

Post-operative Pain Management

Brandee Herring RN
Lehigh Valley Health Network

Destiny Fertig RN
Lehigh Valley Health Network

Follow this and additional works at: <https://scholarlyworks.lvhn.org/patient-care-services-nursing>



Part of the [Nursing Commons](#)

Let us know how access to this document benefits you

Published In/Presented At

Herring, B. & Fertig, D. (2020, August). Post-operative Pain Management. Poster presented at LVHN Vizient/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Post-operative Pain Management

Brandee Herring RN, Destiny Fertig BSN RN

Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND

- Post-op pain can be challenging to manage
- Patient satisfaction with increased post op pain management
- Opioids carry unwanted side effects and decreasing opioid use can help in the battle of the opioid crisis.
- Encourage the use of non-opioid interventions to relieve post op pain by advocating for the use of non-opioid order sets.

PICO

- **P** Post-op patients
- **I** Non-opioid
- **C** Opioid
- **O** Controlled pain tolerance

EVIDENCE

- According to the American Society of Anesthesiologists, "NSAIDs and COX-2 inhibitors used in a multimodal regimen seemed to be the most effective modalities, with the greatest reduction in opioid prescriptions and complication risk." (Memsoudis, 2018).
- In national surveys, 80% of patients undergoing surgery report pain that is moderate, severe, or extreme in intensity during the first 2 weeks post procedure." (Apfelbaum et al., 2003)
- "While opioids are effective and continue to be a mainstay of postsurgical pain management, opioid-related adverse events are common, and the clinical and economic consequences associated with these events are significant. Adverse events such as respiratory depression, drowsiness and sedation, postsurgical nausea and vomiting, pruritus, urinary retention, and ileus can lead to increased costs and prolonged lengths of stay." (Beck et al., 2015)

OUTCOMES

- Staff and patient compliance was a barrier during the implementation process
- 75% of the nurses reported that a patients pain was better controlled with a multimodal approach
- Only 25% of post-op patients had multimodal approach orders implemented

IMPLEMENTATION

- Multimodal approach orders implemented on appropriate patients
- Data collection and comparison of pre data
- Staff and patients educated on the use of a multimodal approach when assessing and administering medications

NEXT STEPS

- Discuss with staff about the data and change
- Continue to implement this multimodal approach
- Follow-up/discharge call to assess how patients pain was managed
- Post-Survey distributed to patients after discharge

REFERENCES

- Apfelbaum, J. L., Chen, C., Mehta, S. S., & Gan, T. J. (2003). Postoperative pain experience: results from a national survey suggest postoperative pain continues to be undermanaged. *Anesthesia and analgesia*, 97(2).
<https://doi.org/10.1213/01.ane.0000068822.10113.9e>
- Beck, D. E., Margolin, D. A., Babin, S. F., & Russo, C. T. (2015). Benefits of a Multimodal Regimen for Postsurgical Pain Management in Colorectal Surgery. *The Ochsner journal*, 15(4), 408–412.
- Memsoudis, S. (2018). Multimodal Approach to Pain Management Reduces Opioid Use, Prescriptions After Joint Replacement. Retrieved May 29, 2020, from <https://www.asahq.org/about-asahq/newsroom/news-releases/2018/03/multimodal-approach-to-pain-management-reduces-opioid-use>