

and Phase II, ensuring that the receiving RN is able to focus on the information, before we commence bedside report.

EFFECTIVENESS OF MULTI-MODAL ANALGESIA

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Background Information: Despite many advances in health care, managing pain in the post-anesthetic period continues to be a challenge. With more procedures being performed on an outpatient basis, shorter lengths of stay and drive to improve patient satisfaction, providers are looking for ways to enhance the surgical care experience and reduce opioid use. In addition, the increase burden of obesity in society has contributed to a rise in co-morbidities such as diabetes, cardiovascular, and gallbladder disease making laparoscopic cholecystectomies the second most frequently performed general surgery procedure in the United States.

Objectives of Project: The purpose of this study was to examine if using multi-modal analgesia prior to incision time effectively reduces post-operative narcotic requirements for pain management in the laparoscopic cholecystectomy patient population. Current search of literature suggests that utilizing multi-modal therapy has shown to significantly reduce pain scores and continual research into this topic is necessary. Pain is a universal phenomenon and nurses must be familiar with the essential concepts of pain and methods of pain management. The concept of multi-modal analgesia is to reduce pain through targeting multiple receptor sites at peripheral and central nociception pathways to reduce the inflammatory response and pain sensation while simultaneously reducing narcotic utilization and their related adverse effects.

Process of Implementation: Utilizing a quantitative, non-experimental research design this particular project retrospectively analyzed 200 elective laparoscopic cholecystectomy patient records from 2015 to 2018 in a specific recovery room unit.

Statement of Successful Practice: The results demonstrated there was a rise in the number of multi-modal agents given with a decrease in the number of narcotics utilized over the course of implementing an enhanced recovery after surgery improvement program.

Implications for Advancing the Practice of Perianesthesia Nursing: The outcome of this project reinforces using multi-modal analgesia and provides a foundation for further research to maximize the benefit of these modalities to manage pain after surgical intervention.

CHANGING LOGISTICS OF EMERGENCY EQUIPMENT IN SAME DAY SURGERY

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Background Information: Same Day Surgery had a total of six separate emergency equipment carts located throughout the

department. This made it difficult to locate the appropriate equipment in emergency situations. This project is important for improving the accessibility of emergency supplies, cost savings by eliminating duplicate supplies, and for the overall safety of our patients.

Objectives of Project: Changing the location of the emergency equipment and eliminating duplicate airway supplies to improve efficiency and cost.

Process of Implementation: Initial inventory of all six emergency carts were completed. Duplicate airway equipment was identified and removed. A cost analysis of duplicate airway equipment was completed. Staff was educated on the new locations of emergency equipment and surveyed afterwards.

Statement of Successful Practice: After completion of this project, eighty-one percent of the staff was able to correctly identify the correct location of the emergency equipment. The staff members are now more knowledgeable about the location of the emergency equipment. A cost analysis of the duplicate airway equipment revealed a savings of 1014.00 dollars.

Implications for Advancing the Practice of Perianesthesia Nursing: Knowledge of the location of emergency equipment is vital to response time. Other nursing units could utilize the findings of this project to improve the logistics of their emergency equipment. Limited research was found on the topic. The authors identified opportunities for nursing research on emergency cart organization.

AIR-ASSISTED TRANSFER DEVICE (AATD) USE FOR PEDIATRIC SPINAL FUSION PATIENTS: IMPROVING CARE

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Background Information: Spinal fusion patients require imaging while in the post-anesthesia care unit (PACU), a reportedly painful process. Prior to this practice change, imaging required five or more staff to safely lift the patient and maintain patient flat time. Despite using multiple staff, it was often difficult to lift the patients high enough to prevent potential shearing near the incision from the imaging board. An AATD had not been previously utilized in the surgical pediatric population at SFCH. This practice change was based on the author's experience with use of this device in other patient populations and active participation in a Safe Patient Handling committee. There is no known literature about AATD use with pediatric spinal fusion patients.

Objectives of Project:

- Educate staff on proper AATD usage
- Develop workflow and process for use
- Staff will use proper ergonomics during postoperative imaging to enhance staff and patient safety
- Reduce postoperative pain related to imaging lift
- Reduce number of staff exposed to potential injury
- Improve efficient use of staff