Pain Control in the Geriatric Trauma Patient

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Background/Significance

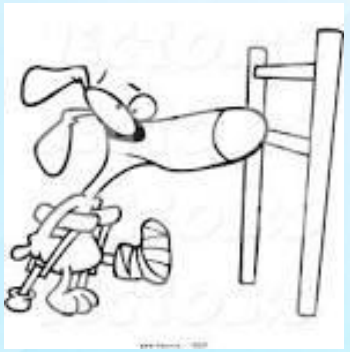
- A growing number of our Trauma Patients are ages 65 and older. These patients are making up a larger amount of our patient population, which garners more attention to the specific needs of the older adult, and the needs that are special to be a Geriatric Trauma Patient.

PICO Question

- PICO Question – In the geriatric trauma population, how does ordered (around the clock/scheduled analgesic) compared with as needed (PRN) analgesic affect pain score, length of stay and discharge?

- P: Geriatric Trauma patients
- I: Around the clock/scheduled analgesic
- C: As needed/PRN analgesic
- O: Pain score <4 or within patient goal, and discharge to prehospital level of care

TRIGGER?



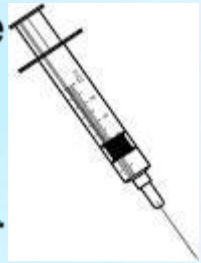
- Problem based Trigger
  - In the Geriatric Trauma population, pain control can be a difficult problem, whether it be over or under medication of pain.
  - Both of these situations can precipitate delirium
  - Inadequate pain control can make it difficult for a patient to complete physical therapy which can make it hard for them to return to their previous level of care

EVIDENCE

- Pain in the older adult population is not being adequately controlled
- The risk of delirium is high in older adult patients and especially in surgical patients
- Delirium is poorly recognized and may be the only symptom of a life threatening complication such as infection, metabolic abnormalities, or medication reactions. Delirium needs to be treated as a medical emergency.
- There is a misconception that older adult patients have a higher pain threshold than younger patients.

EVIDENCE

- Most postoperative pain is relieved only with opioid analgesics, and the American Geriatric Society recommends opioids for moderate to severe pain.



- Avoid benzodiazepines, anticholinergics, and other inappropriate medication contraindicated for the elderly as noted in the Beers Criteria.
- Encourage non-pharmacological interventions, such as physical therapy, relaxation exercises, ice, heat, repositioning, music, and distraction.
- Scheduled administration of medication leads to better perceived pain control by the patient.
- Lack of pain control can lead to delirium, decreased mobility, and inhibit deep breathing. These can cause changes in level of consciousness, pneumonia, pressure ulcers, and functional decline.

IMPLEMENTATION

1. **Process Indicators and Outcomes:** Pain score <4 or within patient goal, and discharge to prehospital level of care

2. **Baseline Data:** None

IMPLEMENTATION

3. Design (EBP) Guideline(s)/Process: Chart reviews of geriatric trauma patient's who were inpatient in a 4 month period. Average pain score, whether or not the patient had scheduled analgesic and prehospital to discharge levels of care. Information was obtained through trauma history and physicals, consults and nursing flowsheets.
5. Evaluation (Post data) of Process & Outcomes
6. Modifications to the Practice Guideline: Changing the current policy of documenting pain scores from every 8 hours to every 4 hours for the geriatric pain control
7. Network Implementation-Implement a new policy of adequate pain documentation every 4 hours, if an intervention was completed and 1 hour after intervention

Practice Change

- Pain control for Geriatric Trauma Patients age 65 and older should be assessed every 4 hours at minimum. This change in nursing documentation would help to gain a tighter control on pain for these patients who are typically poor reporters of pain.

RESULTS

- Average pain score for patients who received scheduled pain medication: 2.96
- Average pain score for patients who received only PRN pain medications: 3.13
- For the patients who received scheduled pain medication 61% of patients returned to their previous level of care
- For the patient who received only PRN pain medication 58.5% of patients returned to th previous level of care

NEXT STEPS

- Push to change documentation of pain for Geriatric Trauma patients to every 4 hours
- Work with the Geriatrics team and the Trauma team to develop an algorithm to determine which Geriatric Trauma patients should receive scheduled pain control

Implications for LVHN

- In our ever changing healthcare scene in the United States, there is an increased push for improving the care of older adults. With the projected increased in this particular patient population, it is more vital than ever to be doing research and finding ways to better care for this population of patients.

Lessons Learned

- There are many variables that effected the results of our study, such as: type of injury/extent of injuries, pre-existing medical conditions, individual tolerance or perception of pain, willingness and availability of staff to offer pain medication, and documentation of pain scores.

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Strategic Dissemination of Results

- Education of staff members on 5A-Transitional Trauma Unit

Make it Happen

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