Implementation of an Opioid-Sparing Clinical Pathway Reduces Inpatient Administration & Favors Multimodal Pain Control in Post-Cesarean Section Patients

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Speaker Disclosure

I have nothing to disclose

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Background

- Opioids have been the mainstay of post cesarean section (CS) analgesia, but have unintended consequences
  - Opioid related adverse events
  - CS patients receiving opioids report an average of 15 leftover pills (Bateman 2017)
  - 2.2%: New persistent opioid use after CS delivery = 2.2% (Peahl 2019)

- In 2019, CHI CUMC Bergan Mercy Hospital implemented a multimodal analgesic order & a standardized anesthetic protocol for patients undergoing CS
  - Changed to scheduled acetaminophen & ibuprofen from APAP oxycodone
  - 3 doses of rescue oxycodone available, but RN must first notify acute pain service before administration

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Bateman BT, Cole NM, Maeda A, et al. Patterns of Opioid Prescription and Use After Cesarean Delivery. Obstet Gynecol. 2017;130(1):29-35. doi:10.1097/AOG.0000000000002093
Peahl AF, et. al Rates of New Persistent Opioid Use After Vaginal or Cesarean Birth Among US Women. *JAMA Netw Open.* 2019;2(7):e197863. doi:10.1001/jamanetworkopen.2019.7863

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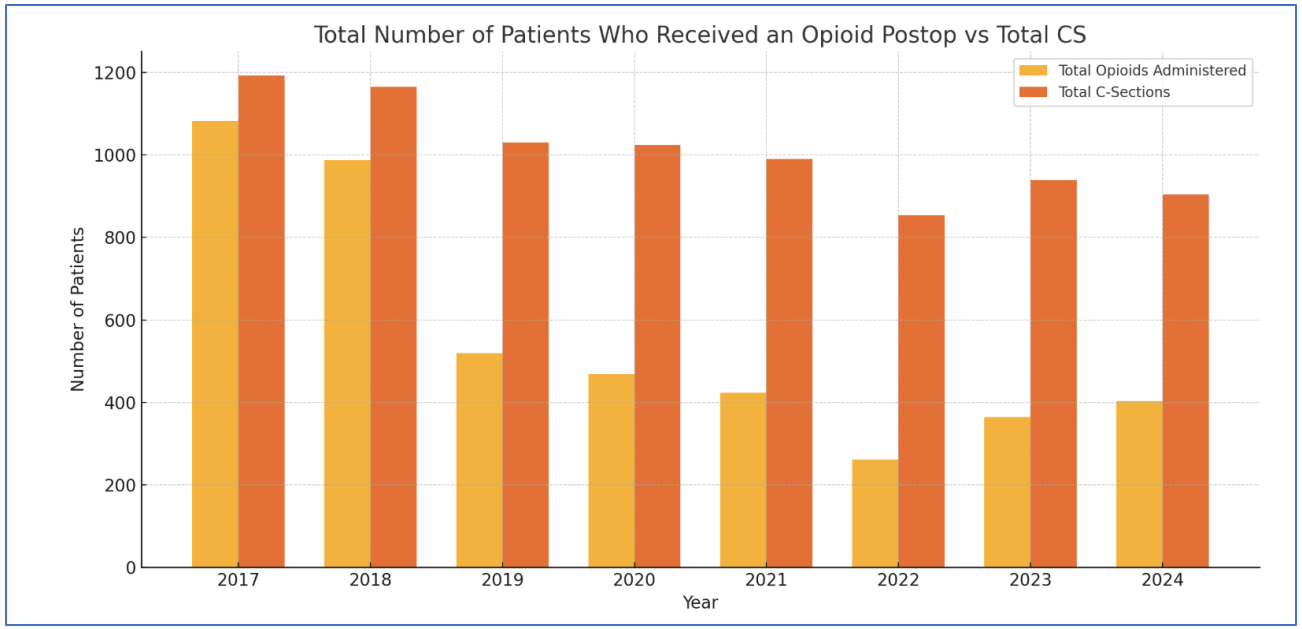
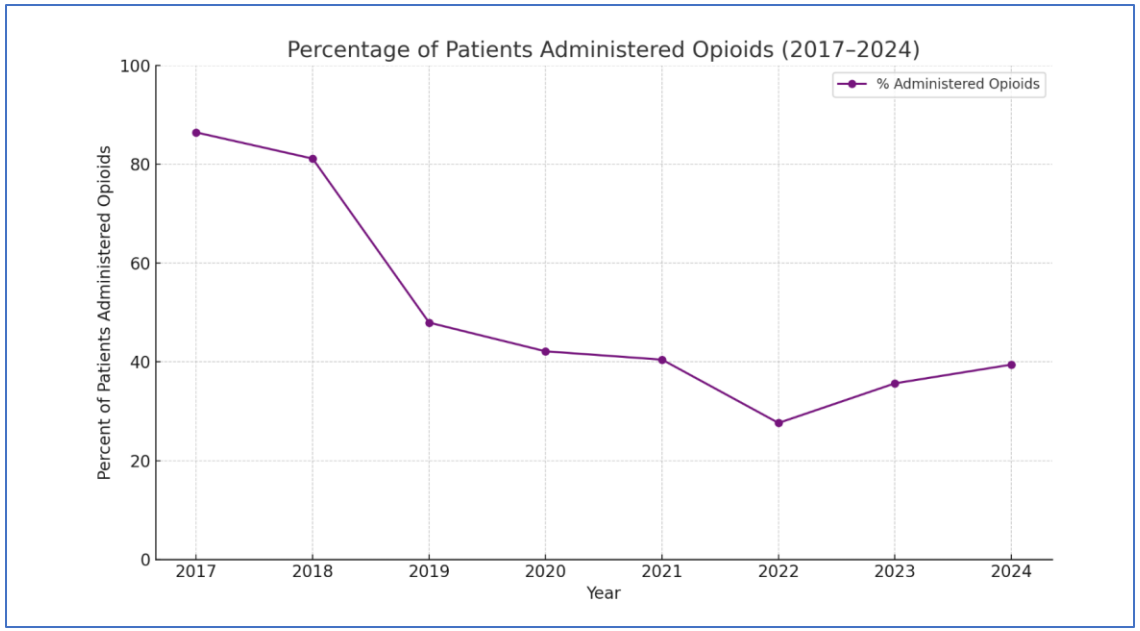
Methods

- Retrospective chart review
- Patients undergoing a CS procedure from 2017-2024 at CHI CUMC Bergan Mercy Hospital in Omaha, Nebraska to determine effectiveness of a standardized multimodal approach to analgesia which was implemented in March of 2019.
  - Medication administration data was used to determine postoperative opioid administration

Results





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Discussion

The implementation of a multidisciplinary standardized order set for postop CS patients resulted in a significant decrease in postoperative opioid exposure ($P < 0.0001$)

This study demonstrates the potential impact a standardized evidence based EMR order set has on patient care

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