

Pijnprotocol na hartchirurgie

5-jaars ervaring met een verpleegkundig gedreven pijnprotocol

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Programma

Is het nodig?

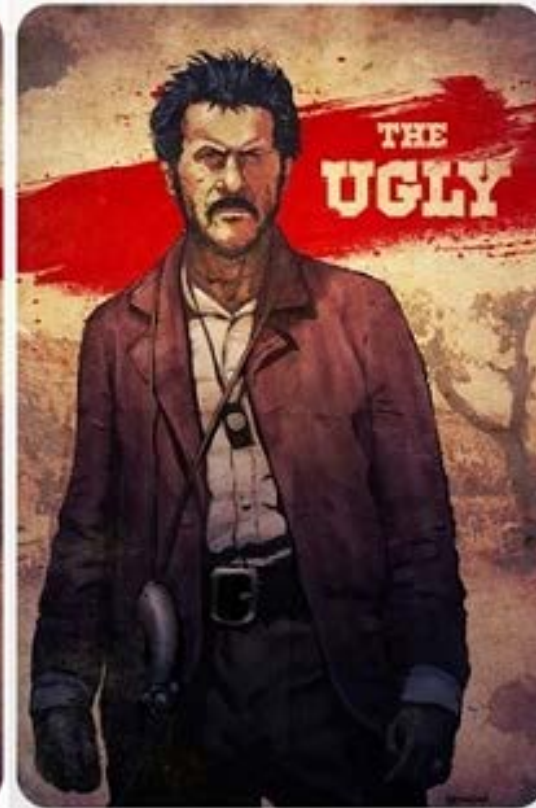
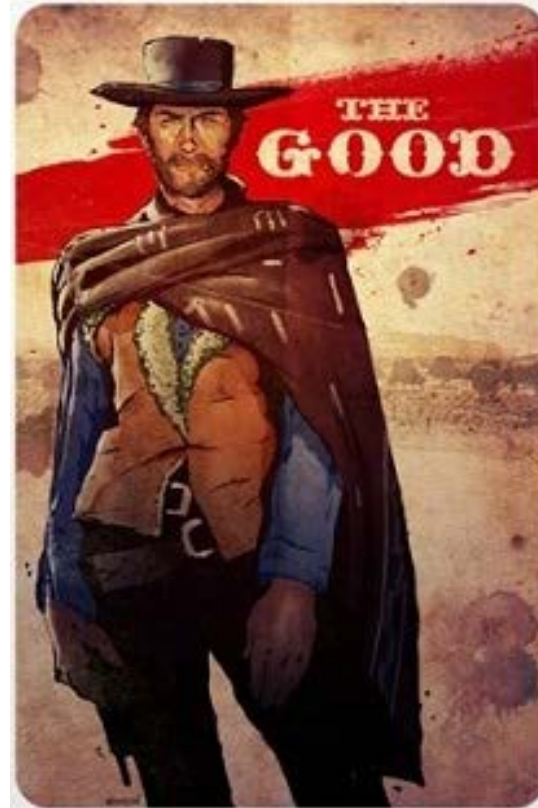
Wat is ons pijnprotocol?

The good

The bad

The ugly

En hoe nu verder..



Is het nodig?

Pain Location, Distribution, and Intensity After Cardiac Surgery*

Xavier M. Mueller, MD; Francine Tinguely, MD; Hendrick T. Tevaearai, MD;
 Jean-Pierre Revelly, MD; René Chioléro, MD; and Ludwig K. von Segesser, MD

Table 4—Maximal Pain Intensity and Number of Areas Involved With Pain Per Patient (Pain Distribution)

Variable	POD 1	POD 2	POD 3	POD 7
Maximal pain intensity				
Mean ± SD	3.7 ± 2	3.9 ± 1.9	3.2 ± 1.5	2.6 ± 1.8
Minimal to maximal values	0–9	0–10	0–10	0–8
Pain distribution				
Mean ± SD	1.9 ± 1.2	2.1 ± 1.3	1.9 ± 1.1	1.7 ± 1.3
Minimal to maximal values	0–12	0–9	0–9	0–11

Patients' perceptions of pain management after cardiac surgery in an Australian critical care unit

Janelle Yorke, RN, BN, Grad Dip CardioThor, MN (Res),^a Marianne Wallis, RN, BSc (Hons), CardioThor Cert, PhD,^b and Brad McLean, RN, BN, Grad Cert (ICU),^a Sydney and Queensland, Australia

