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Multimodal Therapy for Postoperative Pain Management
Karen Lynch BSN, RN-BC
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Best Practice for Pain Control

Problem: Multimodal therapy works best to control postoperative pain safely. Multimodal pain treatment involves the use of two or more classes of analgesics to target different pain mechanisms.

Why? Data is present that supports that health care systems are still under treating pain in the postoperative patient. Unrelieved pain has harmful effects to multi-ple body systems. There is still a need to prioritize education to providers, nurses and patients to promote best practices in pain management approaches regarding multimodal therapy.

Option: Analgesia will remain the most commonly used treatment for pain following surgery. Using this singular analgesic modality could put patients at risk for hypoxemia, as respiratory depression is the most dangerous of opioid side effects (Hartrick, 2004). In addition, patients can still tolerate 1 of 3 analgesics on this single analgesic regimen for pain management. Evidence points to multimodal therapy consisting of rational combination of analgesics with different underlying mechanisms that help to achieve the greatest pain relief.

We use the multimodal approach for allows for lower doses of each drug and therefore has the potential to minimize adverse effects. Maximizing pain relief while preventing pain in analgesia is the gloal prevention of worsing pain. Sliging drug therapy to target both inflammatory and neuropathic pain in the setting of postoperative pain can prove to be opioid sparing.

Implications for Nursing Care

Nurses can advocate for their patients with unrelieved postoperative pain that are on a single analgesic agent. The nurse can accomplish this by promoting multimodal therapy such as adding opioid medication to help control pain safely.

Benzodiazepines

Effect: Provides pain relief.

NSAIDs

Effect: Provides relief from inflammation and pain.

Opioids

Effect: Provides relief from opioid receptors (mu, kappa, delta) located in the brain, spinal cord and or the gut.

Skeletal muscle relaxants

Effect: Pain relief obtained from muscle spasm.

Antidepressants

Effect: Inhibits reuptake of serotonin, norepinephrine, and dopamine.

Sedative hypnotics

Effect: Decreased drowsiness, decreased muscle tension, decreased anxiety, decreased blood pressure, improved sleep, and promotes healing.

Acetaminophen

Effect: Solvent for endogenous analgesics.

Nonsteroidal anti-inflammatory drugs (NSAIDs)

Effect: Provides peripheral and central pain relief.

Narcotic analgesics

Effect: Provides analgesia by blocking the release of pain signals by inhibiting the conduction of impulses to the brain.

Benzodiazepines

Effect: Provides analgesia by blocking the release of pain signals by inhibiting the conduction of impulses to the brain.

Paravertebral \n
Effect: Provides analgesia by blocking the release of pain signals by inhibiting the conduction of impulses to the brain.


References

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Pain Management Therapy Options

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