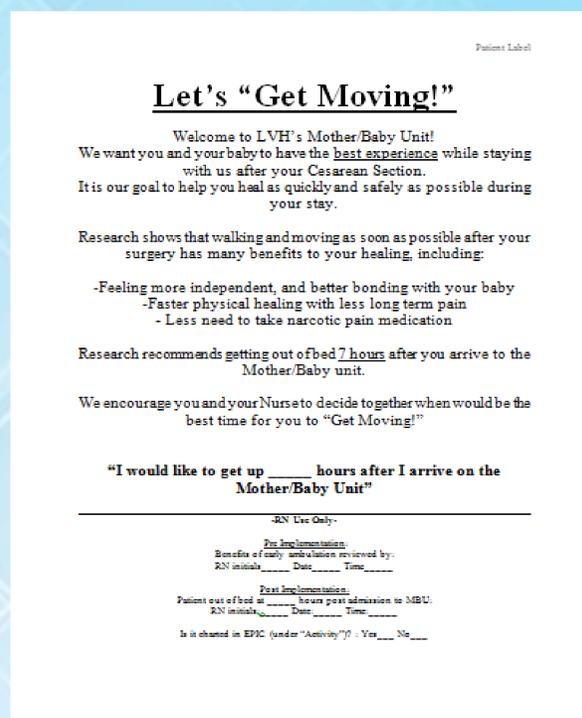
- Women feel unprepared for the physical and emotional effects of the postpartum/ postoperative period
- Patients benefit from individualized pain treatment plans
- Early ambulation helps patients with avoiding morbidities and enhances early recovery
- Utilization of physiotherapy lessens incisional pain and increases functional activity during the postpartum/ postoperative period

METHODS

- Process:
 - Assess post-partum/post-op cesarean patients, create a collaborative plan of care
 - Physical assessments Q8H or pain assessments with pain medication administration.
- Involve patients in their plan of care
 - Discussing and educating patients on alternative pain management
 - Mutual plan for activity advancement
- Method:
 - Review of ambulation time after admission to MBU at 7 hours
 - Comparing frequency and amount of narcotics administration
 - Comparing pain scores throughout inpatient stay
- Contraindications:
 - Patients on magnesium sulfate
 - Patients on PCA pump
 - Patient with epidural catheter in place
 - Patients without sensory perception and motor function in lower extremities

STAFF EDUCATION

- Unit posters were posted in break rooms, bathrooms, and by the charge desk. All staff was encouraged to implement the benefits of early ambulation. Emails were sent to the staff informing them of the start and end dates of the project. Information sheets for patient educations. References were clearly attached for further research.

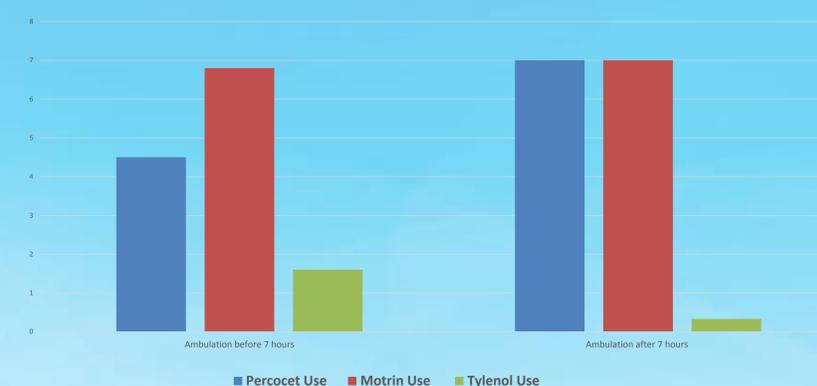


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RESULTS

Number of pain medication administrations per stay on MBU



- Total sample size was 9 caesarean section mothers, all mothers were admitted for a total of 4 days. All patients were discharged after 12:00 pm on the final day. The total study was completed over two weeks.
 - Mothers who ambulated within 7 hours of admission to MBU. (6)
 - Average time to ambulation – 6 hours after admission
 - Average Percocet use per stay – 4.5
 - Average Motrin use per stay – 6.8
 - Average Tylenol use per stay – 1.6
 - Mothers who ambulated after 7 hours of admission to MBU. (3)
 - Average time to ambulation – 11 hours after admission
 - Average Percocet use per stay – 7
 - Average Motrin use per stay – 7
 - Average Tylenol use per stay - .33

CONCLUSION

- Early ambulation has proven to be beneficial after any procedure.
- Post-op pain after a cesarean section can be decreased with early ambulation, as evidenced by the lower amount of narcotics used by patients who ambulated early as compared to those who did not.
- It improves the ability for the mother to care for herself and her newborn.
- The mother-baby unit at LVHN continues to implement the recommendation to mobilize mothers post caesarean section (out of bed) 7 hours post admission to the unit.
- Permanent practice change is being evaluated based on this research.

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