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IMPROVING THE PROVISION OF PHARMACIST BASED PAIN MANAGEMENT IN CHRONIC PAIN PATIENTS UNDERGOING SURGERY (A5), Robert Mancini, Mark Filicetti. St. Luke's Regional Medical Center, Boise, ID (mancinir@slrhc.org) IRB not needed- no human subject data.

Chronic pain patients undergoing surgery present a unique challenge in the field of pain management. The need for higher post-operative opioid requirements is often overlooked when surgeons write patient-controlled analgesia (PCA) orders. Currently 24% of nursing calls by patients on our Med/Surg floors are related to pain and patient satisfaction scores related to pain management are the lowest on these floors. The questions that had the lowest responses included speed of response for pain and how well the medication worked. This project has two parts. The first part involves following patients from pre-surgery clinic through discharge to assess areas where interventions may provide improvements in control of post-operative pain. The second part will involve improving communication and early pharmacist intervention in assuring appropriate analgesic prescribing. The primary outcomes will include the frequency of patient request for better pain control and use of naloxone for respiratory depression. Secondary outcomes will be changes in nursing perception/education about chronic pain patients and how well their pain is controlled post-operatively. The results and conclusions will be presented.