

one of the strongest
ative stay. In the
nistration of pre-
ation can minimize
nd increase patient
ement is dependant
nary approach. The
ress Ganey patient
our surgical patients
ectomy procedures,
pain during their
ring the months of
our total volume of
Cholecystectomy
or 23-hour stays for

in the first phase of analysis, several methodologies, including a Six Sigma (DMAIC) and Lean, were utilized to identify house-wide inconsistencies in the management of pain. In the second phase of the project, the team leveraged data from a random sampling of cases from 2007 through 2008, focus groups, and practice reviews from Anesthesiology and Nursing teams. As a result of the data and information, a new pain assessment and medication delivery protocol was developed. This new protocol, launched in 2008, was based on pain management best practices and modeled after our top performing Anesthesiologists. New ambulatory chairs were purchased in early 2008 and the Nursing teams from PACU and Day Surgery initiated an "Early Ambulation" program that promoted faster patient recovery and reduced the likelihood of an overnight patient stay as evident in Figure 2.

in 2008, after the
practices and im-
admission rate (0
5.1% and has co-
2011. In addition
review of post-op
showed an overa-
2011. It should
decreased overa-
likely due to ne-
during implemen-
increase in our
performance with
97.8 in 2011

CONCLU

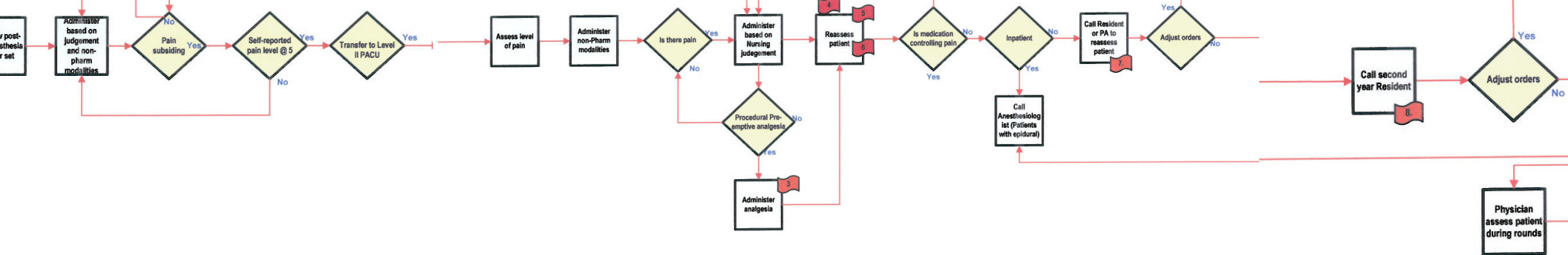
While there are m-
outcomes, includi-
patient, type and
programs for pos-
the following to b-

- Early ambulation
- Improved pre-

Parameters in the Pre,
of care
ain control,
appropriate action
by hard-wiring
standards
throughout the

Early Ambulation





Nursing Anesthesia Assessment Tool



EVIDENCE-BASED MEDICINE

MEDICAL STAFF / EVIDENCE-BASED MEDICINE

Other:

Medications:

- ✓ CONSIDER PATIENT PARAMETERS / MEDICAL CONDITION PRIOR TO THE ADMINISTRATION OF ANY MEDICATION
- ✓ DO NOT ADMINISTER OPIATES OR SEDATIVES IF RESPIRATORY RATE IS LESS THAN 10 PER MINUTE, SEDATION SCALE IS GREATER THAN 1, or PATIENT STATES PAIN LEVEL IS TOLERABLE - Sedation scale as per Post-anesthesia Nursing Standards of Care – Nursing Unit-based Policy and Procedure Manual

NOTE: This patient has special analgesic needs: (Refer to the Pain Management Policy)

- _____ History of Chronic pain
- _____ History of ETOH Abuse
- _____ History of Substance Abuse
- _____ Exhibited High Dose Requirements
- _____ Exhibited Low Threshold

Analgesics – Opioids

- _____ Morphine Sulfate 2 mg IV every 5 minutes PRN for mild pain (1-3/10)
- _____ Morphine Sulfate 2 mg IV every 10 minutes PRN for mild pain (1-3/10)
- _____ Morphine Sulfate 3 mg IV every 5 minutes PRN for moderate pain (4-6/10)
- _____ Morphine Sulfate 3 mg IV every 10 minutes PRN for moderate pain (4-6/10)
- _____ Morphine Sulfate 4 mg IV every 5 minutes PRN for severe pain (4-6/10)
- _____ Morphine Sulfate 4 mg IV every 10 minutes PRN for severe pain (4-6/10)
- _____ Notify Anesthesiologist if cumulative Morphine Sulfate dose reaches _____ mg
- _____ Fentanyl 12.5 micrograms IV every 5 minutes PRN for mild pain (1-3/10)
- _____ Fentanyl 12.5 micrograms IV every 10 minutes PRN for mild pain (1-3/10)
- _____ Fentanyl 25 micrograms IV every 5 minutes PRN for moderate pain (4-6/10)
- _____ Fentanyl 25 micrograms IV every 10 minutes PRN for moderate pain (4-6/10)
- _____ Fentanyl 50 micrograms IV every 5 minutes PRN for severe pain (7-10/10)
- _____ Fentanyl 50 micrograms IV every 10 minutes PRN for severe pain (7-10/10)
- _____ Notify Anesthesiologist if cumulative Fentanyl dose reaches _____ micrograms
- _____ Hydromorphone 0.2 mg IV every 5 minutes PRN for mild pain (1-3/10)

- _____ Metoclopramide 10 mg IVP
- _____ Repeat Metoclopramide 10 mg IVP initial dose
- _____ Ondansetron 4 mg IVP for nausea
- _____ Repeat Ondansetron 4 mg IVP for nausea dose
- _____ Decadron 8 mg IV for nausea
- _____ Repeat Decadron 8 mg x 1 Dose
- _____ Notify Anesthesiologist if IVP

Additional Post-Anesthesia Phase I Medications

- _____ Meperidine _____ mg IV every _____ minutes
- _____ maximum cumulative dose _____ mg
- _____ Labetolol _____ mg IV every _____ minutes
- _____ greater than _____ to a maximum of _____ mg
- _____ Metoprolol _____ mg IV every _____ minutes
- _____ BP greater than _____ mmHg
- _____ Transfer from PHASE I to PHASE II Standards of Care – Nursing Unit-based Policy and Procedure Manual
- ✓ Discharge from Phase II of Care – Nursing Unit-based Policy and Procedure Manual
- ✓ DISCONTINUE ORDERS
- ✓ NURSING UNIT OR HOME

Anesthesiologist Signature: _____

Phase II RN Signature: _____