(332) Improving management of pain in opioid tolerant orthopedic surgical joint replacement patients - a poster board presentation

C Gue, R Shimoda, K Doi, and G Gibbons; Kaiser Permanente Hawaii, Honolulu, HI

Unrelieved post-operative pain can lengthen recovery time, decrease patient satisfaction and increase the cost of care. At Kaiser Hawaii, the pain and nursing services became aware that opioid tolerant orthopedic joint replacement patients had often had poor pain control. Considerable time was spent managing pain in these patients. Recognizing the opportunity for improvement, a team was created to identify the best practice with pain management in orthopedic surgical patients who are opioid tolerant. Working with the Hawaii State Center for Nursing, the Iowa Model of Evidence Based Practice to Promote Quality Care was used to guide the project. A multidisciplinary team was formed to represent care across the continuum from the orthopedic clinic prior to surgery, through the pre-op and post-op care, into the hospital experience and through discharge. An extensive literature review indicated that early patient identification should be part of the nursing assessment. Seamless communication across the phases of care is essential and supports the multidisciplinary team approach. A pilot study is currently in progress. Projected finish date of the pilot is the end of December, 2012. The intended outcome is a guideline with recommendations for patient identification, multidisciplinary communication and optimization of care. Ultimately, this will result in improved post-operative pain levels, decreased length of stay in the recovery room and hospital and will lead to improved patient satisfaction.

(334) Flurbiprofen lozenges in patients with a "bad sore throat"

S Aspley, B Schachtel, P Berry, A Shephard, T Shea, G Smith, and E Schachtel; Reckitt Benckiser Healthcare International Ltd., Slough, United Kingdom

Patients seeking medical treatment for a sore throat often describe it as "bad" if they have severe pain on swallowing, the sensation of a very swollen throat, and much difficulty swallowing. To clinicians, a sore throat is "bad" if the pharynx is severely inflamed (enlarged red tonsils, multiple enanthems, prominent adenitis/adenopathy). Because this condition represents a difficult therapeutic challenge, we tested the efficacy of flurbiprofen 8.75 mg lozenges in this group of patients. To diagnose pharyngitis, clinicians documented physical findings on the Tonsillo-Pharyngitis Assessment (TPA).[1] Patients rated their pharyngeal symptoms on 100-mm scales: the sore throat pain intensity scale, the swollen throat scale, and the difficulty swallowing scale.[2] To qualify as having a "bad sore throat", patients were evaluated with TPA $\geq$ 8 and symptoms $\geq$ 80 mm at baseline. Under double-blind conditions, 46 patients with a bad sore throat were randomly assigned to use 1 sugar-based flurbiprofen or placebo lozenge every 3-6 hours as needed, taking up to 5 lozenges in 24 hours, and rating their symptoms hourly, while awake, over 24 hours. At baseline, both treatment groups had comparable throat pain, swollen throat and difficulty swallowing. Over 24 hours, flurbiprofen-treated patients reported 138% greater reduction in throat pain ($SPID_{24}$), 263% less difficulty swallowing, and 179% less throat swelling compared with patients using placebo lozenges (all $p<0.05$). There were no serious side effects. These results demonstrate that flurbiprofen 8.75 mg lozenges are effective at improving the symptoms of patients with a "bad sore throat." (1. Schachtel et al, J Clin Pharmacol, 2007; 2. Schachtel et al, Clin Pharmacol Ther, 1988.) Supported by a grant from Reckitt Benckiser.

