
Grace Peterson Nursing Research Colloquium

2019

Aug 17th, 10:00 AM - 11:30 AM

Opioid Alternative Medications: CRNA Beliefs, Opinions, and Practices

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Opioid Alternative Medications: CRNA Beliefs, Opinions, and Practices

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Background:

Opioids are powerful pain medications that have significant side effects. The U.S. now consumes approximately 80% of the world's supply of opioids. The AANA is urging healthcare professionals to "use opioid-sparing pain management techniques to better prevent opioid addiction and abuse." Opioid alternative administration can treat analgesia and limit opioid administration.



Study Objective:

To examine and describe CRNAs' beliefs, opinions, and practices on administering opioid medications versus opioid alternative strategies to treat intraoperative pain.

Study Methodology:

Qualitative, survey study design using semi-structured interviews. Twelve CRNAs were interviewed and audio recorded discussing their perspectives and opinions on administering opioid alternatives.

Illustrative Quotes:

Barriers to Opioid Alternatives

"I don't know, opioids just work way better and their effect is fast and predictable."

"I don't care what the research shows, I anecdotally see a very poor outcome [with opioid alternatives]."

"The barrier to me is more what's available to me and what I can give (based) on the institution."

"The barriers for me is what's available to me based [on the] institution."

Promoting Factors for Opioid Alternatives

"I have found that if I attack pain receptors at every avenue, the patients are more comfortable and [require] less narcotic."

"If your goal is to get somebody up quicker, regional blocks, peripheral blocks, TAP blocks, are a great additive to the anesthetic."

"Options being encouraged are opioid sparing techniques such as ERAS."

"[Opioid alternatives] save the [patient] nausea, any complications after, and they extubate faster."

Results:

Prevalent barriers included: opioid superiority (83%), inconsistent analgesia effects of opioid alternatives (83%), and patient comorbidities (100%). Prevalent promoting factors included: avoiding adverse effects of opioids (92%), positive experiences with alternative administration (100%), regional superiority (100%).

Implications for Nursing:

Opioid administration can be reduced after realizing the factors that hinder or encourage opioid administration by CRNAs.

What's Next:

Future studies should aim to recruit a larger sample size with weighted assessments.



Conclusion:

Understanding the barriers and promoting factors to opioid alternative administration can be useful to enhance its usage.

Funded in part by the Zeta Sigma Chapter of Sigma Theta Tau International