

Abington Department of Surgery Multidisciplinary Opioid Reduction Task Force Update

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January 16, 2020

5 Phases of the Surgical Experience

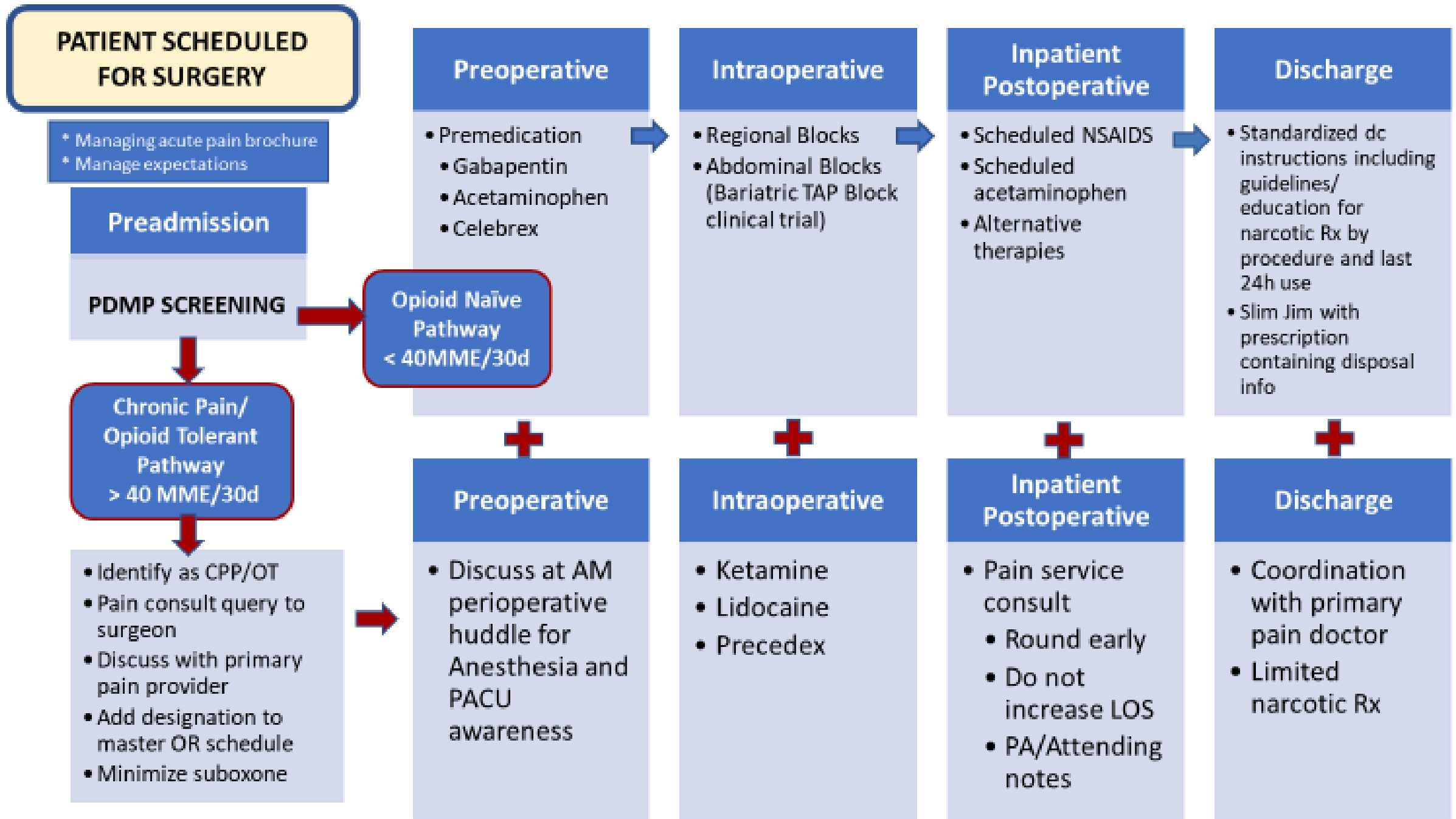
Office/Prehospital

Preoperative

Intraoperative

In-hospital postop

Discharge/Post hospital



PATIENT SCHEDULED FOR SURGERY

- * Managing acute pain brochure
- * Manage expectations

1

Preadmission

PDMP SCREENING

Chronic Pain/
Opioid Tolerant
Pathway
> 40 MME/30d

- Identify as CPP/OT
- Pain consult query to surgeon
- Discuss with primary pain provider
- Add designation to master OR schedule
- Minimize suboxone

Preoperative

- Premedication
- Gabapentin
- Acetaminophen
- Celebrex

Opioid Naïve
Pathway
< 40MME/30d

Preoperative

- Discuss at AM perioperative huddle for Anesthesia and PACU awareness

Intraoperative

- Regional Blocks
- Abdominal Blocks (Bariatric TAP Block clinical trial)

