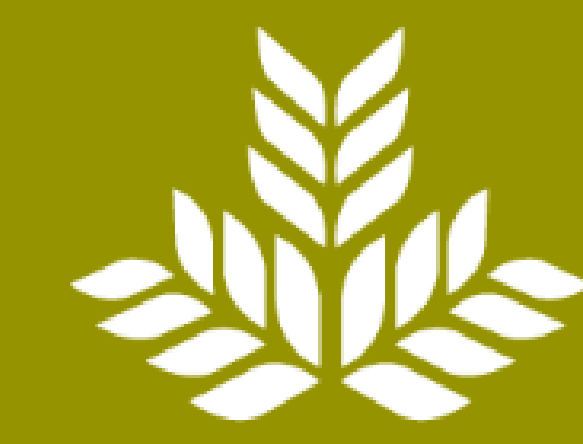


How a Trauma Workgroup Targeted Multimodal Pain Management Education at a Level II Trauma Center

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Northeast Georgia Health System

Introduction

On the surgical trauma unit, at an American College of Surgeons verified level II trauma center, the members of the trauma workgroup wanted to help the trauma program find a way to combat the nationwide opioid crisis. A trauma workgroup is a multidisciplinary group that includes members from the trauma floor, trauma program, rehabilitation services, and hospital leaders. This group works together to identify the needs of trauma patients and finds ways to meet these needs. One of the needs that the trauma workgroup identified was patient education surrounding pain management. A multimodal pain pamphlet was created to help patients better understand their pain management. The pain pamphlet starts with explaining the goals and importance of using a multimodal approach to pain management. It goes into detail about the types of pain: general, inflammatory, nerve, and muscle. Possible side effects are discussed, as well as alternative treatment options.

Team Members

Ashley Davis, BSN, RN, CMSRN, Trauma Intermediate Care Assistant Nurse Manager

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Trauma Workgroup Members
Public Relations Department
Pharmacy Staff
Trauma Program Leaders
Trauma Nursing Leaders

Objectives

- Assess the need for patient education surrounding proper pain management in trauma patients.
- Summarize the work completed by the trauma workgroup on this implementation.
- Recognize the interdisciplinary approach of this work.

Project Design

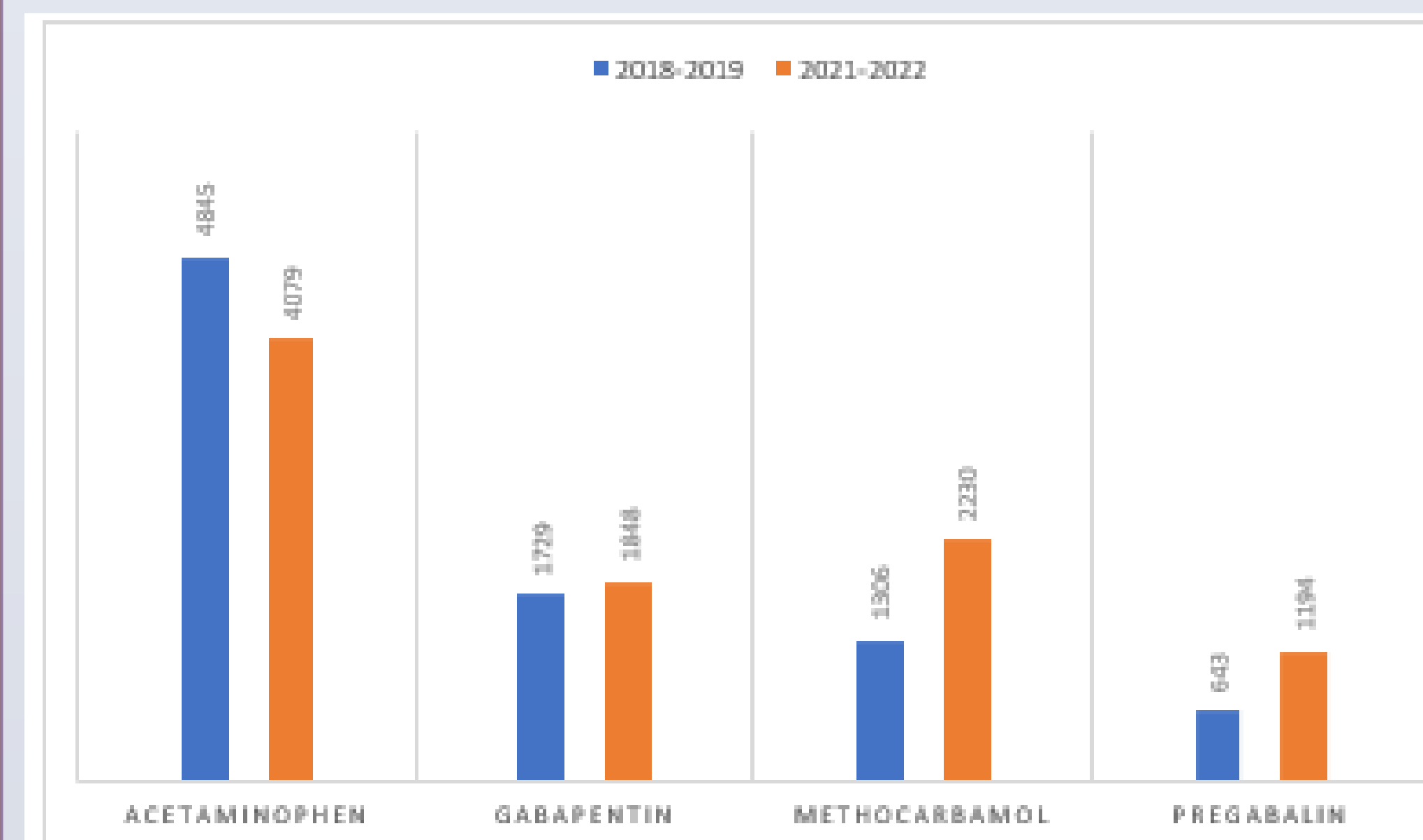
Multimodal pain management became a focus for trauma providers to help combat the opioid crisis in our region and to more adequately manage pain for trauma patients. A new order for multimodal pain management was initiated, including medication targeting inflammation, nerve pain, and muscle spasms, along with a low-dose narcotic tablet. This did limit the use of intravenous narcotics to specific reasons involving their patient care. The trauma workgroup members, including bedside nurses and physical therapists, realized that patients felt their pain was not being controlled properly if we limited the use of intravenous narcotics. To address this perception, the group wanted a patient-friendly handout to provide the education needed for patients to understand that their pain was being managed more effectively with these adjunct medications. Recently, the trauma workgroup performed a comparison of narcotic and adjunct use pre-and post-implementation of the pain pamphlet.