On average, participants' overall relief from pain medication in this study was only 67.4%. The inad-

Table II
Frequencies of pain sensation associated with activities

Activities associated with pain	'Always'	'Most of the time'	'Some of the time'	Total frequency	'Never'
	%	%	%	%	%
With coughing	46.1	17.6	31.4	95.1	4.9
With physiotherapy	26.5	28.4	34.3	89.2	10.8
When moving self	32.4	19.6	36.2	88.2	11.8
When moved by nurses	27.4	20.6	40.2	88.2	11.8

Five-day pain management regimen using patient-controlled analgesia facilitates early ambulation after cardiac surgery

Yuta Izumi · Fumimasa Amaya · Koji Hosokawa ·
Hiroshi Ueno · Toyoshi Hosokawa ·
Satoru Hashimoto · Yoshifumi Tanaka

Early ambulation is one of the key factors for a better quality of postoperative life. Poor recovery condition immediately after surgery is a predictive factor for poor quality of life [1]. Adequate pain management is essential for fast-track rehabilitation including early mobilization after abdominal surgery [2, 3]. Although pain after cardiac surgery is frequently severe [4], less attention has been paid to the management of pain during early mobilization after cardiac surgery.

Nurses' Personal Opinions About Patients' Pain and Their Effect on Recorded Assessments and Titration of Opioid Doses

■ ■ ■ *Margo McCaffery, MS, RN, FAAN,*
Betty Rolling Ferrell, PhD, FAAN,† and
Chris Pasero, MS, RN‡*

Undertreatment of pain is widespread and has been well documented for more than 25 years. In a landmark study in 1973, Marks and Sachar found that 73% of medical inpatients experienced moderate to severe pain. Recent studies report

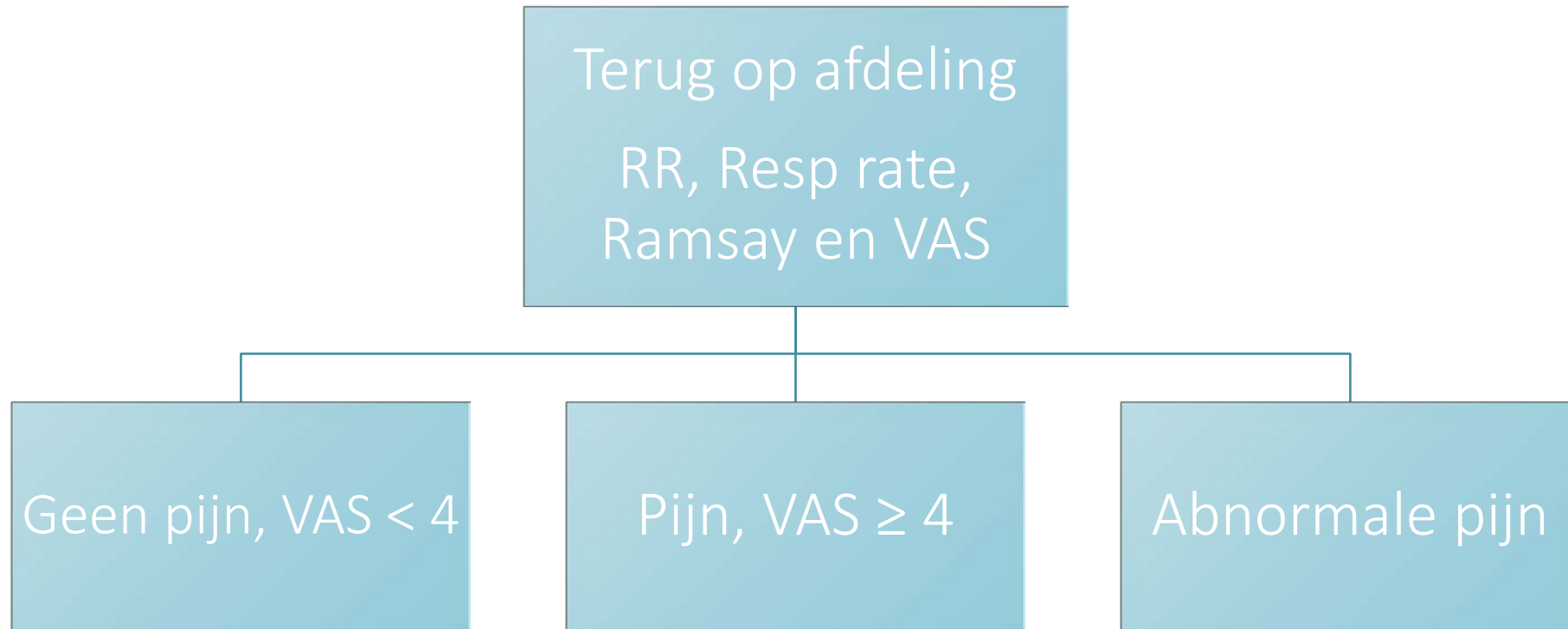
Clinicians' Opinions of Patients' Pain Ratings

