

OPMP content were more beneficial for increasing engagement than weekly text, email, or phone communications. Future clinical strategies for increasing client engagement in OPMP might include requiring in-person meetings versus remote communication with a health coach.

3A Current Opioid Use State: Use/Misuse and Abuse

Pamela Geyer JD, RN-BC, CFN, FACHE, DABFN. *Henry Mayo Newhall Hospital*



The presenter will provide attendees data for the current state of opioid prescribing in the United States. Data compiled from regulatory bodies will include the CDC/HHS/DOJ/DEA and others. Identification of PDMP programs and impact will also be covered. The presentation will provide information on determining how to share information and educate providers across the spectrum to assist in the reduction of opioid deaths caused by overdose from prescription pain medications. The presenter will provide an introduction of functional pain assessment and evaluation of importance as well as information on evaluating changes to current practice required to reduce loss of life.

3B New Strategies in Opioid Stewardship

Christina Marie Wiekamp APRN, CNS, ACHPN,
Yleana T. Baggenstos PharmD, BCPS, CPE. *HealthEast*



This program was designed to address the prevalent issues related to opioid use in the hospital. The idea was to introduce and reinforce an opioid stewardship program. The program has been running since 7/26/17. Pharmacists and APRN met once a week to build the program and work out the components of the program, technologically and logistically. The pharmacists review obtained computer generated reports to screen for potential problems with opioid therapy. The health care providers continue to provide high level stewardship tracking, comprehensive medication review, and then provide recommendations (to possible change bowel meds, lab monitoring, chemical dependency, psychiatry, psychology, acupuncture, massage, anesthesia, ortho, neuro, or palliative care involvement). A primary goal of the program is to reduce medication associated events and improve pain control. The pharmacists and APRNs continue to be involved in comprehensive opioid reviews and pain consults separately.

3C Pediatric Chronic Pain and Opioids

James M. DeMasi RN, CPNP-AC/PC,
Molly M. Kroschewsky PA-C. *Children's Medical Center of Dallas*



Chronic non-malignant pain (often defined as persistent and recurrent pain) in children and adolescents is a significant problem worldwide with prevalence rates reported as high as 35%. Untreated persistent pain may lead to significant pain-related disability, emotional disturbance, and poor school performance. These patients frequently have seen many specialists and have been placed on a multitude of medications, opioids included, without relief. However, use of opioids for non-malignant chronic pain is not supported in the pediatric literature except in limited circumstances or as part of a structured treatment plan. There is growing consensus that treatment should be focused on a multidisciplinary, multi-modal approach and some centers are reporting success while attempting to maximize the likelihood of improved outcomes. The most common chronic conditions seen are musculoskeletal pain, headaches, back pain and abdominal pain. Management of pain in this population does require an appreciation of ongoing assessment identifying the presence and severity of pain in the individual while having skills with a utilization of a multi-modal approach. Left untreated, these young people will often go on to have issues as adults that may lead to chronic disability, suboptimal functionality, and an overall decreased quality of life. The presentation will present some of common problems managed at The Children's Medical Center of Dallas Center for Pain Management, discuss the multi-modal approach currently utilized in practice, and attempt to answer the following questions: 1) should opiates be prescribed for children with chronic non-malignant pain, 2) if yes, what screening is required in this age group, and 3) will the opioid epidemic have any impact on prescription practices moving forward on patients who have chronic non-malignant pain?

3D Ready, Set, Get Published!

Patricia Bruckenthal PhD, APRN-BC, FAAN. *Stony Brook University School of Nursing*

Elaine T. Miller PhD, RN, CRRN, FAAN, FAHA. *University of Cincinnati College of Nursing*



Pain management nurses are in a unique position to extend what we know to others about expert care and practice. This session will facilitate participants in bringing their clinical ideas, quality improvement or evidence based projects, or research study results to publication. The Editors of Pain Management Nursing will review the process of developing a publishable manuscript and experts from the editorial board will provide small group mentoring. Participants will be asked to bring an idea, outline or rough draft for a manuscript. Mentors will work on framing an idea, outlining a manuscript, conducting a literature search, and actual writing skills. All participants will leave the session with "next steps" toward publication and a writing mentor contact.

3E.1. A Multimodal Approach to Postoperative Pain Management after Spine Surgery: The Back-Up Plan

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AIM OF INVESTIGATION

Life is not without pain. In fact, 100 million Americans suffer from chronic pain (National Institute of Health, 2011). Back pain ranks high among the offenders. According to the National Institute of Neurological Disorders and Stroke (2014), approximately 80 percent of adults will have some form of back pain. Although many may recover, others must undergo various medical treatments before surgical intervention becomes a viable solution for relief. Surgical interventions however, are not without risk. These include but are not restricted to more pain, surgical site infection, cardiac and pulmonary complications and even unrealistic patient expectations. Strategies to minimize surgical complications associated with colorectal and total joint arthroplasty surgery have proven to be most effective through programs that optimize patients' physiological status by "Enhancing Recovery After Surgery" (Carli, 2014). It is to this end that the surgical team approach to advanced recovery (STAAR) for lumbar spine surgery was developed. The purpose of the STAAR Program was to explore the benefits of applying an evidenced based, standardized care pathway to patients undergoing lumbar spine surgery.

METHODS

Prospective data collection regarding early mobilization, average pain scores, complications, length of stay and patient satisfaction of the STAAR pathway group will be compared to patients who received the traditional medical management based on retrospective chart reviews.

RESULTS

It is postulated that STAAR pathway patients will have more favorable outcomes including pain management than those treated by traditional methods.

CONCLUSIONS

The efficacy of applying a standardized, evidenced based approach to patients undergoing spine surgery may be most advantageous in effectively managing postoperative pain, minimizing complications and increasing patient satisfaction.

3E.2. The Effect of an Enhanced Recovery Protocol in Bariatric Surgery Postoperative Pain

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Pain management in bariatric surgery patients is challenging because of multiple factors including chronic pain conditions, perception differences, and varied impacts of pain medications. As a result, postoperative pain tends to be poorly managed leading to increased opiate consumption in this population (Raebel et al., 2013). The enhanced recovery protocol is a newer multimodal postoperative management protocol with demonstrated improved pain control in abdominal surgery patients (Thompson et al., 2012). It has also been shown to be safe in bariatric surgery patients