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Managing postpartum pain in patients with uncomplicated vaginal deliveries

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SIGNIFICANCE

- Aug 2016 MBU HCAHPS data revealed low pain management scores.
- We wanted to examine MBU's traditional pain management practices in order to meet our patient's needs.

PICO QUESTION

What are the effects of scheduled pain medication as compared to prn pain medication on pain scores of post-partum women after an uncomplicated vaginal delivery?

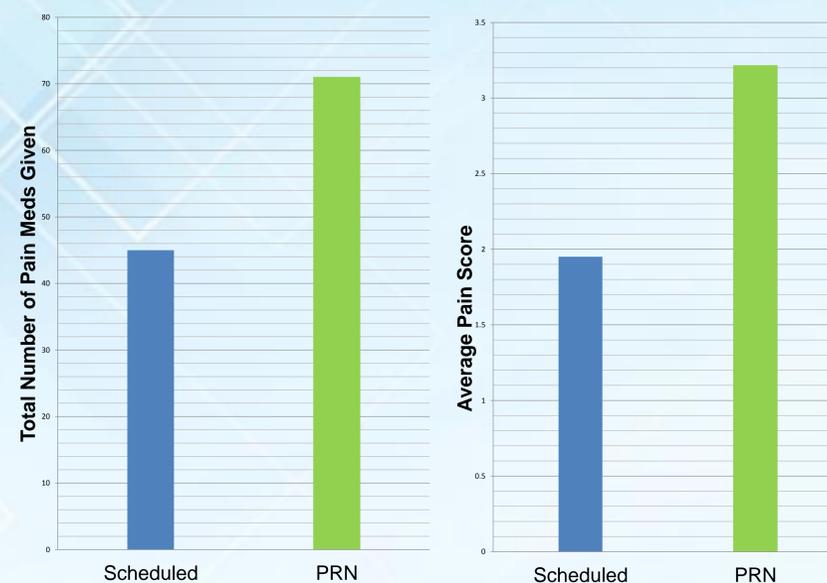
EVIDENCE

- 48% of women who give birth vaginally report perineal pain (Eshkevari., et al., 2013, p. 622)
- Poorly managed acute pain increases risk of developing chronic pain (Eshkevari., et al., 2013, p. 629)
- Around the clock pain medication for the first 48 hours increases overall pain relief and perineal pain (Swain & Dahlen, 2013)
- NSAIDs help reduce inflammation and pain from uterine cramping
- NSAIDs provide greater pain relief for acute postpartum perineal pain and fewer women need additional analgesia when treated with an NSAID (Wuytak, Smith, & Cleary, 2016)
- Scheduled pain medication maintains therapeutic serum levels preventing peaks and troughs associated with PRN medications (Swain & Dahlen, 2012, p. 69)

METHODS

- Inclusion Criteria: patients who delivered vaginally with a first or second degree laceration, those not on hypertension protocol, or those with tubal ligations
- Experimental Group: 13 patients offered scheduled pain medications around the clock (Ibuprofen every 6 hours or acetaminophen every 4 hours as scheduled)
- Control Group: 14 patients educated on asking for pain medications as needed
- Attached pain medication flyer to experimental patient's kardex to inform nurse that they are to offer pain medications around the clock.
- Monitor pain scores before and after pain medication administration

RESULTS



OUTCOMES

- Pain medications were given 45 times to "scheduled" patients and 71 times to PRN patients.
- The average pain rating for patients who received pain medications as scheduled was 1.95
- The average pain rating for patients who received pain medications as PRN was 3.215
- Pain meds refused 14 times for "scheduled" medications and 8 times for PRN meds

CONCLUSION

- Patients who were given medications as scheduled received less pain medications and had a lower average pain score, representing a better pain control
- Patients who were given PRN medications received more pain medication and a higher average pain score, showing they had poor pain control
- Results were effected by nurses' noncompliance (pain reassessment was not performed within 2 hours after administration). We could not definitively determine if patient's pain management goals were met.

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