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Efficacy of introduction of PAD guidelines for patients after cardiovascular surgery in intensive care unit

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Purpose: Pain after cardiac surgery is a serious stressor. What is more, if the postoperative pain was prolonged, it may turn into the persistent postoperative pain. This pain causes a depression of QOL level. Since 2014, we have incorporated the 2013 version PAD guideline by these reasons. The aim of our study is to clarify a difference of postoperative process before and after the introduction of PAD guideline. During this study, we carried out four times study sessions to learn basic knowledge about pain and to get common understanding about the importance of pain management.

Methods: This research was conducted in the 160 patients in our ICU between January 2013 and December 2014. The hospital ethical committee approved the study protocol, and because this observational study did not require any deviation from routine medical practice, informed consent was not required. Diseases of study patients were CHD, VHD, GVD, and LVAD implantation. All information was collected from medical record. Outcomes measured were first administration time of analgesic, number of using analgesic, intubation period, starting time of DIS, starting time of SBT, time to first sitting position on the bed side, delirium, and length of stay in ICU. The pain was evaluated by BPS. Kind of analgesic and the way of administration was not particularly limited, we investigated only the number of dosage.

Results: Data was collected from 160 patients at baseline. First administration time of analgesic was achieved 2.5days earlier after introduction(p=.15). Time to first sitting position on the bed side was achieved 1.2days earlier(p=.25). And intubation period was achieved 1.3days earlier(p=.3). However, before and after implementation of PAD guideline, no statistically significant differences regarding the following perceptions could be found:(1) number of using analgesic,(2) starting time of DIS,(3) starting time of SBT, and (4) length of stay in ICU.

Conclusion: Introduction of PAD guideline did not much influence to the patients’ outcomes. Since a pain is subjective phenomenon, even if we use a pain scale, it is hard to validate the pain. The difference of pain management easily occurs by each nurse. So, we need to create a pain management protocol and a sedation protocol. Also each staff needs to understand the importance of pain management and to get the observation ability. Therefore it is necessary for us to consider the way of sedation to improve these results. To evaluate the long-term effect of PAD guideline, we need a follow-up survey about patients QOL until after hospital discharge.