Several studies have shown that differences between the clinicians' pain ratings and those of patients is a major cause of unrelieved pain (e.g., Grossman, Sheidler, Sweeden, Mucenski, & Piantadose, 1991; Von Roenn, Cleeland, Gonin, Hatfield, & Pandya, 1993). In

Research in Nursing, 1993, 1(1), 1-10

Wat is ons pijnprotocol?

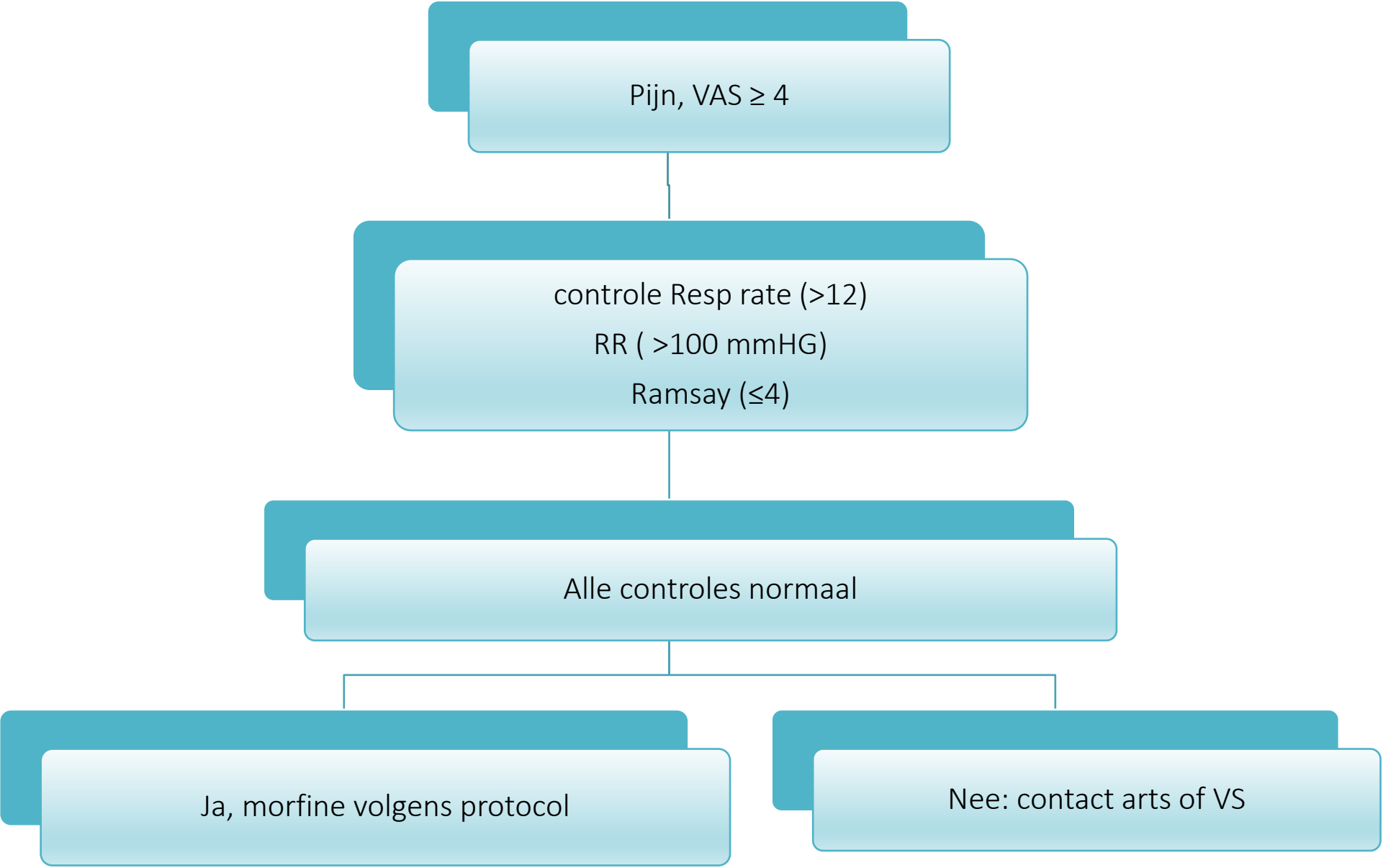