Intraoperative

- Ketamine
- Lidocaine
- Precedex

Inpatient Postoperative

- Scheduled NSAIDS
- Scheduled acetaminophen
- Alternative therapies

Inpatient Postoperative

- Pain service consult
- Round early
- Do not increase LOS
- PA/Attending notes

Discharge

- Standardized dc instructions including guidelines/education for narcotic Rx by procedure and last 24h use
- Slim Jim with prescription containing disposal info

Discharge

- Coordination with primary pain doctor
- Limited narcotic Rx

Office / Prehospital

- 100% of surgical offices have received print and electronic copies of the Managing Acute Pain brochure for distribution/discussion during scheduling (also PCPs)
- 100% of elective cases are being screened via PDMP prior to day of surgery, ~10% meet criteria for Chronic Pain Patient /Opioid Tolerant (CPP/OT)
- 100% of CPP/OT patients identified on the OR Master Schedule
- ★ • CPP/OT patients with expected LOS >24h- Surgeon queried as to desire for a pain service consult for comanagement- 2019 Q4 14%, 2020 Q1 56%, 2020 Q2 100% (714% increase)

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Office / Prehospital

- 100% of general surgery offices received education and electronic and paper copies of the new general surgery reservation form including premedication checkboxes
- 100% of other surgical services received education and electronic and paper copies of the new additional orders reservation form including premedication checkboxes
-  • Dispensing of premedications (acetaminophen, celecoxib, gabapentin) increased **580%** from 2017 to 2019
- 100% of CPP/OT patients discussed at the OR am huddle with anesthesia and PACU

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Intraoperative

- Bariatric TAP block QI Study- ~75 patients undergoing VSG with anesthesia performed US guided TAP block vs. historical controls
 - Outcomes: primary- intraop, 6h and 24h opioid use, secondary- n/v/pruritis
 - Trend toward improvement on all measures but did not reach significance
 - 2nd intervention arm underway with standardized protocol and designated proceduralists
- Significant increase in regional blocks for novel non-abdominal cases
 - data in analysis for breast cases

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In Hospital Postop

- General Surgery Advanced Practitioners, General Surgery and Neurosurgery residents received explicit education by Olga Piliutkevich, pharmD resident during protected time on opioid reduction for postop and discharge management
- Difficulty in large scale data analysis due to HIS limitations: Olga following all mastectomy patients and contacting residents to encourage non-narcotic utilization, final data analysis is pending completion of her project
- Aggressive integration into the enterprise wide EPIC build / order set reconciliation
- Re-invigoration of the alternative therapy efforts with nursing- training, knowledge of who is trained, availability to practice (Paula)

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Discharge/Post Hospital

- All surgical residents, advanced practice and all faculty educated around POSSE discharge narcotic prescription guidelines. Targeted intervention on outliers.
- 100% of narcotic prescriptions from Abington Alliance Pharmacy accompanied by a “slim jim” insert with narcotic alternatives, helplines and disposal information
- Reduction in bariatric discharge rx from 20-> 15->10 based on postop surveys with no additional phone calls or need for additional rx.
- PDMP query of appy/chole -> 2017-2019
 - only 70% of patients fill their rx (unchanged)
 - Avg number of pills prescribed decreased by 42%
 - 89% reduction of prescription of acetaminophen combination pills

Discharge/Post Hospital

- Recent focus on same day surgery discharge instructions- kill the old form
- Consensus standardized forms- attending wishes, compliance / regulatory issues, safety issues, opioid reduction/non-narcotic pain management
 - 1st round lap cholecystectomy, Angio/stent, lap/open inguinal/ventral/umbilical hernia, partial mastectomy +/- SLNBx (PACU/patient/resident/attending satisfaction)
 - 2nd round- skin/soft tissue, portacath, permacath, AVF, transurethral procedures, intranasal, ear, tonsils/adenoids in final review. (>80% of Same Day discharges)
 - Planned 3rd round- transvaginal, thyroid/parathyroid (>95% of same day discharges)
- Widespread use will ensure dc with instructions on non-narcotic use, narcotic weaning, narcotic safety which will be extrapolated to inpatient dc instructions (to be audited after deployment of all 3 rounds)
- Aggressive integration into the enterprise wide EPIC build



PROCEDURE: _____

ALLERGIES: _____

A. ACTIVITY: If you have received General anesthesia, medication for pain or sedation while under our care, you should not drive (or operate machinery), drink alcohol, or sign any legal documents for 12 hours. You may experience light headedness, dizziness or sleepiness following your procedure.