Lidocaine Patches	Pet Therapy	Low Dose Narcotics
Muscle Relaxers	Nerve Pain Medication	Music Therapy

Example of multimodal pain management

Discussion/Conclusion

The team worked with the trauma providers and trauma program to design the message they wanted to be delivered to the patients. After roughly a year of planning and collaborating, the team moved forward with public relations to design a pain pamphlet that could be used system-wide. This pamphlet has been such a benefit in targeting pain management. Members of the trauma workgroup have discussed reviewing patient satisfaction scores on pain management. In trauma, there are multiple factors to the pain experienced by the patient, which is why it is important to use a multimodal approach. It is even more important to ensure that patients understand the care being provided with a resource at their fingertips.



Adjunct use comparison before and after implementation



Narcotic use comparison before and after implementation

Pain Pamphlet

PURPOSE
Pain comes in many ways and requires different patient-specific treatment methods. Trauma and Acute Care Surgery is using multi-modal pain management, a strategy that involves the use of more than one medication that acts in different ways in the body to lessen the pain. This approach aims to lower pain while decreasing side effects and minimizing opioid use, which ultimately improves patient care and recovery time.

COMMON TYPES OF PAIN
Inflammation: stiffness, aching, increased warmth and swelling
• Examples of medications include ibuprofen (Motrin), acetaminophen (Tylenol), and ketorolac (Toradol)
Nerve pain: pinprick, sharp, burning, tingling sensation
• Examples of medications include gabapentin (Neurontin) and pregabalin (Lyrica), Lidocaine Patch
Muscle spasm: cramping, stabbing, radiating, muscle tightening
• Examples of medications include methocarbamol (Robaxin), lorazepam (Ativan) and diazepam (Valium)

NON-PHARMACOLOGICAL TREATMENT
• Ice
• Heat
• Pet Therapy
• Live Therapeutic Music
• Therapeutic Touch
• Meditation
• Relaxation Technique

OPIOIDS
Opioids are prescribed because of their effectiveness in relieving many types of pain.
• Examples of medications include fentanyl, morphine, oxycodone (Percocet), hydrocodone (Norco), methadone, and tramadol (Ultram)

POSSIBLE SIDE EFFECTS
• Upset stomach
• Ulcers
• Increased bleeding
• Dizziness
• Sleepiness
• Headache
• Dry mouth
• Nausea
• Constipation
• Mental confusion
• Skin Rash/ing

Any of these side effects in excess may result in a longer recovery and delay in discharge from hospital.

The pamphlet provides examples and descriptions of the various types of pain. It is written in a common language to ensure it is understood by the patient.



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