

Acute Pain Nurse: Key to Continuous Infusion Success

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If you don't send your total joint patients home with continuous infusion peripheral nerve blocks in place, our experience suggests it's time to start. We've been using regional techniques for multiple types of surgeries for six years now and have realized an amazing array of benefits. In addition to superior pain control, these blocks have reduced PONV, pruritus and sedation. The blocks have simplified management of elderly patients, shortened hospital stays, and virtually eliminated hospital readmissions due to inadequate analgesia—resulting in cost savings. Our patients are much happier, and so are we.

But you should also know that implementing this therapy is not as simple as flipping a switch. To be successful, you need a process to manage the tasks it requires. We call our solution the “Acute Pain Nurse” program. It's the key to our continuous infusion success.

At any given time, we have at least one APN dedicated to managing our continuous infusion block program. This nurse acts as the chief support officer for our regional anesthesiologists, orthopedic surgeons, pre-op, post-op, hospital and home health agency nurses, and pharmacy and physical therapy personnel. We ensure that all nerve-block equipment orders are complete, the one-time use pump is sent to pharmacy to be filled, and all documentation is complete. We also work with our billing personnel to help with charging and coding issues, and we keep catheter orders up to date. Early



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on, we helped develop policies and procedures for nursing, infection control and pharmacy.

Our No. 1 role, however, is patient support. We prime and connect the pumps and assess dressings and connections before discharge. We teach patients and caregivers how the blocks work, what to expect after surgery (extremity numbness/weakness), and management techniques (no weight-bearing, keeping heels off bed for lower extremity catheters, upper extremity protection, proper ice pack use). Just before discharge, we help patients understand when the anesthetic block will wear off and how to use the PCA button and oral analgesics when they begin to experience pain. We provide instructions about how to watch for signs and symptoms of local anesthetic toxicity, irritation and infection, and how to take daily temperatures, reinforce dressings, turn off infusions and remove catheters. We also give them a packet of supplies and call

patients daily for the duration of the infusion.

The truth is, when properly managed, continuous infusion patients do so well they don't need special attention.¹⁻³ They just need to be prepared and know that someone is there for them. With our APN program, we provide this support efficiently and effectively, with far-reaching benefits. Post-op calls to our doctors are now a rarity, and far fewer patients are readmitted. Our procedures go smoothly, our patients are happy, and we stay busy—thanks to an ever-increasing stream of referrals from our very appreciative patients.



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