

# Acute Pain Service

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*Acute Pain Nurse*

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# Acute Pain Service



New Service to LRH



Introduced in 2017



Anaesthetic driven



Acute pain focus



Acute/ chronic pain

# The role

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Target surgical patients/pre operative

Post Op day 1-4 more if needed

Anaesthetic referral / ward referral

Pain round x2 daily

Pain assessment: DB&C,N/V and Pain score N/V,  
paperwork

# Education

- Patient
- Pre-admission
- PACU
- Staff
  - on pain round
  - in-services
- Epidural workshop/assessments

# Surgeries that require APS



Orthopedic



General



Thoracic



Gynecology



Trauma

# Anaesthetic types

- GA
- GA and nerve block
- Intrathecal (spinal) local anaesthetic: bupivacaine, heavy +/- fentanyl, intrathecal morphine, clonidine, dexmetatomodine.
- Epidural
- Local anaesthesia and sedation
- REDUCE PAIN IN THE LONG TERM

# Local anaesthetic blocks



local anaesthetic infiltration at a nerve to cover a specific area of the body \_ultrasound guided



single shot +/- continuous infusion of LA



Interscalene, supraclavicular



Paravertebral block



TAPS Block

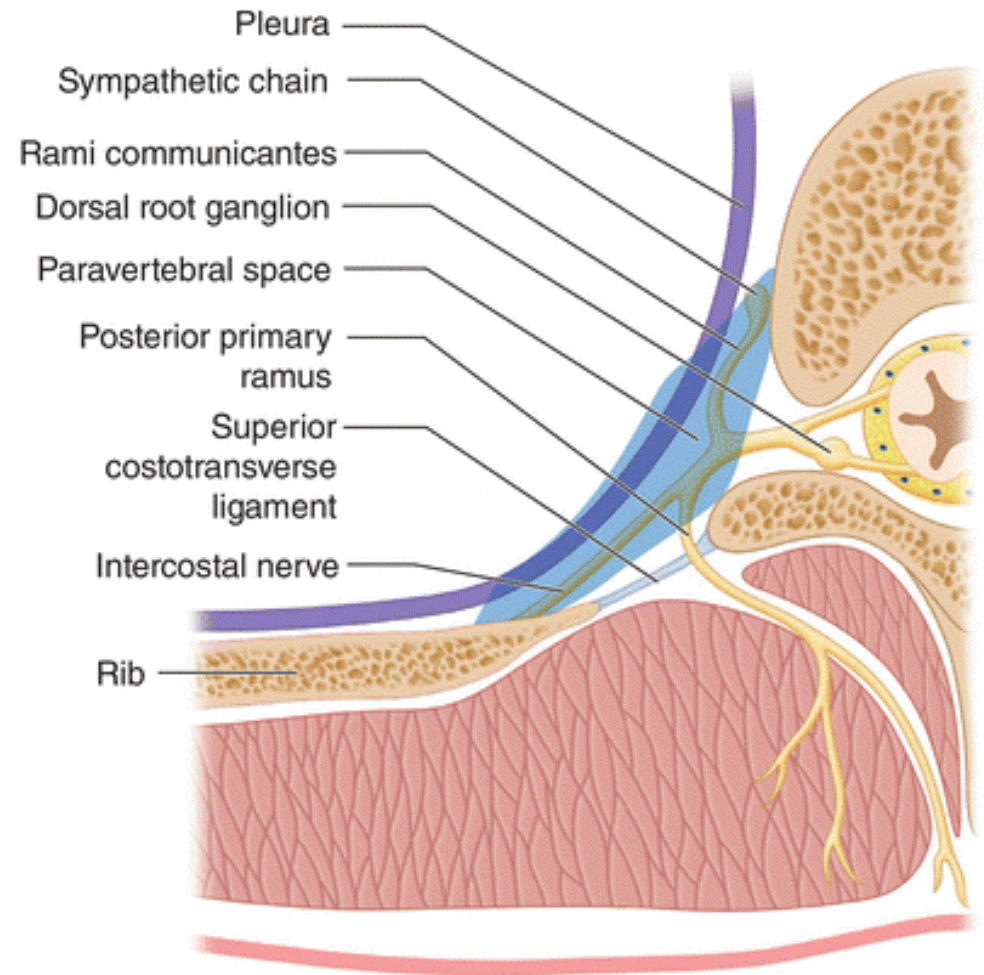


Femoral, Adductor canal



Rectus sheath, erector spinae plane, lumbar plexus

# Paravertebral block





# Pain relieving medicines & devices

- Oral analgesia
- Epidurals
- PCA
- Narcotic infusion
- Local anaesthetic infusers set rate
- L. A. Infusions adjustable rate/volume.

