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**

**Team Leader:** Mary Torres, RN MSN CCRN
**Kaiser Permanente-Zion Medical Center, San Diego, California**

**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 cholecystectomy 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 Peri-anesthesia 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**

**Team Leader:** Brittany Walker, BSN RN CAPA
**University of Iowa Stead Family Children’s Hospital (SFCH), Iowa City, Iowa**

**Team Members:** Kristina Beachy, MSN RN-BC CPAN, Stephanie Stewart, PhD RNC-NIC

**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