Protocol voor verpleegkundigen



Geen pijn, VAS
< 4

controle na 2
en 4 uur

Als VAS ≤ 4
controle
iedere 8 uur



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graph TD; A[Pijn, abnormaal] --- B[Contact arts of VS voor advies];
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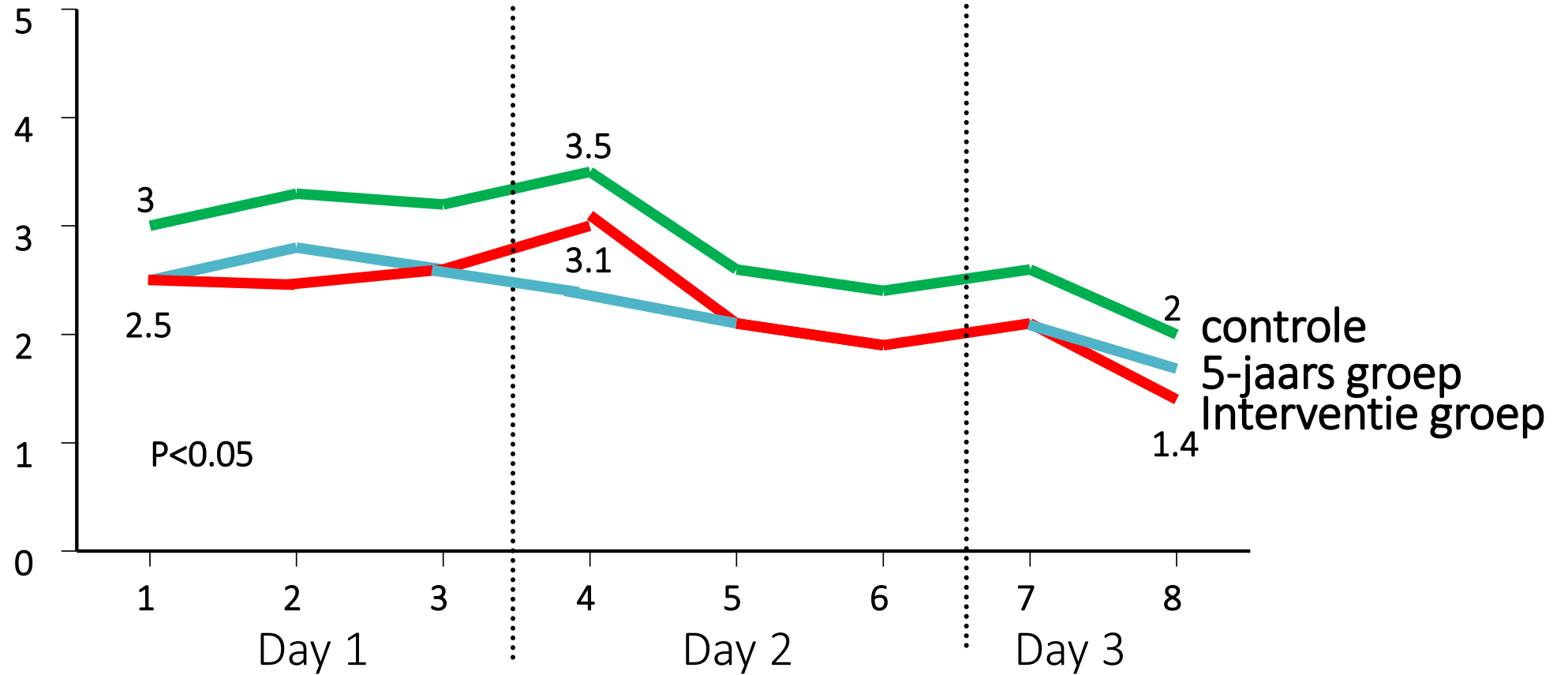
Pijn, abnormaal

