GEDA Executive Summary Care Processes Template – Level 1 or 2

Care Process

Select the care process this corresponds to from this dropdown menu:
B.3 Safe pain control

Your care process name:
Pain management in older adults in the ED

Date care process approved by your EM Department/Division:
12/6/2022

Description

Rationale: Provide any background or rationale for this process.
Pain medications can have significant side effects in older adults, as well as potential interactions with other medications. These guidelines serve as a suggestion for possible medications that can be used in older adults in an attempt to minimize side effect risk, while still managing pain. As with all medication selections, it is important to weight the individual risks and benefits.

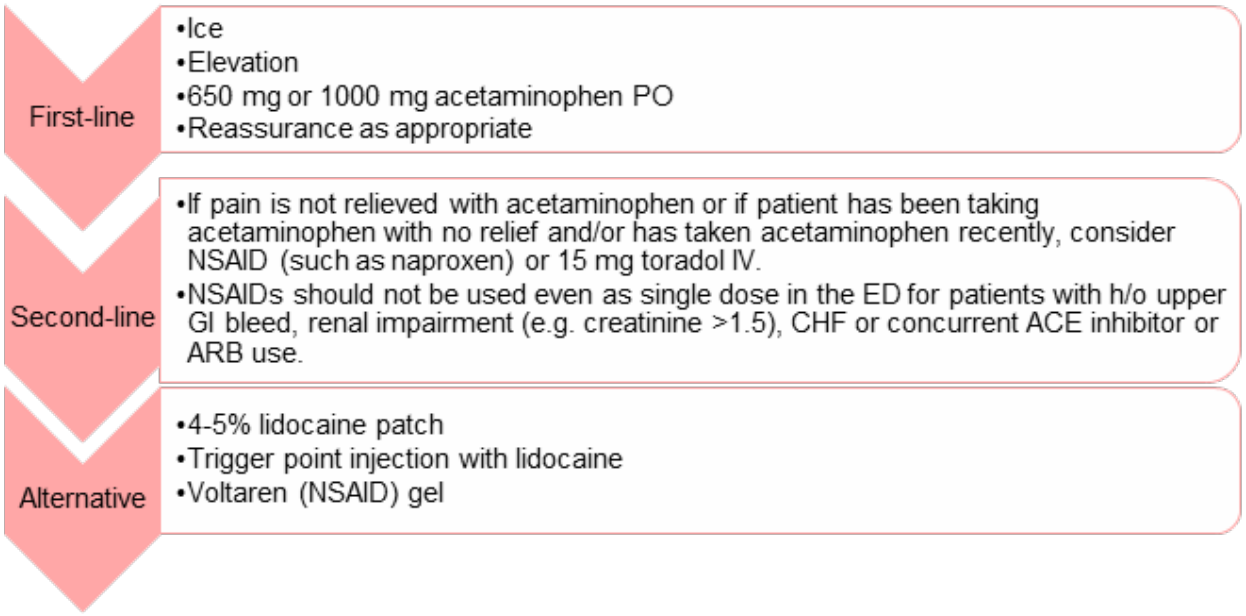
Describe the population that the care process will apply to and any exemptions. For example, it may apply to all patients age 65 and over or a subset based on age, ESI, or another positive screening tool. Patients who are severely ill or intubated may be exempted:
Age 65 and over

Hours of the day when the care process will be implemented or available if applicable:
24/7

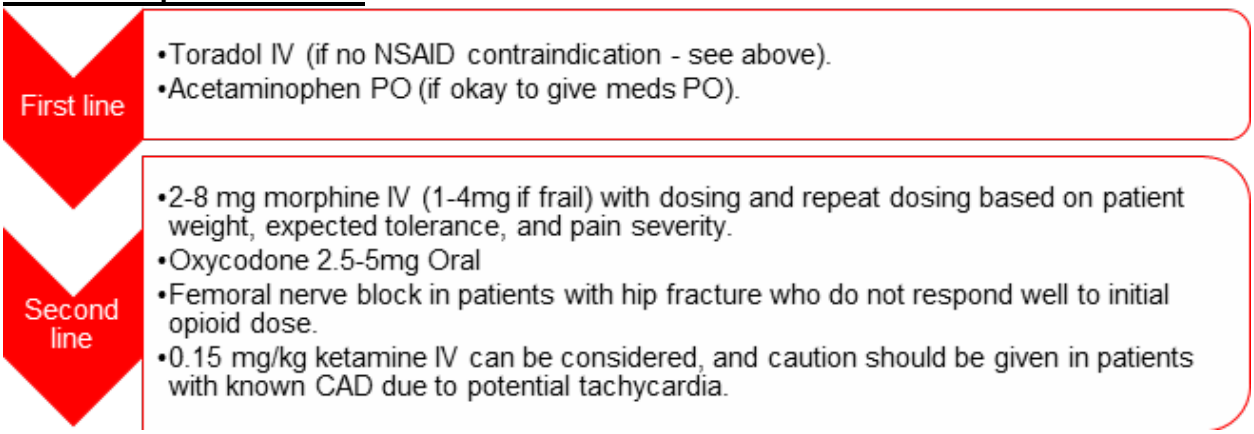
Describe where in the ED workflow this care process fits in. For example, it may occur in triage, once the patient is roomed, at discharge, after discharge, after admission, during another transition of care, or other time:
For all orders placed, primarily after rooming and assessment by the bedside RN and/or physician or APC.

Brief description of the care process. If you are using a hospital-wide process, please explain how it is applied specifically in the ED:
This care process was developed by the ED and consists primarily of a recommendation of sequential options for mild, moderate, or severe pain in the ED. The recommendations are shown below.

