

Multimodal Analgesia

By Jeff Bozarth, RN

It seems that pain and pain management make up a disproportionate percentage of the work we do as nurses. Pain and the control of pain affect every aspect of the patient outcome including rehabilitation, therapies, and perceived effectiveness of nursing care received while in the hospital.

As the economy becomes increasingly less stable, and the competition for healthcare dollars becomes more intense, patient satisfaction becomes even more important to the success and growth of Community Hospital. And while we understand the importance of the hospital's success, our inherent role as nurses is patient advocacy for the best in patient care.

Many of our orthopedic patients have been coming to the floor with PCA orders that read, "Use PCA for breakthrough pain only, use PO pain medications as first line of pain control." While the idea behind this order makes sense, the research behind the order helped me understand why multi-modal analgesic pain management should be used and why it is becoming more prevalent.

There is a lot of research showing that multimodal analgesic regimens help orthopedic patients get moving, get out of the hospital, and recover faster, more comfortably, and with less overall narcotic medication usage than patients prescribed PCA pain control alone.

Studies show that when a combination of NSAIDs, PO narcotics (i.e. oxycodone, hydrocodone, etc.), and PCA pain control are used, the dosages of each drug are small enough to prevent the adverse effects (sedation, nausea, vomiting, respiratory depression, sleep and bowel disturbances), which leave the patient bed bound and increase recovery time.

Because every patient differs in their response to pain, we have to continue to be diligent in ensuring that their pain is under control.

The evidence based multi-modal regimen gives the most effective blanket coverage for around the clock pain control. It is also flexible enough to be adjusted to meet the needs of each patient individually, allowing the patient to recover faster and more comfortably and have the perception of a more satisfying experience, which is key to OUR success!

References:

Multi-modal pain management encourages quicker recover after TKA. Accessed 11/12/2009 at the the American Academy of Orthopaedic Surgeons website http://www2.aaos.org/aaos/archives/acadnews/acad2007/A15_2-16.asp
Sinatra, R., Torres, J., Bustos, A. (Mar/Apr 2002) Pain management after major orthopaedic surgery: current strategies and new concepts. J Am Acad Orthop Surg 10(2)117-129



Community Hospital Nurses:
**Driven to Excellence,
Compelled by Compassion**
Non Sibi Sed Omnibus (not alone, but together)

Community Hospital

Nurse to Nurse

February 2010
Issue 2
Volume 3

Evidence-based Practice
Every Tuesday • 3:30 p.m.
LLCR 3 (3rd Tuesday in Board Room)

Magnet Steering
Every Thursday • 4 p.m.
Board Room

Recruitment & Retention
2nd Wednesday • 3 p.m.
February 10 • Board Room

Nurse Leadership
3rd Wednesday • 3 p.m.
February 17 • Board Room

Magnet Education
4th Wednesday • 2 p.m.
February 24 • Board Room

Nurse Practice
1st Wednesday • 3:30 p.m.
March 3 • LLCR 1 & 2

Nursing Quality
1st Thursday • 9 a.m.
March 4 • Board Room

February 2010 Nursing Skills Days:

2/3 8 - 10 a.m.
2/8 11 a.m. - 1 p.m.
2/11 1 - 3 p.m.
2/15 3 - 5 p.m.
2/17 2 - 4 p.m.
2/25 9 - 11 a.m.

Please have your director sign you for the date you plan on attending.

Affordable Professional Development

Steve Rauch, medical librarian, reports that the American Association of Critical-Care Nurses (AACN) offers a free online, self-paced course, *Best Practices for Elder Care* that addresses complex issues specific to older patients.

This web-based resource includes four units of instructional content and interactive case studies and a 17-question self-assessment unit.

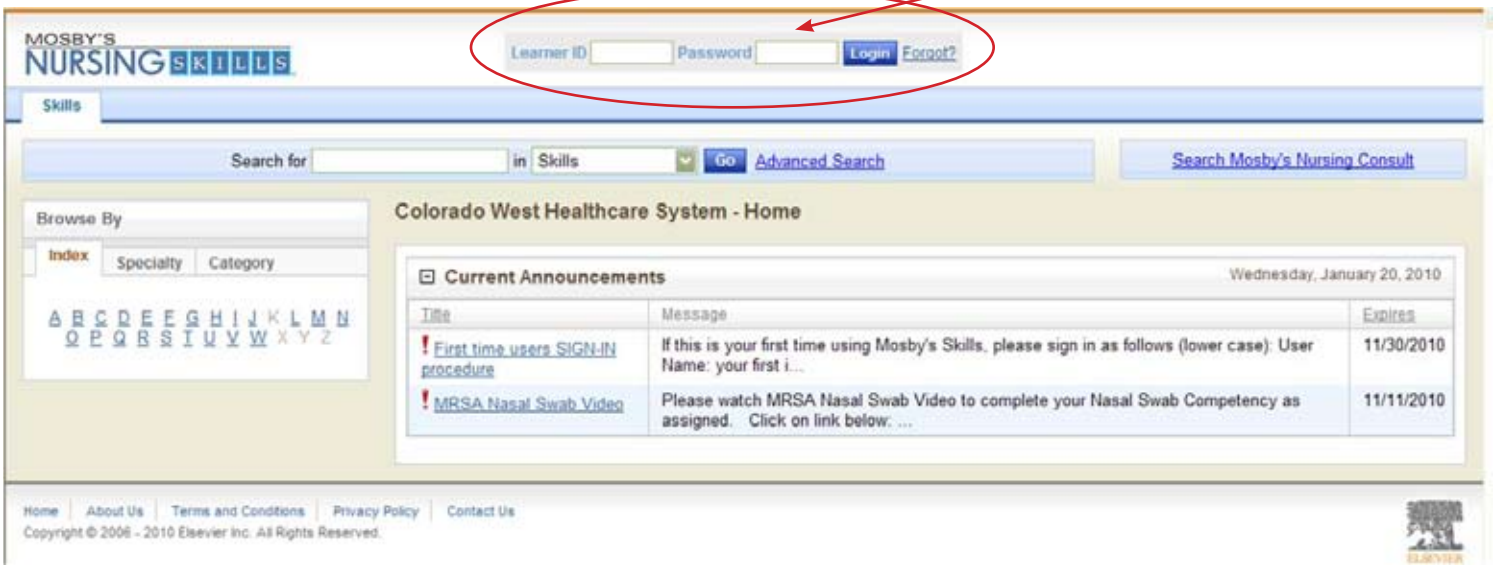
AACN members earn four FREE hours of continuing nursing education for completing this program. Non-members pay a nominal fee (\$12) for the four CNE hours.