- Limitations: None Driving Stairs Lifting Sexual
 Avoid strenuous activity for _____ hours. Apply ice pack for _____ hours.
 Elevate extremity for _____ hours. May return to work / school _____
 Use crutches for _____
 Other _____

B. DIET: No change. Start with clear liquids, then soup and crackers, gradually progressing to solid foods.

C. WOUND CARE:

- Not applicable. Remove bandage after _____ hours. Replace with fresh gauze or band-aids.
 Leave bandage in place. May resume tub bath / shower after _____ hours _____ days.
 Keep wound dry. _____

OTHER INSTRUCTIONS: Wear Your Seatbelt!

Resources: If you are a smoker/tobacco user or have quit within the past year you are encouraged to quit/remain smoke-free; please call (215) 481-8950 for a free smoking cessation program.
 24 hour Mental Health Crisis Hot-line (215) 481-2525 or National Suicide Prevention lifeline 1-800-273-TALK.

D. MEDICATIONS:

- Home medication list has been reviewed and **copy attached to this form.** Continue home medications as per this list unless indicated below. If you have any questions about your medications, contact the prescribing physician.
 NA: No home medications listed.

Stop	Change
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
	Add
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Change or Stop any medication listed below:

- _____
- _____
- _____

New medication: Please **Add** to your current medication routine.

- _____
- _____
- _____

E. ADDITIONAL INSTRUCTIONS:

- See attached Physician Instruction Sheet. _____

F. WHEN TO CALL YOUR PHYSICIAN: If you experience persistent nausea and vomiting, any pain that is unusual, swelling or fever, difficulty breathing, excessive bleeding, or inability to urinate within 8 hours, call your physician immediately.

G. PHYSICIAN:

Physician: _____ Phone: _____

H. FOLLOW-UP APPOINTMENT: _____

- All valuables have been returned to the patient. Copy of home medication list given to patient.

Physician/Nurse Signature: _____ Date: _____

Signing here indicates that I have read, received and understand the above instructions: Patient/Responsible Party's Signature: _____



PLACE
 PATIENT
 LABEL HERE

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YOUR SURGEON: _____ Office phone: _____

Dressings: You may remove your dressings and shower 48 hours after surgery. No tub, pool or soaking in water. Keep wound(s) clean and dry. Reapply a clean dry dressing only if the wounds are draining.

Diet: Resume your usual diet. Keep well hydrated.

Activity: Resume normal activity. Do not drive for 24 hours after anesthesia or taking narcotics. Squeezing a stress ball in the hand on the side of the fistula will help the fistula mature faster.

Medications: Resume all of your usual home medications. (See below for blood thinner instructions, if applicable)

Pain management: Some discomfort after surgery is normal and expected but severe pain can slow healing and lead to complications. Apply ice packs every 2 hours as needed for comfort in the first 48 hours. You may take the following medications to help with pain management if needed. Do not drive or consume any alcohol while you are taking narcotics after surgery.

**You should take the following medication(s) around the clock after surgery until you no longer need any narcotic pain medication. At that time, you can begin to skip or spread out the doses.

Tylenol 1000mg every 8 hours

**You should take the following medication only for breakthrough pain after taking the medications above. You should wean these medications off first. This medication may lead to constipation so consider an over the counter stool softener (Colace, Senna)

Oxycodone 5 to 10mg every 4-6 hours for breakthrough pain only if needed.

Hydrocodone 5 to 10mg every 4-6 hours for breakthrough pain only if needed.

Dilaudid 2 to 4mg every 4-6 hours for breakthrough pain only if needed.

Please refer to your Managing Acute Pain pamphlet for information regarding disposal of any leftover narcotics.

Anticoagulants/Blood Thinners:

You take a blood thinning medication called: _____. You may resume taking this medication on _____ per Dr. _____ (attending surgeon).

Not applicable.

 **Abington**
Jefferson Health.

**ARTERIOVENOUS FISTULA/GRAFT (NON-CATHETER DIALYSIS ACCESS) PLACEMENT/
REVISION DISCHARGE INSTRUCTIONS**



Hyperglycemia:

- Your blood sugar was noted to be elevated during your surgical visit at _____ (glucose). Please discuss this finding with your primary care doctor.
- Not applicable.

Follow up:

- Please call your surgeon's office immediately to schedule a follow up appointment for 1-2 weeks.
- Your follow up appointment is scheduled on _____ (date/time) at _____ (place).

When to call: Please call your surgeons office if you develop fever >101F, severe or worsening incisional pain/swelling, persistent nausea/vomiting, shortness of breath/difficulty breathing, chest pain, leg swelling or you feel that your condition is worsening rather than improving. If you experience a medical emergency, dial 911 for immediate help and then notify your surgeon's office.

Further Instructions:

PDMP checked? Yes No Narcotic script provided? Yes No

Provider signature Provider print name Time Date

Patient signature Patient print name Time Date

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