Reducing Inpatient Opioid Consumption
Creating a Therapeutic Foundation with Breakthrough Analgesia Based on Patient Function

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Conflict of Interest

- Chad Dieterichs, no conflict of interest
- Peggy Lutz, no conflict of interest

Educational Objectives

At the conclusion of this activity, participants should be able to:

1. Identify the fundamental concepts of person-centered, multi-modal pain management.
2. Describe the components included in development of therapeutic activity goals.
3. Discuss the step approach to pain management based on patient function.
About Ascension

Ascension is the largest Catholic healthcare organization in the country, with over 156,000 associates and 34,000 aligned providers working as one to connect care and deliver solutions to individuals and communities in 21 states and the District of Columbia.

- In FY18, Ascension provided nearly $2 billion for care of persons living in poverty and community benefit.
- Our Mission-driven work is carried out through a number of subsidiaries dedicated to providing healthcare services to support personalized, compassionate care.

USAP’s mission is to provide superior anesthesia services through our commitment to quality, excellence, safety, innovation and leadership. USAP recognizes the value of all people and is devoted to achieving positive outcomes via relationships established between patients, employees and clinical staff.

- 3500 clinical team members
- 26 million people served
- Locations in 8 states

Managing Pain in a Time of Opioid Crisis

According to the US include

- 88% of surgical patients report moderate to severe pain (Jan, 2017)
- 25% of patients having persistent pain and 37% of patients having chronic pain (June 22, 2000)
- 2 million Americans age 12 and older report moderate to severe pain (June 7, 2016)
- The United States is 5% of the world's population yet consumes 85% of the world's opioids (2013)
Guidelines, Guidelines, and MORE Guidelines

Our Pain Management Journey

Pain Management and Opioid Stewardship Initiatives

- General pain management principles
- Deprescribing practices for intravenous opioids
- Multimodal pain management order set
- Outpatient pain management strategies
From dosing to numbers …

- Pain management order sets were not reflective of current evidence-based pain management practice
  - PRN medication orders based on pain intensity score, which may over or undertreat a patient’s pain
  - Minimal use of scheduled non-opioid foundation
- Citations by The Joint Commission regarding therapeutic duplication, nurses practicing out of scope, etc.
- Inconsistent use of integrative therapies

...to use of a multimodal pain management plan

- Scheduled “non-opioid” foundation
- Defined interdisciplinary Therapeutic Activity Goal (TAG) to drive the plan of care for the physician, patient, and care team
- PRN analgesic dosing connected to patient’s ability to achieve TAG
- Increased use of integrative/complementary therapies

Therapeutic Activity Goal

Definition
- The level of acceptable pain intensity, the level and types of desired activities, and the ability to accomplish other patient-centered functional goals.

Key Points
- Partnership between the multidisciplinary team and the patient/family to establish TAG
- Considers baseline level of function, mobility, ADLs, psychosocial elements (sleep/rest), treatment plan
- Evolves throughout the patient’s hospitalization based on their progress
- Continued assessment of pain scores as a component of TAG
Establishing Therapeutic Activity Goals

- Make goal(s) specific and measurable
- Make goal(s) realistic
- Make goals relevant to the patient's overall treatment goals
- Identify barriers that might interfere with ability to achieve goals and how the patient and care team will address them
- Review TAG during daily multidisciplinary rounds
Patient Involvement: Key to Success

- Validate TAG and acceptable level of pain at the start of each shift and PRN
- Patient education tips:
  - "While it is generally not possible to take away all of your pain, we will do everything possible to manage your pain effectively so you will recover as quickly as possible."
  - "To help you identify your goals, think about the activities and treatments you will do today, including your need to rest and sleep. What level of pain (discomfort) will allow you to do those activities?"

