



## Service Priorities and Programmes Electronic Presentations

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### **Developing a Better Pain Management in PACU**

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#### **Keywords:**

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#### **Introduction**

Delays in Post-anaesthetic Care Unit (PACU) discharge are usually found with those patients with postoperative morbidities; which are undesirable as it will impact the patient perioperative journey, lead to overcrowded workplace and debilitate the nursing care. A Lean management project on reducing PACU length of stay has been implemented since June 2011 and we find that patient pre-discharge program is very helpful to prevent PACU from backlogging. However, as a continuous quality improvement measure for patient care; we are trying to explore further area of improvement for better patient care in PACU.

#### **Objectives**

1. To identify the postoperative morbidities in PACU 2. To measure the patient length of stay in PACU 3. To explore any area of improvement for better patient care in PACU

#### **Methodology**

A survey was conducted from 17 Nov 2014 to 14 Dec 2014 in PACUs to collect relevant data from patients who were undergoing a general anaesthesia surgery with all ASA levels except ASA 4 or above, neurosurgical and ICU cases. An analysis was undertaken to identify any area of improvement regarding the patient care in PACU.

#### **Result**

631 patients out of 761 patients were included in our study. Major findings were as follows: (1) Patients with postoperative pain was the commonest reason for calling back anaesthetists (45, 7.1%), followed by physiological changes (22, 3.5%) and postoperative nausea and vomiting (12, 1.9%). (2) The average length of patient stay in PACU was 48 minutes. Most of the patients were pre-discharged (71.5%) by anaesthetist and their average stay was 38 minutes, whereas the average stay of non pre-discharge patients was 74 minutes. Three postoperative morbidities including postoperative pain, physiological change and postoperative nausea and vomiting were mostly identified in this study. Notably, it also found that the major reason for anaesthetist call back was because of postoperative pain; that entailed patient a longer length of stay in PACU. In order to improve the flow of patients throughout the

perioperative stage, and most importantly, to improve the quality of care for pain management in PACU, a nurse-led opioid analgesia was developed to enhance patient care as well as to advance nursing practice in PACU.