Hospital Pain Management

Drug dependence, Surgery and Implementing a Team

Matthew Jared, MD
Associate Chief Hospitalist, St. Anthony Hospital
Matthew.Jared@ssmhealth.com
Learning Objectives

• Review obstacles in drug dependent patients
• Principles of treating pain in opioid dependence
• Review risk factors for development of dependence in peri-operative care
• Evaluate effective strategies for creating hospital pain control policies
Opioid Dependent Patient

• Common area of discomfort for providers
  – Transference and Countertransference

• What is important to assess
  – Medications, OTCs, Illicit substances
    • Opioid substitution therapy
    • Improper use of prescription
  – Infections
  – Social and Support Systems
Opioid Dependent Patient

- **Approximate Detection Potential of Urine Drug Screen**
  - Buprenorphine and metabolites: 8 days
  - Methadone maintenance: 7-8 days
  - Cocaine metabolite: 48-72hrs
  - Heroin (morphine, codeine, dihydrocodeine and propoxyphene): 48hrs
  - Cannabinoids, single use: 3-4d
  - Cannabinoids, heavy or chronic use: up to 45days
  - Amphetamines: 48 hrs
  - Benzodiazepine (Midazolam): 12hr
  - Benzodiazepine (Diazepam): over 7 days
Opioid Dependent Patient

Treatment decision model

– Environment
  • Perspective is important

– Establish misuse
  • Injecting oral forms

– Analgesic plan
  • Optimize non-opioids, continue outpatient therapy
  • Opioid substitution therapy (OST)

– Withdrawal Management

– Multidisciplinary discharge planning
Opioid Dependent Patient

• 3 Obstacles to Effective Pain Therapy
  – Opioid-induced hyperalgesia
    • Multiple risk factors
    • Ketamine attenuates
    • May last several months
  – Opioid Tolerance
    • Confirm doses
    • May require higher doses
Opioid Dependent Patient

- 3 Obstacles to Effective Pain Therapy - Continued
  - Opioid Withdrawal
    - Heightened stress response
    - Sympathetic Stimulation
    - #1 treatment is prevention
      - Early reduction of IV opioids
      - Subcutaneous or oral therapy
Opioid Dependent Patient

- Discharge planning
  - Early planning
  - Clear communication
  - Outpatient providers
Chronic Pain

• Chronic Post-Surgical Pain Syndrome
  – Surgery dependent
    • Amputation, Inguinal herniotomy, Mastectomy, Cesarean Section
  – Risk Tools are inconsistent
  – Identify risk factors pre-operatively
    • Younger, female, chronic pain, surgery type
      – Post-operative Pain Severity also high risk
Chronic Pain

• Post-surgical period
  – Endocrine changes
    • High dose Milligram morphine equivalents
    • Ketamine may not change this
  – Anti-inflammatory response
    • Studied in specific surgeries
    • Multimodal treatment maximizes effect
  – Immunosuppression
    • Temporary
    • Metastatic cancer risk
Implementing Pain Management

• Develop a team
  – Champion
  – Experts, Nursing, Pharmacy, Physicians

• Set goals
  – Develop Vision
  – Set plan to achieve Vision
    • PDCA
  – Obtain support from stakeholders
    • Getting to Yes, Roger Fisher and William Ury
    • True North: Discover Your Authentic Leadership, Bill George
Implementing Pain Management

• Write policies to support the change
  – After extended review
  – Create a safe environment for comment and criticism
  – Plan reevaluation
Implementing Pain Management

• Top 3 Goals
  – Keep patient safe
    • Reduce ADEs
    • Reduce dependence
  – Provide comfort
    • Provide pain relief
    • Treat underlying psychiatric disease
  – Include multiple lines of treatment
    • Broaden your treatment options
    • Delineate how to access care
Citations