

Implementing Complementary Therapies to Reduce the Use of Opioids on the Orthopedic-Spine Unit at Dixie Regional Medical Center

Mary Jane Bauter, BSN, RN, MSN Student

PROJECT METHODOLOGY

Opioid use continues to rise nationwide, and Utah is one of the highest states for opioid prescriptions. In 2016, providers in Utah were found to write an average of 73.1 opioid prescriptions per 100 people. In addition, there were 466 opioid-related deaths (6). Therefore, an educational plan was developed specifically for patients who had undergone orthopedic surgery who were prescribed opioids and were expected to take pain medications to assist with recovery. Evidence was gathered to assist in discovering how to provide safe pain relief to orthopedic patients by utilizing complementary therapies. An educational plan was established and presented to the orthopedic-spine unit manager and educator. The plan involved teaching patients, through video and brochure, ways to use complementary therapies during recovery of surgery in attempt to assist in decreasing the use of their opioid pain medication.

Video

- An educational video would be shown to all patients prior to discharge, providing education on the risks of opioids, other pain relieving options, ways to implement complementary therapies, how to wean off pain medications, explanation of pain levels and treatment, and side effects of opioids.

Brochure

- A brochure would summarize the information provided in the video and would allow the patient to refer to the information at home. The back of the brochure provided a medication tracking sheet for the patient and family to safely plan for pain medication administration.

Evaluation

- A pre-test and post-test will be given to each patient to determine if education on safe pain management was effective. Each test will contain a survey question to evaluate what complementary therapies may potentially be utilized by patients. Informal evaluations at staff huddle meetings will be done at one, two, and four weeks. The informal evaluation will gauge how video and brochure implementation is going on the unit, how it is being accepted by staff and patients, and whether change is needed.



Currently, Intermountain uses the validated Wong-Baker FACES Pain Rating Scale for assessing a patient's pain following surgery.

ABSTRACT

Opioid use in post-operative orthopedic patients assist with pain control and recovery. Unfortunately, opioids can become addictive and have many side effects. Studies have shown that utilizing complementary therapies in conjunction with pain relieving medications result in optimum pain relief and comfort. Despite nationwide efforts to reduce the use of opioids, there continues to be an increase in opioid use and misuse and opioid-related deaths. Education is needed for implementing complementary therapies into practice and teaching patients ways to use these therapies to assist them in the reduction of opioid use and misuse.

PICO QUESTION

In patients who are prescribed pain medications on the orthopedic-spine unit, how does using complementary therapies compared to not using complementary therapies reduce the amount of pain medication?

LITERATURE REVIEW

A literature review provided significant findings of what causes and contributes to an individual's pain, why opioid use is increasing, types of complementary therapies to utilize, and where education is lacking in regard to pain management. (1, 2, 3, 4, 5, 6) Themes discovered for pain control were

- Nurses', patients', and providers' knowledge on pain management
- Attitudes toward pain
- Importance of patient autonomy
- How to promote comfort using complementary therapies
- Team members' roles in decreasing opioids



THEORETICAL FRAMEWORK

Katherine Kolcaba's Theory of Comfort

Kolcaba describes her theory of comfort of one that promotes "satisfaction of the basic human needs for relief, ease, or transcendence arising from health situations." (7) The theory of comfort provides information on themes of negative tensions that can arise in life. These negative tensions increase pain, stress, and anxiety, and reduce an individual's comfort level. By overcoming discomfort, an individual can reach an ideal feeling of comfort, relaxation, and relief. The comfort theory was utilized in research and education to provide holistic care, to comfort individuals in order to adequately treat their pain, and to decrease stress and anxiety.

CONCLUSIONS

Complementary therapies have helped to decrease opioid use, assisted in decreasing the effects of pain, and supported an overall healthy way of maintaining well-being. (8) Because complementary therapy education is lacking, it must be incorporated into education for those receiving opioids. Education can be provided by providers and nurses using a video or handout. Complementary therapies and education potentially assist in decreasing the use of opioids. (1, 2, 3, 4, 5) Furthermore, goals of pain management education include setting a realistic pain score, informing patients of complications of opioids, implementing types of complementary therapies, tracking pain medicine, weaning off opioids, and disposing opioids safely.

REFERENCES

- Berman, B. M., & Bausell, R. B. (2000, April). The use of non-pharmacological therapies by pain specialists. *Pain, 85*(2000), 313-315 Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/10781905>
- Costello, M., & Thompson, S. (2015). Preventing opioid misuse and potential abuse: The nurse's role in patient education. *Pain Management Nursing, 16*(4), 515-519. doi:10.1016/j.pmn.2014.09.008
- He, H.-G., Jahja, R., Lee, T.-L., Ang, E. N. K., Sinnappan, R., Vehviläinen-julkunen, K., & Chan, M.F. (2010) Nurses' use of non-pharmacological methods in children's postoperative pain management: Educational intervention study. *Journal of Advanced Nursing, 66*(11), 2398-2409.
- Helmrigh, S., Yates, P., Nash, R., Hobman, A., Poulton, V., & Berggren, L. (2001). Factors influencing nurses' decisions to use non-pharmacological therapies to manage patients' pain. *Australian Journal of Advanced Nursing, 19*(1), 27-35.
- Mehl-Madrona, L., Mainguy, B., & Plummer, J. (2016). Integration of complementary and alternative medicine therapies into primary-care pain management for opiate reduction in a rural setting. *Journal Of Alternative & Complementary Medicine, 22*(8), 621-626. doi: 10.1089/acm.2015.0212
- National Institute on Drug Abuse. (2018). Utah opioid summary. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids-pain-summaries-by-state/utah-opioid-summary>
- McEwen, M., & Wills, E. M. (2014). *Theoretical basis for nursing* (4th ed.). Philadelphia, PA: Wolters Kluwer.
- Gellinas, C., Arbour, C., Michaud, C., Robar, L., & Côté, J. (2013). Patients and ICU nurses' perspectives of non-pharmacological interventions for pain management. *Nursing in Critical Care, 18*(6), 307-318. doi:10.1111/j.1478-5153.2012.00531.x