Contact arts of VS voor advies

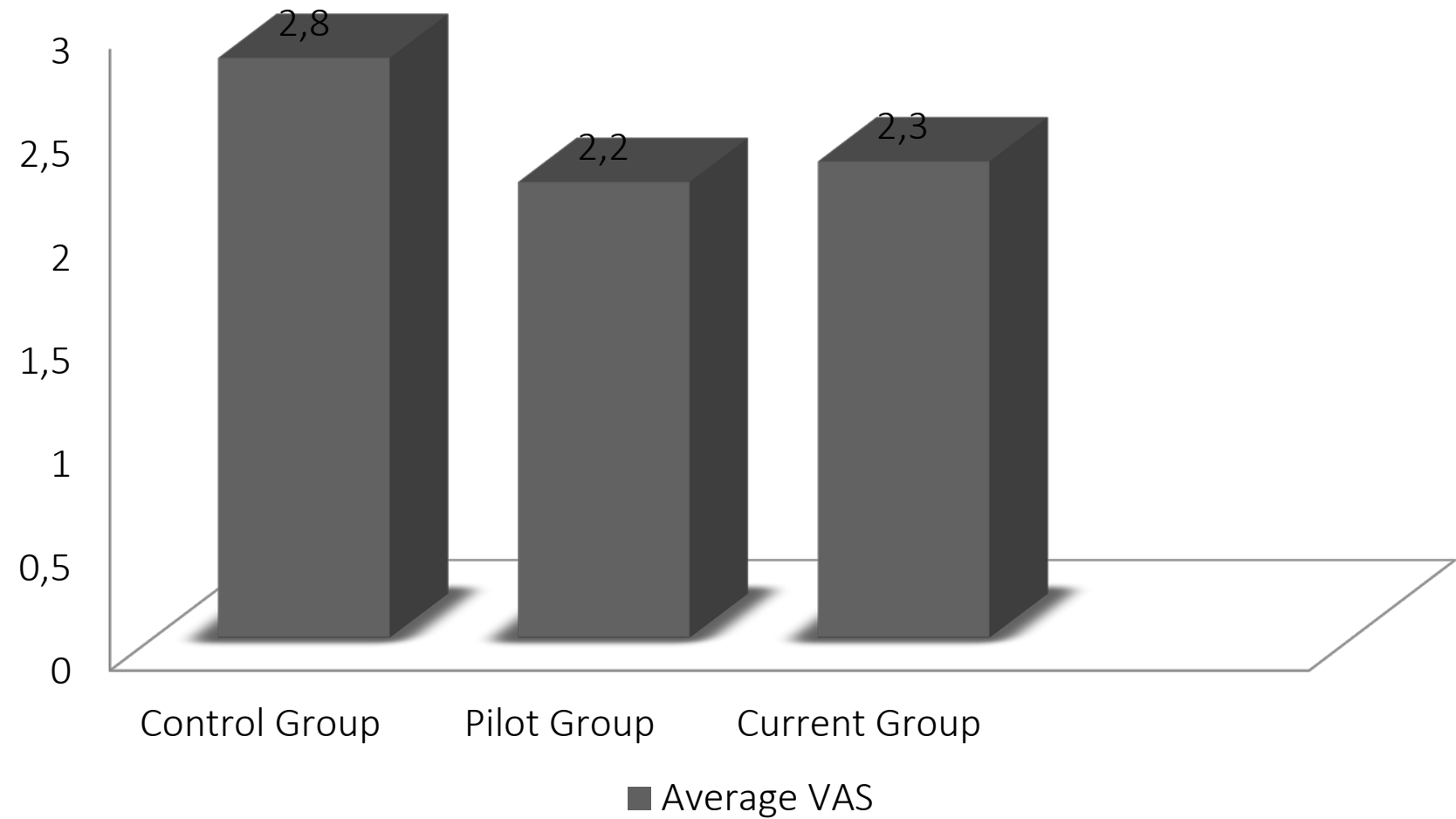
The good

Resulten:

