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Wisdom for Your Life.

Post Anesthesia Care Unit Nurses' Experience Caring for Opioid Tolerant Patients

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Background

- 20% of same-day surgery patients regularly consume opioids.[1]
- Many are opioid tolerant (OT), experiencing more pain and consuming more opioids post-op than opioid naïve patients. [2]
- Despite higher dosing, their pain is often unrelieved. [3]
- OT patients also have a high prevalence of depression and anxiety, presenting a greater challenge for pain control. [4]
- Evidence-based guidelines include *preoperative identification* of opioid tolerant patients, though nurses often learn of their patient's tolerance after their extreme reaction to pain. [3-5]
- These stressful experiences can lead to nurse compassion fatigue and moral distress. [6]
- No literature exists that explores the daily challenges of perioperative nurses in caring for opioid tolerant patients.

Purpose

The purpose of this study is to explore PACU nurses' experiences in caring for opioid tolerant patients. Insights into the nature, causes, and strategies used to handle these experiences can identify ways to better support nurses in the practice setting.

Methods

Design: Narrative inquiry
Subjects: PACU nurses with >=1 year of PACU experience
Setting: 26-bay post-operative unit
Sample: 5 to 6 PACU nurse volunteers
Interview length: <= 1 hour
Interview time frame: October – November 2020
Analysis: Stories are analyzed in consideration of four directions: [7]

- *Inward* - emotions and feelings,
- *Outward* - surroundings and social conditions
- *Back in Time*
- *Forward in Time* - changes of emotions

Interview

- Participant PACU experience: 2 – 13 years
- Reason for practicing in the PACU: Need to grow, need for a change, good fit with nursing interest, and better hours.
- Interview Questions:
  - *Tell me why you chose to become a PACU nurse.*
  - *Describe an experience caring for an OT patient.*
  - *How did you feel after taking care of this patient?*
  - *What type of support would help you in caring for OT patients?*

NURSE 1

- *Anesthesia ordered gabapentin and 10 mg of Oxycodone for my patient instead of the usual 5 mgs. I noticed that when I gave her the medicine that she chewed it – that seemed odd since it was a capsule. The anesthesiologist explained to me that she chewed the drugs to get faster effects. That's when I found out she was OT.*
- *Most of the OT patients tend to be louder - screaming and crying loudly, repeatedly saying help me, help me and that type of thing. I'm on edge because I 'm trying to find the best way to help them get some kind of relief from the pain they say they are in.*
- *Caring for two patients when one is opioid tolerant is at times, very tough. In the midst of trying to get my OT patient's pain in control, my other patient started having a panic attack. And I couldn't figure out where my priorities need to be.*
- *I feel very relieved if I can get them at a point that I can get them moved on …. Especially if it takes down the noise level. To me, the overstimulation from the noise and the stress of what's going on with the patient is tough to handle. It would be nice to be able to stand in the hallway a minute to collect myself before I go back.*

NURSE 2

- *My patient had a prior hip disarticulation and kept using drugs. There was a lot of anger, probably because it was still fresh for him. And there was a lot of anger toward us to deal with his immediate pain. There was a lot of swearing and lot of "you're not helping me." We had to quickly go to Ketamine and Versed, though the he continued to be agitated, anxious and mean.*
- *I had to step away from his bedside. When I returned, I talked to him about different things - How was he doing at home? How was he coping with his amputation?*
- *We got his pain under control.* When I had to step away, *I just felt like I was not, not… I can't think of the right word… not that I am unworthy, but like, I can't get that right word.*
- *I think it would help having the support for somebody to give you a 5-10 minute break to help relieve tension, particularly if a patient is very disrespectful. It would help clear your mind so you can go back and respond to it.*

NURSE 3

- *One OT patient came out of surgery yelling and carrying on – asking for more pain medication. I was like "I'm working on it. I'm giving it as fast as I can." Another clinician said something critical about him being a drug addict and he overheard her. It made for a real tough time and difficult situation for me. I felt I was being receptive to his needs and then when her heard her, it just set him off. Though it took time, I was able to get his pain controlled.*
- *Keeping calm works best. I think I have more tolerance taking care of OT patients. I don't say give me time. I am going to get it.*
- *A pathway for severe uncontrolled pain would help. It would also be helpful to educate some of those nurses who have lost their compassion. These patients have a sickness and it is not physical - it is mental and for whatever reason they decided they need drugs to cope.*
- *Having a resident in the room would be a big help. If they are not at the desk, you must page them. Waiting for orders makes it more challenging to get the patient under control quicker.*

