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Decreased Opioid Use in Postoperative Cesarean Delivery Patients

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How we got started.....

- Brief history of events & stats
 - 2018 Chart audits showed 62 % of oxycodone usage
 - 1 in 300 will become addicted
 - Opioids for breakthrough pain only
 - ERAC Guidelines

- Goal Statement
 - To decrease the use of opioids by 50% in the Labor & Delivery unit at the Anschutz Medical Campus for our post-partum cesarean section patients.

Multimodal Therapies

- Neuraxial anesthesia for cesarean delivery
 - Local anesthetic for the surgery (Bupivacaine)
 - Morphine for postoperative analgesia (150mcg intrathecal or 3mg epidural)
 - Duration of analgesia approximately 24h
 - PO (by mouth) narcotics can be given 12h hour after initial morphine dose
- Wound Infiltration Device
 - Placed on top of the transversus abdominus facial plane at time of cesarean delivery
 - Infuses 2mL/hr for 48 hours
 - 0.5% bupivacaine
- Scheduled Non-Opioid Oral Analgesics such as: Acetaminophen, Toradol, or Ibuprofen vs PRN



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Timeline

Pre-intervention 2018

- Multimodal therapies not in place
- Duramorph used consistently
- Wound infiltration devices used inconsistently
- Chart audits performed showing high Oxycodone usage

January 2019

- Wound infiltration devices and Duramorph used consistently
- Acetaminophen and NSAIDs inconsistent (prn)

April 2019

- Professional Education Activity for RNs by Cherie
- Importance of giving non-opioid oral analgesics on a schedule

May 2019

- Acetaminophen and NSAIDs Q 6 hour as adjunct to wound infiltration devices and Duramorph



Timeline (cont.)

October 2019

- Approval to cluster care Q 6 hours that follows ERAS guidelines

November-December 2019

- Care of the Postpartum Patient policy updated

January 2020

- Professional Education Activity for RNs by Cherie
- Importance of cluster care

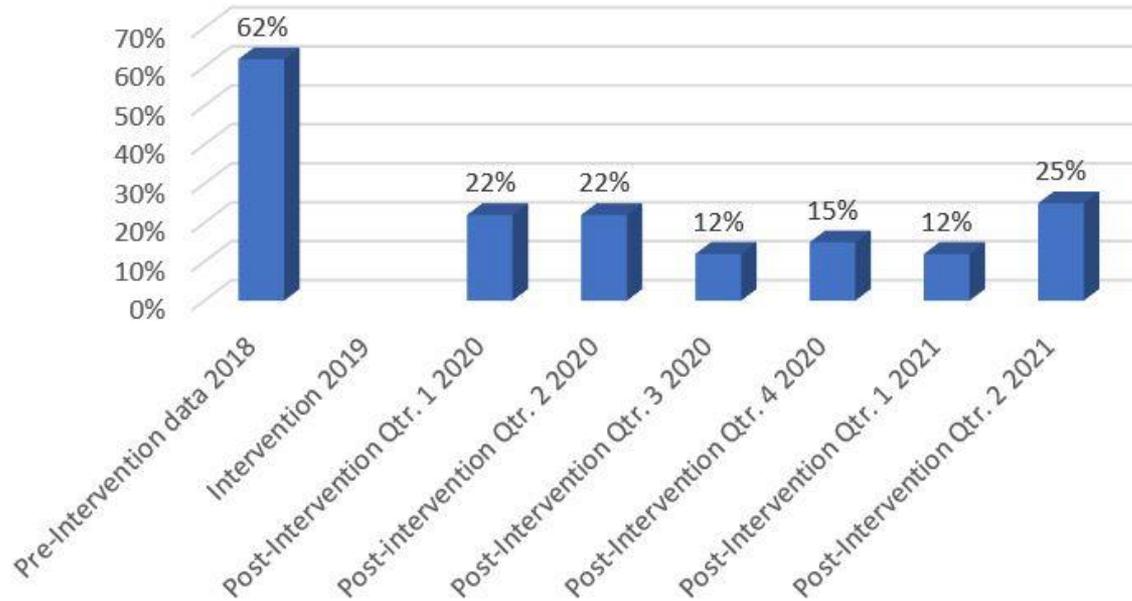
Present 2021

- RN's not waiting one hour after scheduled meds to give narcotics
- Provide ongoing education activity
- Written order needed to give scheduled non-opioid oral analgesic with Oxycodone.
- Guideline updated



