# P#78

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| **Abstract Title:** | **Standardization Of Burn Pain Control In The Outpatient Burn Patient Population** |
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| **Objective:** | 1) Demonstrate the importance of a pain medication tool to standardize delivery of opioid prescriptions.<br>2) Consider that pain is variable, but successful opioid and pain control plans can be developed based on burn factors. |
| **Abstract:** | **Introduction:** Across the nation it is recognized that there is a need for regulation and standardization of prescription opioids due to the opioid epidemic. As there is limited data about the standardization of burn pain treatment in the outpatient setting, there are various treatment plans and minimal regulation of opioid prescriptions. The purpose of this study was to create a method of standardization in outpatient burn pain treatment and prescription of opioids.<br><br>**Methods:** A retrospective chart review was performed to analyze outpatient burn population pain control regimens and indications for prescription of opioids using factors such as burn size in TBSA, anatomical location, hospital length of stay, patient's need for procedural sedation, past medical history of neuropathy, chronic pain and substance use/abuse, surgical intervention, time since surgery and psych history or PHQ 9 >10. The amount of opioids remaining throughout burn treatment was also reviewed. A burn pain scorecard was created using the data collected. The burn pain scorecard was initially verified for accuracy using data collection from chart review of 50 patients in the Akron Children's Outpatient Burn Center in January of 2019. From this information, the scorecard was edited and treatment tiers were created before trials with the Advanced Practice Provider team in the outpatient burn center were initiated beginning May 2019.<br><br>**Results:** Initial results from the retrospective chart review demonstrated significant variability in indications for opioid prescriptions, type of opioid prescribed, quantity and frequency of dosing. It was also found that the amount of opioids remaining varied from 0, to as many as 18 tablets. In addition, there was very limited patient education regarding opioid use, as well as use of adjuncts such as acetaminophen and ibuprofen. As this project is in its infancy, the data |

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| | for the results of the current scorecard success in the outpatient burn patient population has not been completed but updates will be provided at the conference.<br><br>**Conclusion:** From the initial results, it was concluded that the treatment of pain and use of opioids was variable dependent on provider, further recognizing the need for standardization of pain control. This project also identified a need for other patient satisfaction quality initiatives such as improved burn pain education and use of adjunct therapy, which have been initiated in coordination with the continuation of trials for the burn pain scorecard tool. |

**Scorecard for patients >12 y/o**

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| Burn Size | ≤3%<br>4-10%<br>11-30%<br>>30% | +1<br>+2<br>+3<br>+4 | PMH | None<br>Neuropathy<br>Chronic Pain<br>Substance use/abuse | 0<br>+1<br>+1<br>+1 |
| Location | Hand(s)<br>Foot/Feet<br>Genitalia | +1<br>+1<br>+1 | Surgical Intervention | None<br>1 Surgery<br>>1 surgery | 0<br>+1<br>+2 |
| Length of Stay | None<br><3 days<br>3-7 days<br>>7 days | 0<br>+1<br>+2<br>+3 | Time Since Surgery | >7 days<br>4-7 days<br><4 days | 0<br>+1<br>+2 |
| Procedural Sedation | None<br>Minimal<br>Moderate<br>Deep/OR | 0<br>+1<br>+2<br>+3 | Psych History | ADHD, OCD, Schizophrenia, Depression, Anxiety, or PHQ-9 ≥10 | Any of these +1 |

**Definitions:**

**Procedural Sedation:**

- **Minimal:** Use of only 1 drug
- **Moderate:** Use of a multidrug therapy usually including an anxiolytic and analgesic, or several doses of a single drug
- **Deep/OR:** Use of a drug(s) which induce a state of unconsciousness from which the patient cannot be easily aroused, only able to be performed by a physician

**Substance Abuse:**

- **Illegal drug use** (including marijuana), **alcohol use** (daily, multiple times weekly)**, tobacco use**

**Scoring & Treatment:**

- **1-2: Tier 1:**
    - Alternating 600mg Ibuprofen & 650mg Tylenol Q6h PRN
        - If the burn is <12hrs add 5mg Oxycodone Q6h prn for first 48hrs
- **3-4: Tier 2:**
    - Alternating 600mg Ibuprofen & 650mg Tylenol Q6h PRN
        - Prescribing 5mg Oxycodone for 2 doses daily for __ amount of days until next appointment
- **>4: Tier 3:**
    - Alternating 600mg Ibuprofen & 650mg Tylenol Q6h PRN
        - Prescribing 5mg Oxycodone Q6h prn for __ amount of days until next appointment

***If the patient has active cellulitis 48 hours of 5mg Oxycodone Q6h prn**
***If the burn is full thickness that will require surgery, add Gabapentin adjunct for additional pain control**

**Alternative Dosing for patients ≥12 y/o weighing <50kg**

- **Oxycodone dosing 0.1 mg/kg/dose Q6h PRN**
- **Tylenol dosing 15mg/kg/dose Q6h PRN**
- **Ibuprofen 10mg/kg/dose with max dose of 400mg Q6h PRN**