



Pain Management In Nursing Home

Sachin Shrestha, RN, MSN, FNP-BC; Donna Hamby, DNP, RN, APRN, ACNP; Richard Gilder MS, RN
The University of Texas at Arlington



Clinical Problem

- ❖ Pain – a national epidemic (IOM, 2011)
 - Annual cost = \$ 635 billion
 - Affects > 100 million adults in the U.S.
 - Over 85% of nursing home residents experience pain regularly (Atkinson, 2013)
 - Under-reported, under-treated, under-managed in nursing homes (Parker, 2013)
- ❖ Challenges for healthcare providers
 - Hydrocodone changed to Schedule II on October 6, 2014 requiring a triplicate to prescribe
 - Patients on Sch II Rx transfer to nursing homes without triplicate
 - Pharmacist unable to dispense Sch II Rx without a signed triplicate by physician
 - Physicians make 1 or 2 visits to nursing home per week
 - Patients suffer until seen by their physician
 - Tramadol or Tylenol # 3 & 4 not always effective for patients taking Sch II Rx

Project Objective

In nursing home patients admitted with moderate to severe pain, what is the effect of a pain protocol compared to the usual standard of care on pain scores of patients who have chronic or post-operative pain during a four-month period?

Framework

The IOWA Model of Evidence-Based Practice

- Marita Titler, PhD, RN, 1994
- Assessment of clinical issues
- Priority for organization
- Review of literature
- Synthesize and critique findings
- Conduct pilot study
- Appraise the feasibility to implement
- Implement the change
- Evaluate the outcomes

Methods

Design: Pre-test, Intervention, Post-test

Participants: Chronic and post-operative patients with moderate to severe pain requiring Schedule II pain medications

