

EHR query of opioid prescribing data; (2) tools for engaging stakeholders across the system; and (3) example EMR tools that can inform prescriber decision-making.

4D Transitioning from Pain Initiation into Addiction Treatment: “They Just Want to Feel Normal”

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PURPOSE

The purpose of this grounded theory study was to examine the process involved when adults first use opioids to treat pain through their enrollment in an outpatient medication-assisted treatment (MAT) program to recover from opioid use disorder. Opioid use disorder among U.S. adults has increased in recent years with a concurrent rise in MAT program enrollment. Limited understanding exists regarding how and on what basis people with persistent pain enter MAT. This IRB-approved study reveals participants' unique perspectives concerning their initial use of opioids, living with pain, and their deciding to enroll in MAT. This session will describe how practice changes can be informed from the resulting theory.

METHODS

Experienced qualitative researchers used open-ended questions to elicit narratives from 10 participants chronicling their journey from initial opioid use through opioid use disorder recovery treatment. Inclusion criteria called for adults enrolled in a single outpatient MAT program reporting they initially used opioids for treating pain. Interviews were digitally recorded in a private room at the MAT facility and later transcribed. Corbin and Strauss' approach to data analysis and grounded theory development were followed.

RESULTS

A newly-developed theory, Living with Persistent Pain: From Opioid Initiation to Substance Use Treatment was supported by three predominant categories emerging from data: “addiction pathway,” “becoming normal,” and “relationship spectrum.” The theory's overarching core category, “living with pain” was described as a complex and tumultuous process originating in a precipitating painful experience, advancing to the initial use of opioids, and culminating with ongoing recovery in MAT.

IMPLICATIONS

The decision to enter MAT for opioid use disorder was key to helping participants with pain recover a sense of normalcy, which ultimately was both helped and hindered by significant relationships. Healthcare providers who understand both pain management and the addiction process are essential for guiding recovery-oriented treatment approaches.

4E Bioethics and Pain Management: A New and Practical Application

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The field of Bioethics provides clinicians with a framework that combines ethics and empirical evidence to help them make the right decision when faced with complex clinical dilemmas. However, bioethics has not been widely applied to pain management situations even though treatment decisions frequently include moral/ethical considerations, especially in the current context of the opioid abuse epidemic. The aims of this presentation are to review the principles of ethics related to pain care, move practically from ethics to values-based decision-making, and apply the bioethical framework of ethical and empirical evidence to complex pain management issues. Methods used to support this discussion include a review of historical, bioethical, and empirical literature as well as real-world case studies. The results of the literature review reveals that there has always been a moral imperative to treat pain and suffering, yet those who reported suffering without visible evidence (“pain without lesion”) were often suspect of ulterior motives, stigmatized, and poorly treated. The field of Bioethics developed as a philosophical and practical approach to providing moral/ ethical guidelines for patient care to decrease bias, stigma, and unfair application of medical treatment. Currently, advances in pain science with new treatment options abound, yet there is evidence that stigma continues and pain is still not well managed; a model of values-based pain management decision-making has emerged to partially

explain this phenomenon. Combining the empirical evidence of pain management science with moral/ethics theory can help solve clinical issues in practical ways by informing better pain assessment, understanding patient autonomy, deciding whose risk vs. whose benefit takes priority in treatment decisions, and supporting ethics-driven pain management policies. In conclusion, it is the practical application of bioethics to pain management quandaries that will provide the answer to the ultimate pain care question: what is the right thing to do?

5A NSAIDs: Friend or Foe as Opioid Alternatives?

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With the rise in public and professional concern over opioid overdose deaths, a growing emphasis is being placed on using non-opioid analgesics. Nonsteroidal anti-inflammatory drugs, while not new, are garnering new interest as opioid alternatives. Along with demonstrated analgesic efficacy for nociceptive pain, these medications carry significant risks of morbidity and mortality from multiple mechanisms, ranging from hypertension, GI ulcerations, bleeding, kidney injury and cardiovascular acute events. In using this class of medication, the pain practitioner needs to have a strong understanding of the pharmacology of the variety of NSAIDs, impact of dosing and length of treatment, indications and contraindications and monitoring for toxicities. Weighing the risk and benefits in choosing an NSAID, including newer combination medications with gastrointestinal protective agents, will be explored- and contrasted with an overview of opioid risk and benefits.

5B When Addiction Hurts: Managing Acute Pain in Patients Receiving Medication Assisted Therapy (MAT)

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BACKGROUND

In 2016 over one-million Americans were receiving medication assisted therapy (MAT) for opioid use disorder (OUD). This trend is expected to only increase as the number of patients permitted to be seen by a buprenorphine-naloxone provider increased to 275 patients in August of 2016. With the advent of the depot-naltrexone injection, even more patients can receive MAT. With the increasing availability of MAT, acute care providers are facing difficulties managing patients with acute pain on these complex treatment modalities.

PURPOSE

This presentation will include an overview of MAT: the components of MAT, the pharmacology of the medications (methadone, buprenorphine-naloxone, and naltrexone), clinical pearls of each medication, legal considerations for inpatient providers, and strategies for managing acute pain crisis in patients with OUD. Opioid dosing strategies as well as non-opioid management of acute pain crisis, including the use of ketamine, will be discussed. The learner will be able further their practice skills through participation in several interactive case studies focusing on each MAT medication.

5C Sedation and Factors Nurses Consider When Making Decisions to Medicate for Pain in the PACU

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PURPOSE

The purpose of this study was to examine how nurses working in the Post-Anesthetic Care Unit (PACU) identify and describe excessive sedation and what criteria they use to make decisions about medicating patients for pain.

METHODS

Utilizing Heideggarian Hermeneutics methodology, approximately 20 individuals were interviewed using open-ended questions that focused on capturing the expert nurses' lived experiences while working in the PACU. Interviews were audiotaped, transcribed, and analyzed using an interpretive team and a modified seven-stage process for interpretation by