Mean pain score in VAS score



Gemiddelde VAS



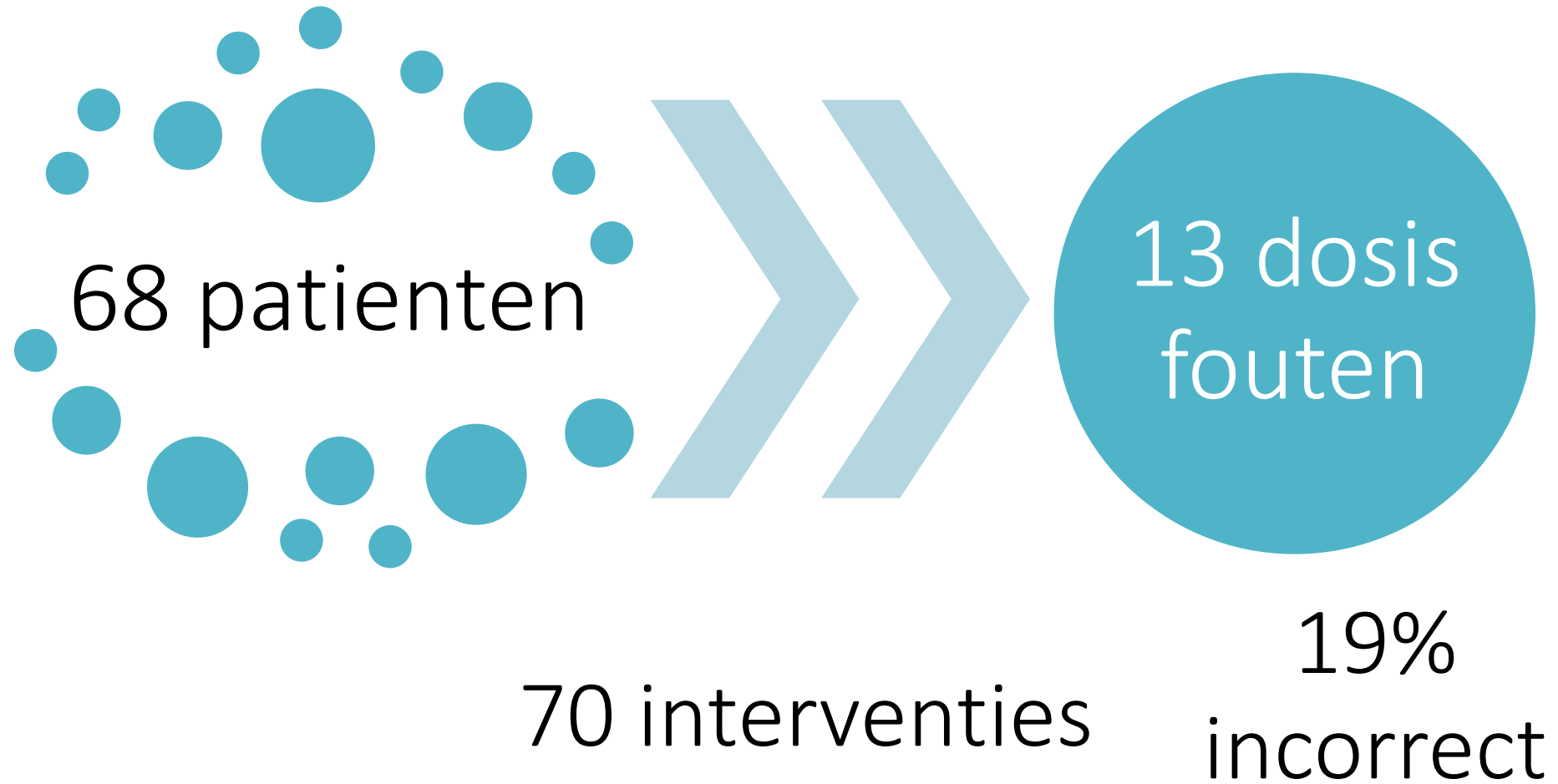
The bad

Protocol adherence

68 Patienten	Voor interventie (%)	Na interventie (%)
Aantal interventies N = 70		
Bloeddruk	37	n/a
Hartslag	37	n/a
Respiratory rate	0	0
Ramsay sedatie score	3	0
VAS	43	10

VAS = Visual Analogue scale, n/a = not applicable (niet nodig).

Correct dosis?



The ugly.....

Snelheid en effectiviteit

Historische groep

Interventie groep

2010-2015 group

Patienten met pijn

Meting na 8 uur

45% VAS=>4

12% VAS=>4

44% VAS=>4

Meer patienten hebben langer pijn

One size doesn't fit all.

Multivariate analyse:

Mannen hebben meer pijn dan vrouwen

Andere risico-factoren waar het protocol minder effectief is:

- jongere patienten
- spoed patienten

Nog geen onderzoek bij minimaal invasieve chirurgie maar ws. ook onvoldoende (bijv MIC MVP).

Samenvatting

Krachtige tool in de handen van verpleegkundigen

Om zelfstandigheid en reproduceerbaarheid te krijgen, zijn veiligheidsbarriers ingebouwd

Het volgen van de flowchart gebeurt niet

Na 5 jaar blijft de VAS laag, echter minder snel verlaging VAS.

Jullie mening, hoe verder?

En dank voor de aandacht!