

Creation of an Order Set to Limit the Ordering of Narcotics or Sedatives in Patients Receiving Post-op Epidural Analgesia

The Problem

Patients who receive post-operative epidural analgesia are at risk for respiratory depression, especially when they are also given IV or PO sedatives. The epidural order set states that only the Acute Pain Service (APS) may order these medications. Surgeons also felt that they should have the ability to directly care for their patients and treat their pain or need for sedation. They occasionally wrote orders for these medications. This created an unsafe situation for our patients and stress for the staff.

Safety

Aim/Goal

The goal of this project was to create a process by which the surgical team could administer narcotics or sedatives to their patients while maintaining the appropriate safety standards. The outcome measures were the number of cases of respiratory compromise presented at QI Directors and the number of incident reports filed for patients receiving sedatives in patients with epidural analgesia.

The Team

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The Interventions

- POE was used to identify all patients receiving epidural analgesia.
- A set of “prohibited” medications was identified
- A “pop-up” was created that required clinicians to attest to one of the following when they ordered one of the prohibited medications in a patient receiving epidural analgesia:
 - I have spoken to DR. _____ from APS and they agree with this order
 - D/C epidural infusion. I will manage pain control. APS to D/C epidural catheter
 - I am from the APS
- Education of all nurses, surgical/ Ob-Gyn/ Orthopedic house staff and attendings, and anesthesia staff about the order set
- Implementation of the order set on July 18, 2007

The Results/Progress to Date

In the 2 years prior to implementation, 2 patients had a respiratory arrest while receiving epidural analgesia severe enough to warrant review at QI directors. Also, inappropriate orders for sedatives or narcotics were a frequent occurrence (there were 4 such cases in February, 2007 alone)

Since the implementation, there have been no cases of respiratory compromise in a patient receiving epidural analgesia and only 1 inappropriate override of the APS order set.

Next Steps/What Should Happen Next:

- 1) Continue to monitor for overrides of the order set to identify cases in which a patient receives epidural analgesia and a prohibited medication
- 2) Develop a search that can identify all instances of over-rides



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