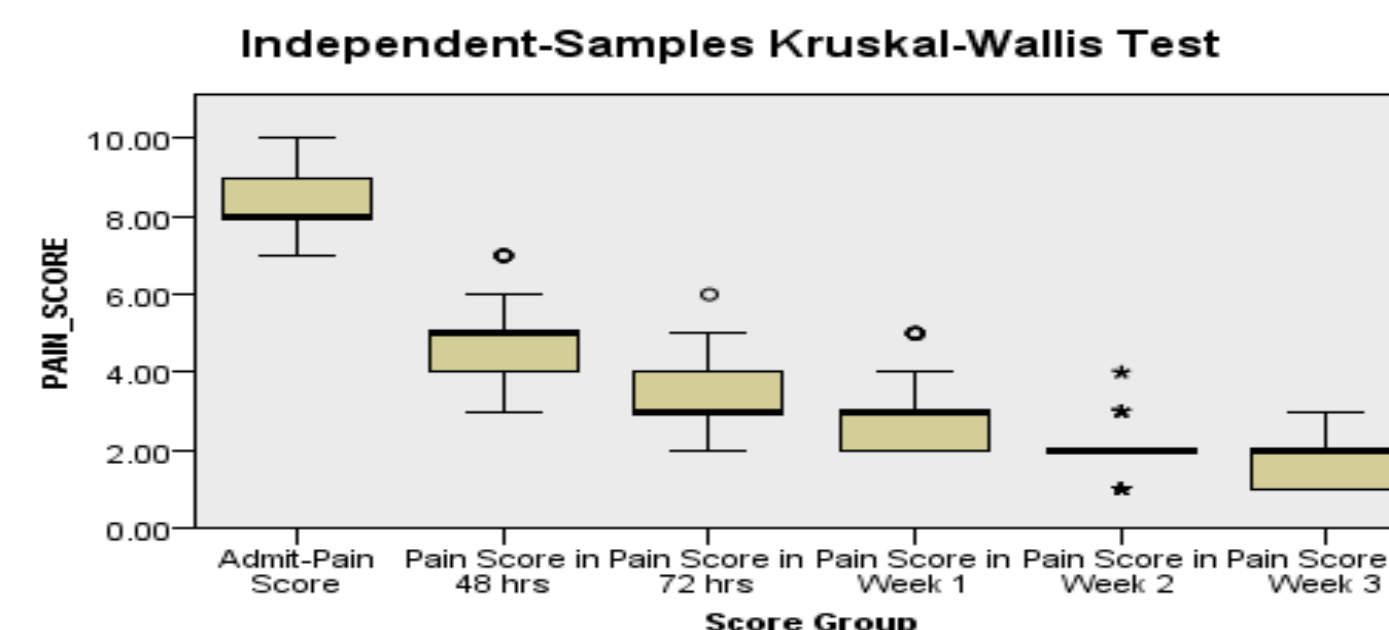
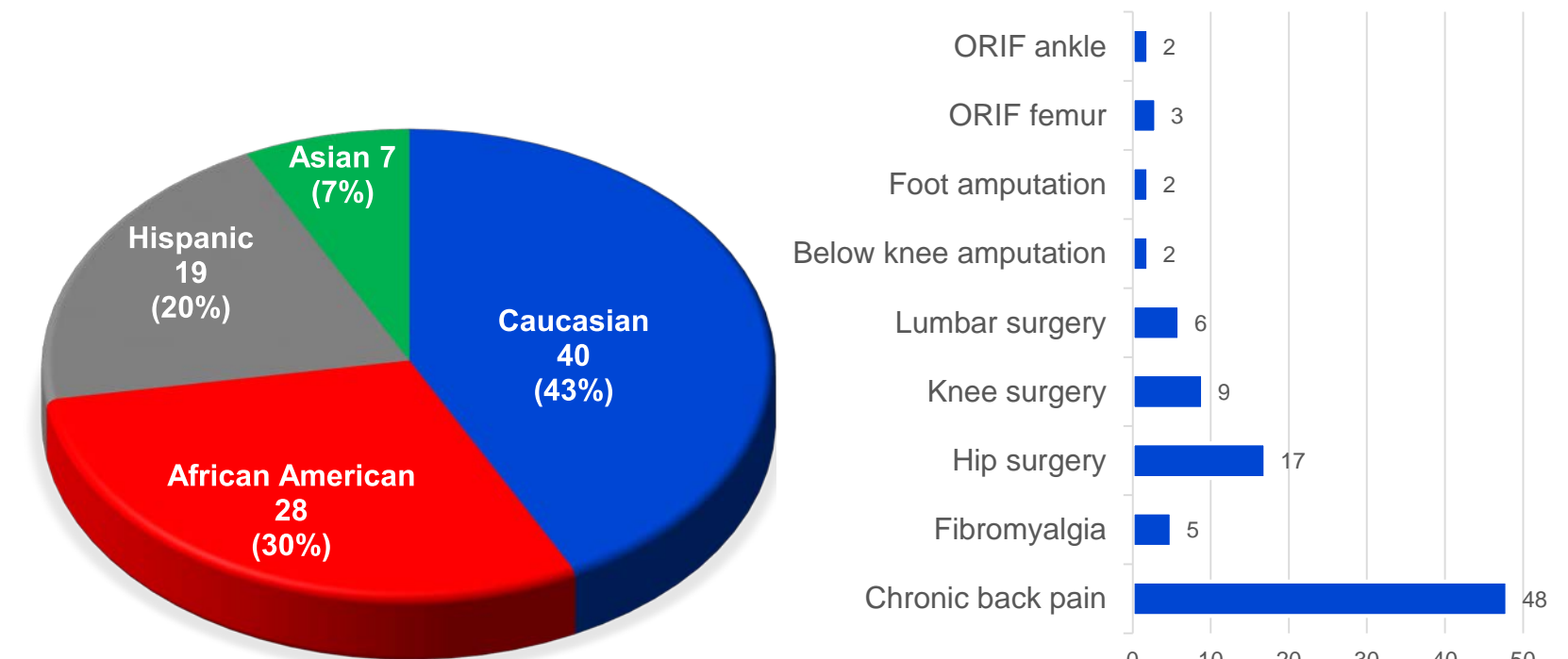
Measures: Universal Pain Assessment Tool

Procedure: Pain protocol with Buprenorphine Transdermal System (BTDS).

- Pain assessed during admission and BTDS used if needed
- Nurse practitioner followed up on pain scores and titrated the BTDS
- Pain scores compared and analyzed at 48 hrs, 72 hrs, Week 1, Week 2, Week 3

Statistical Analysis: Non-parametric Independent Samples Kruskal-Wallis test and post-hoc analysis; Level of Significance: 95%

Results



Total N	564
Test Statistic	472.154
Degrees of Freedom	5
Asymptotic Sig. (2-sided test)	.000

1. The test statistic is adjusted for ties.

Conclusions

- ❖ Protocol based pain management with BTDS provided statistically significant pain relief among patients with moderate to severe chronic and post-operative pain in the nursing home
- ❖ BTDS is a safe, effective, and efficient alternative analgesic armamentarium in the absence of Schedule II pain medications

Practice Implications

- ❖ BTDS provides better provision for healthcare providers to manage pain in nursing homes
- ❖ Future studies can explore the relationship between BTDS and functional status, falls, sleep, quality of life, and patient satisfaction scores

Limitations

- ❖ Small sample size
- ❖ Findings limited to chronic pain and post-operative pain