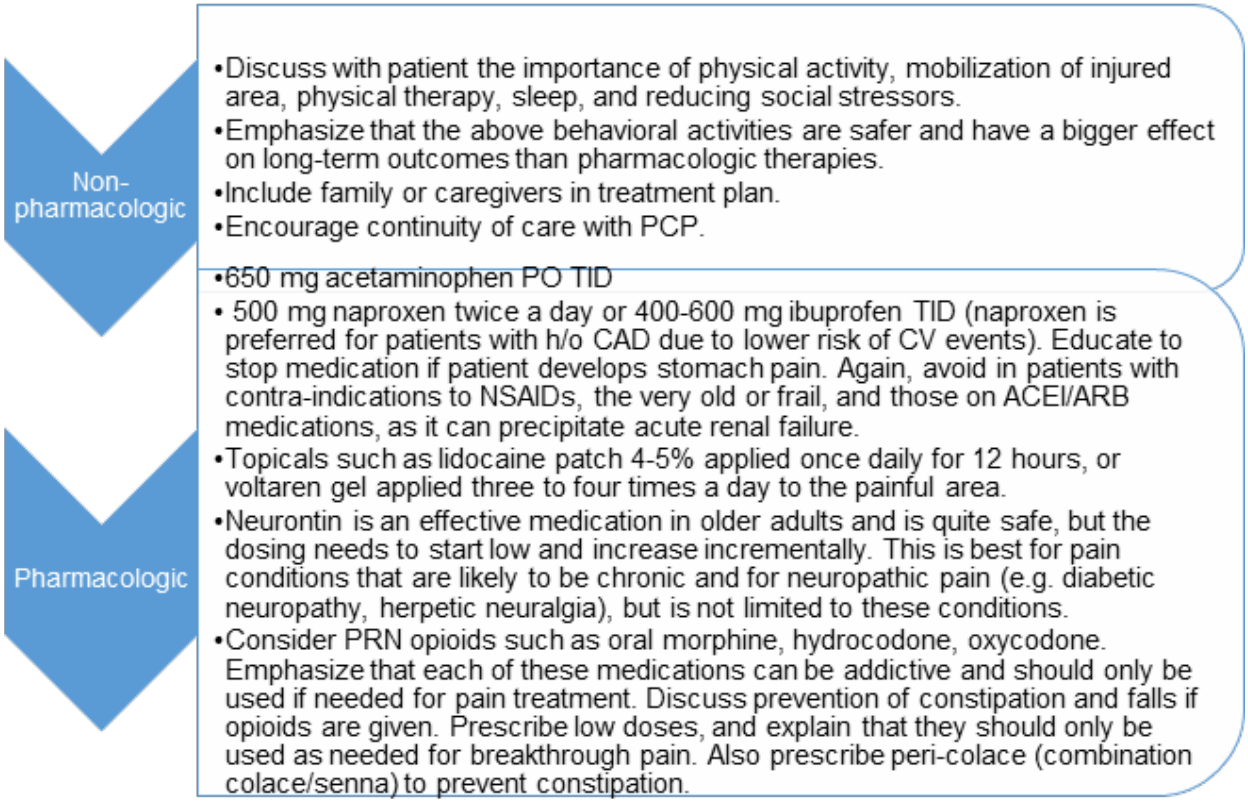
For mild-moderate pain in the ED:



For severe pain in the ED:



Discharging Patients



Who will be responsible for performing the actions in the care process:
The physician or APC placing the orders and primarily caring for the patient is the primary responsible individual.

Describe how this care process is geriatric-specific:
This applies specifically to patients age 65 and over.

Describe any further follow-up or interventions involved:
N/a

Education and Monitoring

Where relevant, describe how you will educate the relevant staff, physicians, or other stakeholders about the care process:
This guideline will be disseminated to the nurses, physicians, and APCs. In addition it will be emailed out at regular intervals as part of the “daily dose” administrative reminders email series to the physicians. Recommendations and references/resources for further reading or education regarding pain management in older adults will also be sent to the physicians.

Describe how you will monitor completion of the care process and its impact, where relevant. The list of GEDA care processes specifies whether each protocol should have validation of its implementation, or whether qualitative metrics are required. For 'validation' please describe the implementation and, if relevant, provide evidence for implementation of the care process. You will have the chance to upload images or files on the web application. For care processes in which 'metrics' are required, you should at least track the percentage of eligible patients who receive the designated intervention. Tracking could be through a live dashboard of screening results, through periodic random chart reviews, or through other tracking methods. Describe how often and by whom this will be performed. You will have a chance to upload metrics on the web application.

There are no specific metrics. However, we provide validation below showing the implementation plan for the education around the processes above:

01/20/20xx – Grand rounds session for faculty on pain management and polypharmacy in older adults

01/10/20xx – 01/20/20xx – In-service education with RNs during morning and evening shift huddle on pain management and potential side effects and polypharmacy in older adults.

03/10/20xx – Resident education session on pain management and polypharmacy

04/20/20xx – Email reminder to faculty with pain management recommendations above.

07/25/20xx – Resident education session with new interns.

Please describe how you will help improve the rates of completion or impact of the process if rates are currently low or become low in the future.

We will perform an audit of any cases of naloxone use in the ED due to over-sedation, and any adverse events during ED stays related to pain medication.

We will also perform a quarterly audit of pain assessments by nurses in the ED to ensure pain is being assessed and appropriate medications ordered.

If relevant, please attach the 'validation' or 'metrics' for this care process. For metrics, this should include at least 3 months of tracking data to demonstrate completion rates and any other outcomes that are tracked.

Attach example of quarterly audit of pain assessments.

Please attach your official ED care process policy if present, or other relevant documentation such as order sets, flow charts, etc. Please do not include hospital-wide policies. This policy should be ED-specific.

Attach Epic order set if relevant.