The New Look of MOSBY'S

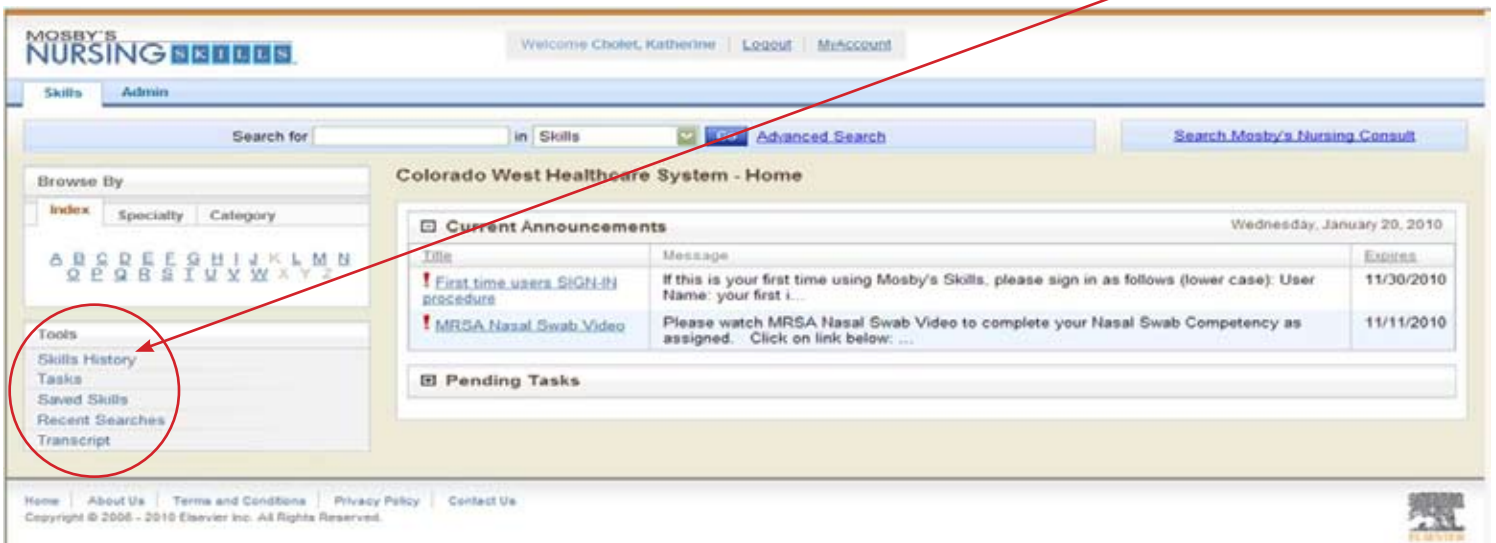
Mosby's had a facelift. Take a look at some of the changes:

New site for login & password.
(You can use your existing login & passwords.)



Once you have logged in the *Tools* and *Transcripts* are located on the left side of your screen. The *Current Announcements* section is in the same location, it just looks different.

Tools and *Transcripts* are visible after login.



A Word From Beth...

Not many positive things have happened in this new year and we've all struggled with changes in our workplace. But, I'm wondering how many of you have noticed something that did not change.

Have you read between the lines?

Have you noticed something that involves finances and productivity, affects the bottom line, and, in these times of fiscal restraint, would surely find itself at the top of the list in the discussion of how to cut expenses?

If not, I'll tell you.

What has not changed is that the hospital, in the face of a crisis, has not wavered in its commitment to the Magnet Journey.

Are you grasping how big this is? The fact that the nursing department is highly encouraged to continue its journey towards excellence in the face of this financial storm is truly astounding.

So, how do we respond?

After doing several back-flips in exuberant joy, we increase our involvement and dedication to our councils and we keep building our Magnet structure. We are very close to being ready to submit our application and once it's submitted we will have one year to produce our document (no bigger than 15 inches!). Once our document is submitted, it will only be three to six months for an official visit.

It's Magnet time, so let's go! Let's get our structure completed; let's keep changing our culture until Magnet is simply who and what we are. This hospital deserves nothing less.