F02 Acute Pain – Other

(333) The pain care quality study: one hospital's experience

P Brandon; Ochsner Medical Center, New Orleans, LA

Pain is frequently a challenge to manage in hospitalized patients. Failure to achieve a balance between comfort and optimal functional independence negatively impacts clinical outcomes and quality of life. Nurses play a critical role in promoting quality pain management by assisting patients in establishing a realistic comfort goal, administering analgesics and adjunctive measures as needed, evaluating effects, and advocating for the patient. The purpose of this study was to assess patients' perception about the quality of pain management. This tertiary care facility, in a multi-center study, used a pre-test/post-test design to survey patients' report of pain quality indicators on one day, 8 months apart, using structured interview. Eligible patients on 5 units participated. Pre-test (G1) findings reported back to units 3 months later directed strategies (admission pain brochure, comfort goal discussion) to improve pain quality indicators. Post-testing (G2) occurred 8 months after G1. Data from 121 patients were analyzed. Mean age was 50.29 years (SD=16.70), 67 (55%) females. No differences (t=.52, p>.05) in age or gender (X2=3.55, p>.05) between G1 (n=47) and G2 (n=74) groups. No group differences for mean 24 hour pain scores (G1 M=6.20, SD=2.26; G2 M=7.29, SD=11.14, t=.81, p>.05) or % time pain was severe (G1 M=70.47, SD=25.72; G2 M=67.23, SD=30.03, t=.60, p>.05). Spearman's rho detected associations (p<.01) in both groups for nurses' belief of pain and 4 items: patient included in decisions (G1 r=.42, G2 r=.40), know med ordered (G1 r=.42, G2 r=.36), told med side effects (G1 r=.45, G2 r=.32), and med worked (G1 r=.65, G2 r=.38). Findings support nurses' belief of pain may drive quality indicators. The 4 months between strategy implementation and G2 measures limits conclusions. Longitudinal follow-up and monitoring unit-based strategy compliance is warranted. This initiative was part of the Pain Quality Study and supported by the Robert Wood Johnson Foundation.

(335) Long-term effectiveness of an integrative treatment package for radicular pain secondary to lumbar disc herniation (5 year follow-up results)

I Ha, J Shin, J Lee, P Sang Eun, M Kim, and J Jung; Jaseng Hospital of Oriental Medicine, Seoul, South Korea

Although many cures for musculoskeletal pain have been presented, low back pain (LBP) continues to pose a problem for clinical management. Therefore, we report the effectiveness of a non-surgical integrative treatment for radicular pain patients with lumbar disc herniation (LDH) over a 5 year follow up period. We selected 84 consecutive low back pain patients (aged 20-60 years) with radiating leg pain diagnosed with LDH (prolapse$\sim$extrusion) confirmed by magnetic resonance imaging (MRI) since November 2006. The participants had a visual analogue scale (VAS) of radicular pain of 5 or higher. The treatment consisted of herbal medicine, acupuncture, bee venom acupuncture, and Chuna spinal manipulation. Study participants were evaluated at baseline and every 4 weeks for 24 weeks, after which they were followed up once a year for 5 years. The intensity of low back pain (LBP) and sciatica were assessed using the VAS score, and disability and overall quality of life were evaluated with the Oswestry Disability Index (ODI) and SF-36 Health Survey. Of the 84 patients, 6 patients underwent 1 spinal surgery during the follow-up period. The data presented are the results of the 78 non-surgically treated patients. The VAS of LBP was 4.10 ± 2.69 at baseline, which decreased to 0.85 ± 1.10 ($P<0.001$) after 6 months of treatment and increased slightly to 1.28 ± 1.88 ($P=0.03$) at the 5 year follow-up. The VAS of sciatica which was 7.65 ± 1.28 decreased to 0.91 ± 1.32 ($P<0.001$), and was maintained at 0.95 ± 1.75 ($P=0.832$). The ODI scores went down from 41.95 ± 14.84 to 10.67 ± 9.89, and decreased further to 7.77 ± 9.65 ($P<0.001$). The SF-36 scores increased from 33.23 ± 13.08 to 66.56 ± 14.75 ($P<0.001$), and improved to 75.06 ± 15.90 ($P<0.001$). Therefore, 5-year follow-up results indicate that an integrative package treatment can be effective for LDH-induced radicular pain.