Multimodal Pain Management Plan

- Maintain patient’s home therapies
- Focus on multi-modal treatment, including integrative therapies
- Opioid for breakthrough pain connected to patient’s ability to achieve daily therapeutic activity goal
- Limit choices within the same medication class to avoid therapeutic duplication
- Strongly encourage removal of combination opioids to avoid hepatotoxicity with acetaminophen products

Order Set: Foundational Components
Multimodal Pain Order: Scheduled
Non-Opioid Foundation

- Acetaminophen 1 gram PO q6h
- Acetaminophen 1 gram PO q8h
- Ketorolac 15 mg IVP q6hr x ___ days
- Ketorolac 30 mg IVP q6hr x ___ days
- Ibuprofen 400 mg PO q6h
- Ibuprofen 600 mg PO q6h
- Ibuprofen 800 mg PO q8h
- Celecoxib 200 mg PO q12h
- Naproxen 550 mg PO q12h

Select one NSAID option

Multimodal Pain Order: Scheduled
Gabapentin

The American Pain Society’s 2016 Guidelines for Management of Post-Operative Pain recommend the use of gabapentin as a component of multimodal pain management as it may reduce opioid requirements and reduce pain scores.

Two dosing options for gabapentin (select one)

1. Gradual ramp-up based on patient tolerance, consider need for renal dosing
   - Day 1: 300 mg PO daily x 1 day
   - Day 2: 300 mg PO q12h x 1 day
   - Day 3: 300 mg PO q8h x ___ days

2. Set daily dose with option for renal dosing
   - Gabapentin 300 mg PO q8h
   - Gabapentin 300 mg PO daily
   - Gabapentin 100 mg PO q8h

Multimodal Pain Order: two-step oral opioid

**STEP 1** – select only one option

Oxycodone (initial dose)
- 5 mg PO q6h PRN, pain, to achieve therapeutic activity goal. Total maximum dose (initial + additional) not to exceed 15 mg in a 4-hour period.
- 10 mg PO q6h PRN, pain, to achieve therapeutic activity goal. Total maximum dose (initial + additional) not to exceed 20 mg in a 4-hour period.
- 15 mg PO q6h PRN, pain, to achieve therapeutic activity goal. Total maximum dose (initial + additional) not to exceed 25 mg in a 4-hour period.

Note: morphine is another medication option; no combination products available, in order to minimize potential for exceeding maximum daily dosage.

**STEP 2** – select only one option

Oxycodone
- 5 mg PO PRN, to achieve therapeutic activity goal (additional doses).

Hold parameters: respiratory rate < 10 per minute, SBP less than 90mmHg, or POSS > 3.
Multimodal Pain Order: two-step oral opioid

Multimodal Pain Order: PRN IV Opioid

Benefits to Providers and Pharmacists

When the multimodal pain management order set is utilized, there is the potential for decreasing phone calls about pain medication orders as the order set:

- Maximizes the therapeutic effect for each medicine prior to moving to another.
- Creates a synergism with therapies to maximize treatment and minimize opioids.
- Specifies pain medicine and dosing based on an individual basis.
- Has been shown across modalities as the most effective method for pain treatment.
- Decreases the opportunity for therapeutic duplication.
Benefits to Nursing

Decreased nurse workload from improved pain management and decreased opioid utilization as noted by:

- Fewer patient side effects (constipation, nausea, dizziness, respiratory depression, etc.) and thus, reduced need for treatments to manage side effects.
- Decreased need to give additional pain medications because the process maximizes a non-opioid treatment foundation.
- Rare need for IV pain medications.

Benefits to Patients

- Pain management plan based on individualized patient goals
- Patients are less sedated
- Minimal side effects to manage
- Patients are better able to participate in their care

Inpatient Pain Management Process
Lessons Learned

- Take the time to have a personalized conversation with the patient and truly understand their perspective on managing pain.
- Requires establishing a relationship with the patient, coming to their frame of reference and helping them understand how the plan works.
- Goal setting – conversation is led with empathy and compassion, but setting realistic expectations for what is achievable without oversedation risk and diminishment of patient’s ability to participate in recovery.
- Always discuss pain in relationship to accomplishing their goals for the day and pain management in the context of function.
- Use of communication board and bedside shift report are important tools to communicate what worked and what didn’t.
References


Thank you!

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- American Academy of Pain Medicine
- American College of Emergency Physicians
- American College of Physicians
- American Dental Association
- American Medical Association
- American Psychological Association
- American Psychiatric Nurses Association
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