

Abstract Title:	An Assessment Of Adequate Pain Management On An Adult Burn Unit During Non-Surgical Burn Wound Care
Author and Co-authors:	Monica Nicole Hutson, MSN, RN, NEA-BC, CNOR, Sarah Stein, BSN, RN, Jason Sheaffer, MSN, RN, Mark Talon, DNP, CRNA The University of Texas Medical Branch, Galveston, TX
Objective:	<ol style="list-style-type: none"> 1) Examine if pain is being properly managed during non-surgical initial burn wound care. 2) Identify commonalities between inpatients undergoing similar procedures. 3) Discuss potential areas for quality improvement.
Abstract:	<p>Introduction/Background: Initial burn wound debridement is a painful procedure that is often undertreated, especially in the non-surgical setting. As the first debridement, the patient doesn't have the opportunity to mentally prepare for the pain that is to be expected. Our burn center's goal is to optimize pain management throughout the procedure and achieve pain scores of less than 5 on a 0-10 scale, minimize sedation and post-procedure recovery time. For our edification, a retrospective chart review was conducted with our inpatient population to determine if we were meeting our goal.</p> <p>Methods/Design: A retrospective chart review was performed on 100 patient charts. The review included inpatients of the adult burn unit, who received their first burn wound debridement in a non-surgical setting. Data collection included the patient's pain assessment scores pre-procedure, intra-procedure, and post-procedure. Pain scores were assessed verbally at the time, using a number rating system of 0-10, with 10 being the highest amount of pain. For patients who did not have a documented verbal pain score, the wound care nurse documented presumed pain requiring medication, or no pain. Data collection also included medication management throughout the procedure.</p> <p>Results/Findings: Of the charts reviewed, 7% had large burn injuries greater than 20% total body surface area burns, versus 93% with 0-20% total body surface area small burn injuries. Proper documentation of pain assessment was not available in 51% of the charts, this includes missing either pre-procedure, intra-procedure, or post-procedure pain scores.</p>

	<p>Of the patients with large burn injuries, 57% had documented pain scores of 5 or greater, or documented presumed pain requiring medication pre-procedure and intra-procedure, compared to 43% post procedure. Pre-procedural and intra-procedural pain medications were given to 71% of the large burn patients, and 57% received post-procedural medications. There were no consistencies in the medication regimen utilized with large burn patients.</p> <p>Of the patients with small burn injuries, pain scores of 5 or greater or presumed pain requiring medication was documented in 44% pre-procedure, 35% intra-procedure, and 33% post-procedure. Pre-medications were given to 27% of patients with small burn injuries, and 88% received intra-procedural medications, with the most common medication being fentanyl. Post-procedural medications were given to 33% of patients, with Norco being the most utilized medication. Out of all the charts reviewed, 11% had documented consistent pain scores of 5 or greater, or documented presumed pain requiring medication at pre-procedure, intra-procedure, and post-procedure intervals.</p> <p>Conclusions/Implications: There needs to be an improvement in assessment and documentation of patient's pain scores at pre-procedure, intra-procedure, and post-procedure intervals to properly assess pain management and medication effectiveness. Overall, approximately half of the patients were in pain pre-procedure, with an improvement in only a fifth of the population. A quality improvement initiative is needed to improve pain management in patients undergoing burn wound debridement in a non-surgical setting. This patient population could benefit from a standardized pain protocol with a multimodal analgesia approach.</p>
--	--