

POSTOPERATIVE CARE: PAIN MANAGEMENT



Effective postoperative pain control facilitates early mobilization, reduces hospital length of stay and improves client satisfaction. Opioid medications remain central to pharmacologic postoperative pain management. However, given growing awareness of the morbidity and mortality associated with opioid use disorders, best practice increasingly supports a multimodal and multidisciplinary team approach.

Preoperative planning

Planning for pain management should begin in the preoperative period.

Factors to consider include:

- Type of procedure anticipated
- Client age
- Comorbidities
- History of chronic pain, depression, chronic opioid use
- Social factors
- Client openness to or current use of alternative and complementary therapies

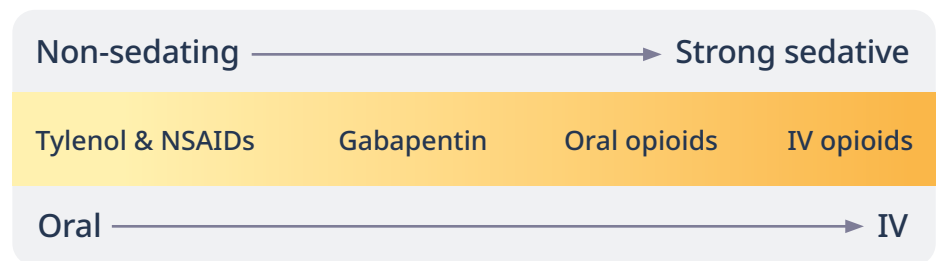
Multimodal therapies

Layered interventions, tailored to each client's characteristics, comorbidities, and risk factors, improve pain management. Nurses can encourage the multidisciplinary team to plan for multiple modalities:

- Systemic pharmacologic therapy
- Local, intra-articular, or topical techniques
- Regional anesthetic techniques
- Neuraxial anesthetic techniques
- Nonpharmacologic therapies

Systemic pharmacologic pain management

Most postoperative clients will have orders for multiple pain medications. Rule: "Start low and go slow." Utilize the least sedating medication and lowest dose that achieves adequate pain control. If the client continues to experience pain, advance to the next class or dose, or combine classes as ordered.



Nursing considerations

Pain scale indications should be included in each drug order for pain control. Select drugs based on the client's reported pain level. Be sure to document pain level assessment to validate selection and timing of pain medications.

Always adhere to ordered **reassessment** schedule to verify efficacy of pain control. Timelines differ based on the class, dose, and route of medication administered.

Pain medication may be **scheduled or ordered PRN ('as needed.')** Review orders and assess client pain frequently to ensure adequate pain control through use of PRN medications.

Patient-controlled anesthesia (PCA) pump

A PCA pump allows clients to self-manage pain by pressing a button for medication or administering a constant low dose with optional supplemental bolus doses initiated by the client. Nursing tasks:

- Assessment, pump maintenance, and client education
- Monitor carefully for signs of oversedation.
- Educate that the button may be pressed by the client only, not by family members or other visitors.