Outcomes

Percent of Opioid Usage after Cesarean Delivery on Labor & Delivery at Children's Hospital Colorado



How Have We Been Successful

1. Utilize multi-modal therapies to decrease Opioid use.
2. Schedule non-opioid oral analgesics every 6 hours for the first 48 hours post-operatively.
3. Wait one hour after giving non-opioid oral analgesics before offering Opioids.
4. If patient requests to have non-opioid oral analgesics given with Opioid, a written order is needed from the physician.
5. Educate the patient the importance of taking scheduled Tylenol, Toradol, or Ibuprofen to reduce the use of Opioid usage.
6. For 1 Tablet (5mg) Oxycodone a pain scale of 5-7 is needed.
7. For 2 Tablet(10mg) Oxycodone a pain scale of 8-10 is needed.
8. Best practice is to start with one Oxycodone.

Patient has had a previous cesarean delivery and states, "Last time I had a Cesarean delivery, I received Oxycodone at scheduled times." What do you say?

- A. We schedule Tylenol, Ibuprofen, and or Toradol every 6 hours for 48 hours after your cesarean delivery and patients usually do very well without needing Oxycodone.
- B. We can give you the scheduled Tylenol, Ibuprofen, and or Toradol and wait one hour to see if it helps with your pain. If it doesn't, we would be happy to give you an Oxycodone.
- C. Limiting Oxycodone use will help you have better return of bowel function, decreases sedation, fatigue, and nausea & vomiting, and decreases opioid use after discharge.
- D. All of the above.

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- B. We can give you the scheduled Tylenol, Ibuprofen, and or Toradol and wait one hour to see if it helps with your pain. If it doesn't, we would be happy to give you an Oxycodone.
- C. Limiting Oxycodone use will help you have better return of bowel function, decreases sedation, fatigue, and nausea & vomiting, and decreases opioid use after discharge.
- D. All of the above.

After educating the patient on the importance to wait one hour after receiving scheduled non-opioid oral analgesics and she still would like her Oxycodone at the same time, what do you do? Patient's pain score is an 8.

- A. Give it without further action
- B. Discuss with physician and get a written order to give Oxycodone with scheduled non-opioid oral analgesics.
- C. Give the patient 2 Oxycodone, because she is really in a lot of pain.
- D. Sorry we don't do that.

After educating the patient the importance to wait one hour after receiving scheduled non-opioid oral analgesics and still would like her Oxycodone at the same time, what do you do? Patient's pain score is an 8.

- A. Give it without further action
- B. Discuss with physician and get a written order to give Oxycodone with scheduled non-opioid oral analgesics.
- C. Give the patient 2 Oxycodone, because she is really in a lot of pain.
- D. Sorry we don't do that

Patient has waited one hour since receiving oral non-opioid analgesics and requests Oxycodone. Pain scale is an 8. What do you do?

- A. Knowing the patient's pain scale is an 8 which is severe pain, I can give her 2 tabs (10mg) Oxycodone.
- B. Start with 1 tab (5mg) Oxycodone and explain to the patient that if her pain is not managed with one tab, she can receive another one in one hour if her pain is still an 8 or higher. Note, patient can receive 1-2 tablets every 6 hours for pain as needed.
- C. We don't offer Opioids for pain management.

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- B. Start with 1 tab (5mg) Oxycodone and explain to the patient that if her pain is not managed with one tab, she can receive another one in one hour if her pain is still an 8 or higher. Patient can receive 1-2 tablets every 6 hours for pain as needed.
- C. We don't offer Opioids for pain management.



Next Steps

- Continue monthly chart audits
- Verify RNs are within scope of practice
- Provide educational activities to RNs as needed
- Formalize education to patient
- Discharge readiness



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Questions?



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