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Abstract Title:	**Evaluation Of Pain Management Practices In Adults With Small Burns Admitted To A Large, ABA Verified Burn Center**
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Objective:	Describe appropriate multi-modal pain management strategies for small burns.
Abstract:	**Background:** Effective pain management for patients transitioning to outpatient burn management has been complicated by the nationwide opioid crisis. The complexity of burns and progressive pain secondary to healing are barriers to wound care. Providers' concerns of opioid abuse, diversion, and logistical obstacles associated with filling outpatient opioid prescriptions have further exacerbated the complexity of proper pain management for this patient population. The objectives of this study are to evaluate current prescribing practices for multi-modal pain management during the acute phase of burn injury treatment and the transition to pain management regimens at discharge. **Methods:** Institutional review board approval was obtained for this retrospective chart review. A pilot sample of 50 patients eighteen years and older with small burn injuries (SBI) of less than 20% total body surface area (TBSA) between January 2015 and April 2018 were enrolled in this study. **Results:** Sixty-six percent of patients were male, median age 45 years (IQR 31.5-57), median weight 79.4 kg (IQR 65.9-95.0), and median TBSA 5% (IQR 3-10). Fourteen percent of patients had a history of psychiatric disorders, 28% reported alcohol use, 8% had a documented history of substance abuse, and 6% reported chronic pain disorders. Fifty-six percent of patients required surgical intervention. Ninety-two percent of patients were discharged with opioid prescriptions. While inpatient, patients received IV opioids a median of 50% (IQR 14.4-100) of their hospital stay days. The median daily morphine milliequivalent (MME) discharge dose was 60mg (IQR 40-90); median day supply was 7 days (IQR 5-11). Seventy-five percent of patients received a higher daily MME discharge dose compared to the day prior. Furthermore, eighty percent of discharged patients received non-opioids. Forty-three patients reported to the burn clinic for follow-up; with 51.2% receiving new opioid prescriptions. At follow-up, 4.7% received an increase in opioid dose while 34.9% had no dose change. The median pain score using the numeric pain scale recorded at the first clinic visit was 5 (IQR 0-8). The 30-day readmission rate was 6% due to non-pain related circumstances.

	Conclusions: Appropriate pain management of SBIs necessitates adequate discharge analgesic regimens to mitigate complications. Providers frequently prescribed higher MME daily doses at discharge than during hospital admission; careful review of inpatient dosing can reduce inappropriately high MME doses at discharge. However, the majority of patients discharged on opioids also received NSAIDs and/or acetaminophen, reflective of multi-modal pain management using opioid adjuncts. SBI-associated pain appeared to be well controlled among patients seen at follow-up with almost half not requiring further opioid prescriptions.
Disclosures:	Rita Gayed – No relevant financial relationships to disclose Juvonda Hodge – No relevant financial relationships to disclose Walter Ingram – No relevant financial relationships to disclose