NURSE 4

- *Sometimes you know they are OT before they come in – you have a "going into the trenches kind feeling." Many are screaming, cursing, carrying on, and half off the gurney, kicking and splaying - and I don't know how to fix them. It's an impossible situation. It should make the anesthesia resident stand up and help.*
- *One of the things I notice about OT – it changes my whole perception of who they are and what they deserve. What is best for them just might be moving them along so they can get their floor meds. I am embarrassed for the nursing profession.*
- *A quiet OT patient is not nearly as bad as a loud one. Loud and cursing a lot is even worse. Because it is bothering every other patient in the unit. It's embarrassing because I feel that I am supposed to get them under control. When I do ask for help, I hope it won't be judgmental, like "What, you can't do it?"*
- *When you have 3-4 OT patients in a row, you need help and the confidence that help will come. It's not always easy - sometimes everybody is frazzled.*

NURSE 5

- *Some patients, despite giving them everything you can, say it's not strong enough or it's not what they want. They have this idea that they are going to tell us how to control their pain. It's very difficult, because as a nurse, there is only so much I can legally do. Then they become disruptive. It's frustrating because there are so many people around and it's not fair for them to endure that.*
- *Sometimes I want to quit. I can't do it anymore, I'm done. It really makes you mentally exhausted – and even physically exhausted, because you are running 500 times back and forth to the Omnimed to get different drugs. These type of patients take it to the whole other extreme. It's like an abuse of power. It burns you out.*
- *Surgeons needs to give OT patients realistic expectations. Like, "Yes, it IS going to be painful, we'll do everything, but we may not be able to make it go away 100%."*
- *After caring for an OT patient, it would be nice to take a breather. Maybe a little 5-minute sit down break to gather your thoughts. It's hard to change gears and burn off steam and be ready to care for another patient who probably is going to be the best patient ever. But you are already tired and frustrated from the one before.*

Reflection and Analysis

- Nurses describe OT patients similarly and have specialized skills for managing patient pain.
- Providing post-operative nursing care to OT patients is physically and mentally exhausting, though nurses remain reflective and vested to finding better ways of care.
- In caring for OT patients, the surrounding is negatively affected. Nurses are often embarrassed by their inability to manage their patient's disruptive behaviors, and sometimes feel judged by other nurses.
- All nurses wanted time to de-stress after caring for a challenging OT patient.

Discussion and Implications for Practice

- The surrounding and social conditions affect nurses' experience caring for OT patients. This phenomenon is not described in the literature and may be unique for PACU nurses given the open clinical setting.
- Contrary to Neville & Roan, [8] nurses did not describe the OT patient negatively or infer bias toward the patient's etiology of opioid tolerance.
- Similarly to Morley et al., [9] nurses felt frustrated caring for OT patients and competing workload demands. Moral resilience allows them to navigate this complex situation. [10]
- Unlike Morgan, [11] nurses did not react to the patient's behavior. Instead, they experienced it as stress and overstimulation. They also felt responsible for the behavior and embarrassed for disrupting the setting.
- Nurses experienced a high degree of emotional distress and frustration. One nurse struggled *with moving them along* to expedite administration of their usual pain meds, suggesting a possible risk for moral distress.
- Nurses are exhausted, physically and mentally, though continue to be empathetic of OT patients' struggle with pain. A nurse stated she may have felt *unworthy,* suggesting a possible risk for compassion fatigue.
- Nurses' challenge caring for OT patients remain in the shadows due to the dominance of the intraoperative process [6] and focus on patient outcomes.
- A recently published study on noise reduction in the PACU only focused on improving patient satisfaction [12] while missing the opportunity to also measure the impact of less disruptive noise on nurses.
- Because of the risk for moral distress and compassion fatigue, research on the post-op experience needs a broader view to include nurse outcomes.

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