# Advantages of LA infusers

Decreased Pain:  
decreased  
incidence of  
chronic pain

Early mobilisation

Decreased risk of post  
operative complications  
(DVT, Ilius, pressure areas,  
constipation, chest infections)

Less narcotics:  
beneficial in the  
elderly

Your role:  
The Experts!



Patient  
education

Patient  
Assessment

Pain score  
documentation

Pharmacological  
knowledge

# Case study

- 78.9 year old female
- Dx with a sigmoid Carcinoma on colonoscopy
- 160 cm - 53kg
- PHx
  - 1st degree heart block( RBBB), Mild Aortic Stenosis - last ECHO 2016
  - Palpitations
  - thyroidectomy
- Medications
  - Atenolol 50 mg mane
  - Rosuvistatin 5mg Daily
  - Levothyroxine 50mcg Daily.
- Fit and healthy, plays golf (carries her clubs!)
- Last food 0700hrs 1/5/18
- Last fluid 0400hrs 2/5/18



# Case study: DOS\_ Lap assisted Rt hemicolectomy

- GA, thoracic epidural, art line, Iv Hydration line IDC
- Anaesthetic chart.
- IV Abs prophylactically
- IV fluid <5 ml/kg/hr + intraoperative loses
- Art line to guide vasopressors
- Maintained core temp
- IV opioids avoided
- NG removed prior to the end of the case



**Type**

GA  
 Spinal  
 Epidural  
 Caudal  
 IVRA  
 Nerve Block  
 Infiltration  
 Topical  
 Sedation

**Position**

Supine  
 Prone  
 Lateral L / R  
 Lithotomy  
 Lloyd-Davies  
 Knee-Chest  
 Other

**Technique**

IV induction  
 Gas induction  
 Pre O2  
 Cricoid  
 Awake intub.

**Airway**

Face Mask  
 LMA  
 Oral Tube  
 Nasal Tube  
 Cuff  
 Size 7  
 Type  
 Guedel Airway  
 Nasal Airway  
 BMV: EASY / DIFF/CULT  
 CORD VIEW: S.I.  
 NOTES:

**Circuit**

Circle  
 Bain  
 mod AYRES T piece

Spont. Vent  
 IPPV manual  
 IPPV mechanical  
 Humidifier

**Ventilator**

VM  
 Vt 700  
 Rate 10  
 PIP 13 cmH2O  
 PEEP 4 cmH2O

**Pharyngeal Pack**

In  
 Out

**Monitoring**

BIS  
 FIO2  
 SpO2 spO2  
 NIBP  
 ECG  
 ST seg analysis  
 EtCO2  
 Volatile Anx monitor  
 Temp.  
 PNS  
 Urinary Catheter  
 Steth. 27°C  
 Art BP details left radial  
 CVP  
 PCWP  
 Specify Other

*al fontanel 0.75mg*

**DRUGS ADMINISTERED**

Propofol 8mg  
 Mivacurium - 1.5mg  
 Cisatracurium 6mg  
 Dexmethorone 8mg  
 Glycopyrrolate 200mcg  
 Ephedrine 2.5mg + 5mg + 2.5

