Non-pharmacologic Pain Management With Pediatric Lower Extremity Trauma

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Background

- Prescription drug overdoses in Ohio are climbing1,2,3
- Opioid crisis in Ohio has lead to restrictions on opioid prescribing4,5,6
- Peri-operative anxiety increases post-operative pain and subsequent opioid use in children7
- Increased pain leads to prolonged hospitalization and increased risk for complications in children7,8,9,10
- Non-pharmacologic pain resources are a viable adjunct for pain and anxiety management in children with lower extremity injuries and can minimize opioid use11
- Certified Child Life Specialists (CCLS) are trained to provide non-pharmacologic pain management and normalize the hospital experience12,13,14,15,16,17,18,19

Purpose

- Increase the use of non-pharmacologic pain management resources for children with unplanned hospitalizations due to lower extremity trauma
- Implement a routine CCLS consult for patients admitted to the orthopaedic service with lower extremity trauma for non-pharmacologic pain and anxiety management

Methods

Inclusion Criteria:

- Ages 6-18 with lower extremity trauma
- Unplanned hospitalization, requiring surgery
- Admitted to orthopaedic service

Procedure:

- Admission order set edited to include CCLS consult within 24 hours of admission
- Routine CCLS consult includes:
  - assessment of psychosocial needs
  - debriefing and preparation for procedures
  - collaboration with physical therapy (PT)
- 3 month prospective chart review (Sept-Nov 2018)

Outcome Measures:

- Retrospective (June-Aug 2018) vs. prospective chart review
- Demographics
- Average pain score over admission (NRS-11 and FACES tools)20,21
- Number of pain medication doses
- Number of PT attempts
- Length of stay (LOS)

Results

- Routine CCLS consult includes:
  - consultation within 24 hours of admission
  - Admission order set edited to include CCLS consult
  - Admitted to orthopaedic service
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- Routine CCLS consult includes:
  - assessment of psychosocial needs.
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- 3 month prospective chart review (Sept-Nov 2018).

- Retrospective (June-Aug 2018) vs. prospective chart review.

- Demographics.

- Average pain score over admission (NRS-11 and FACES tools).

- Number of pain medication doses.

- Number of PT attempts.

- Length of stay (LOS).

Recommendations

- Adopt routine CCLS consult for all patients admitted for trauma or unplanned admissions.

- Expand CCLS consult utilization to include other services and patients.

- Encourage non-pharmacologic pain and anxiety management for all admitted patients in order to decrease the use of opioid pain medications.

References


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