Panadol - 1g  
 Granisetron 2mg

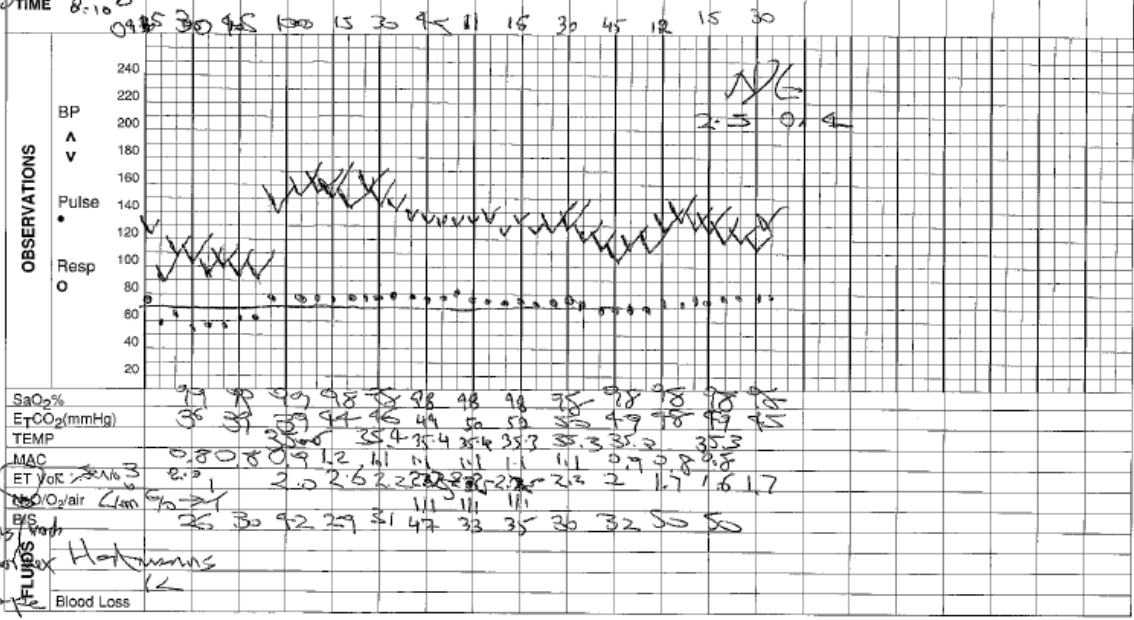
42 + 2mg + 2

Antibiotic: Cephalosporin 2g  
 TIME 8:10

Time: 8:10

Route: IV

Notes:



**NEUROAXIAL ANAESTHETIC TECHNIQUE**

EPIORAC  
 → T10/11 → strict aseptic  
 infiltrate 4ml 1.62%  
 18 G Touhey  
 minline LOR N2O/O2

*3mm/fibre optic*  
*FLUID*  
*Blood Loss*

**REGIONAL AGENTS**

Skin prep dry and discarded  
 No Paraesthesia  
 No Bleeding

*epidural dressing*

**REGIONAL ANAESTHESIA**

Block Time Out   
 Time:

**OTHERS**

Sequential Compression  
 Ted Stockings  
 Bair Hugger  
 Warming Mattress

I.V. Warmer  
 Naso Gastric Tube  
 Pressure Prevention  
 Eye Protection

**ANZPA PS 31**

CHECK 2: Yes  No   
 CHECK 3: Yes  No

**UNEXPECTED ADMISSION TO ICU:** Yes  No

**RECOVERY ROOM RECORD**

Post-operative orders  IV out  in RR  later

Posture

Analgesia

Morphine Pain Protocol   
 Fentanyl Pain Protocol

Anti-emetic granisetron 1mg

Oxygen

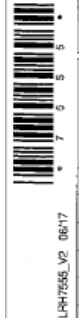
Special Instructions

**REPORTING LIMITS**

BP < 90 > 160  
 FH < 40 > 90  
 FR < 8 > 30  
 SpO2 < 94 >

Anaesthetist's Name RO NA  
 Anaesthetist's Signature

02/05/16



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## PACU

- Epidural commenced at 4 mls/ Hr (Ropivacaine 0.2% 100 mls +fentanyl 200mcg)
- Pain score 0/10, Bromage = 0, Dermatomes bilaterally @ TH6, Site Dry and intact
- Catheter length at skin -12 cm

## Day 1

- Patient comfortable
- Pain score 3/10. Can Deep breath and cough. Dermatomes at TH 1
- Site Epidural catheter @ 10 cm to skin Epidural rate at 4 mls/hr
- Regular paracetamol and Nsaids offered but refused
- Tolerating fluids, no nausea
- Obs stable
- Ambulant and SOOB in CCU – Tx to surg ward in PM

## Day 2

- Epidural 4 mls / hr. Pain score 2/10. Dermatomes TH4 bilaterally. Bromage = 0
- Epidural catheter. tapes insitu, no sights of infection, 10cm at skin.
- Can deep breath and cough. No nausea
- SOOB. Tolerating a soft diet. BA x1 IDC draining good amount.
- OBS stable (no hypotension, afebrile.)
- Regular. paracetamol and NSAID offered but refused most of the time.

## Day 3

- Epidural removed according to clexane guidelines
- Pain score 3/10. still DB and C. No nausea. IDC out.
- Mobilising freely about ward.
- Long acting analgesia added to drug chart. Tapentadol 50 mg
- PM review
- Questioned about increasing pain since epidural removal, has been refusing analgesia since admission. PM dose given.

## Day 4

- Slept well, given oral paracetamol and ibuprofen and SR tapentadol. Pain scores 2-3 /10
- BA x 1. Voiding well, tolerating full diet, discharged home





# Case study: conclusion

- No endone given at all during stay
- Alfentanyl 75 mcg given on induction
- Fentanyl – 200 mcg in 100mls of Ropivacaine = 2 mcg/ml
- Epidural at 4 mls hour = 8mcg fentanyl / hour = 192 mcg in 24 hours very small dose.
- Early mobilisation and early introduction of fluids and food
- Minimal fluids intraoperatively
- No confusion or delirium seen. No post op complications.
- Home in 4 days





Questions

