



Managing pain and sedation to ensure patients  
are awake enough to get up  
[www.fha.org/wakeup](http://www.fha.org/wakeup)

## Toolkit and Resource Guide

*The FHA UP Campaign is designed to simplify safe care and streamline interventions, reduce multiple forms of harm with simple easy-to-accomplish activities, and consolidate basic interventions that cut across several topics to decrease harm. **The WAKE UP component promotes opioid and sedation management.***

### WAKE UP — Reducing unnecessary sleepiness and sedation

**W**arn yourself: this is high risk.

**A**ssess: use tools (STOP-BANG, POSS, RASS, PA-PSA).

**K**now: your drugs, your patient.

**E**ngage: patients and families to set realistic pain expectations, use of non-sedating analgesics, risks of opioids.

**U**tilize: dose limits, layering limits, soft and hard stops.

**P**rotect: The Patient...our ultimate job.

#### Why WAKE UP?

- Minimizing sedation allows for early mobilization, reduction of delirium, decreased risk of respiratory compromise and shortened length of stay
- Oversedation is a common adverse drug event that can increase harm and prolong length of stay due to respiratory atelectasis, weakness and immobility
- Monitoring reversal agents and maintaining a continued emphasis on minimal sedation can assist in the prevention of several harm events:
  - Adverse Drug Events (ADE)
  - Airway Safety
  - Failure to Rescue
  - Delirium
  - Falls
  - Ventilator-Associated Events (VAE)
  - Venous Thromboembolism (VTE)

#### Does your organization have these WAKE UP practices in place?

- Are the dangers of over sedation known?
- Is there a strong desire to keep sedation to a minimum?
- Have you selected evidence-based assessment tools such as:
  - STOP-BANG (identifies patients at risk for obstructive sleep apnea)
  - PASERO OPIOID-INDUCED SEDATION SCALE (POSS)
  - RICHMOND AGITATION-SEDATION SCALE (RASS)
- Have staff been educated on the use of the selected assessment tool(s) and performance expectations?
- Is there a place to document the results of the assessment(s)?
- Are assessment targets established for each patient?
- Are the results from assessment(s) used to modify sedation levels?
- Is there a protocol in place to adjust sedation levels?

### MUST DO #1. Establish expectations

The goal of pain management is not zero pain, but rather to relieve suffering, achieve early mobilization and reduce hospital length of stay.

- When discussing pain with your patient, ask if they would be willing to set a goal for pain relief on an appropriate scale. This means, that if we are unable to alleviate 100% of their pain what level (on the chosen scale) would be acceptable for them. Discussing pain relief with our patients helps them develop realistic expectations around pain management.
- Ask what has worked for their pain management in the past. If a patient has had experience with pain and pain relief in the past this information can be useful to create a current plan.
- Discuss the use of alternative therapies with your patient. Ask the patient if they have ever used, or would be interested in using, alternative therapies such as: Hot and cold packs, aromatherapy, massage, music therapy or animal therapy for pain relief.
- Partner with the patient to work to achieve the set goal. Use Teach Back to have the patient teach the pain management plan back and demonstrate when and how to call for the nurse.

### MUST DO #2. Pair POSS and Pain

By pairing both pain and sedation assessments, you are able to provide safer medication dosing regimens:

- High pain scale with high POSS scale – no narcotics
- High pain scale low POSS – med dose

Related Resource:

- Pasero Opioid-Induced Sedation Scale (POSS): <http://www.hret-hiin.org/Resources/ade/16/POSS.png>
- Assessment of Sedation during Opioid Administration for Pain Management (*Journal of PeriAnesthesia Nursing*, Vol 24, No 3 (June), 2009.): [http://www.fha.org/files/HIIN/Assessing\\_opioid-induced\\_sedation.pdf](http://www.fha.org/files/HIIN/Assessing_opioid-induced_sedation.pdf)

### MUST DO #3. Multi-Modal Pain Management

- Use a combination of opioid and one or more other drugs
- Provide non-pharmacological interventions. Comfort measures can reduce anxiety and pain, decreasing the need for pain medications. Examples include:
  - Music therapy: Nature sounds, meditation, soothing instrumental and more
  - Disposable sleep masks
  - Warm blankets
  - Extra pillows
  - Disposable, latex free ear plugs
  - Aromatherapy
  - Healing lip balm
  - Relaxation and massage technique cards

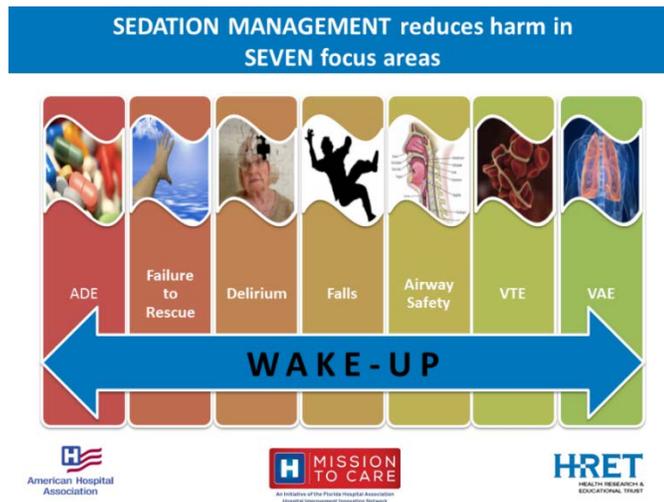
Related Resources:

- Multimodal Pain Management and the Future of a Personalized Medicine Approach to Pain, an AORN Continuing Education Opportunity: <http://www.fha.org/files/HIIN/AORN-CE-Multimodalpainmgt.pdf>
- The Pain Assessment and Management Initiative (PAMI) & The Joint Commission Pain Standards: <https://com-jax-emergency-pami.sites.medinfo.ufl.edu/files/2018/03/Joint-Commission-and-PAMI.pdf>
- Mayo Clinic Non-pharmacological Interventions: <http://www.mayoclinic.org/pain-medications/art-20046452>
- The Johns Hopkins Pain Control and Comfort Menu: [https://www.hopkinsmedicine.org/the\\_johns\\_hopkins\\_hospital/services\\_amenities/services/pain-control-comfort-menu.html](https://www.hopkinsmedicine.org/the_johns_hopkins_hospital/services_amenities/services/pain-control-comfort-menu.html)

## WAKE UP Resources

### FHA Resources

- WAKE UP Badge cards: <http://www.fha.org/files/HIIN/WAKE-UP-Badge-Card-Tag.pdf>
- WAKE UP E-mail Banner: <http://www.fha.org/files/HIIN/WAKE-UP-Email.jpg>
- WAKE UP Harm Prevention Flyer: <http://www.fha.org/files/HIIN/WAKE-UP-Flyer.png>
- WAKE UP Posters (Customizable): <http://www.fha.org/files/HIIN/WAKE-UP-Posters.pptx>
- WAKE UP Posters (Print-ready): <http://www.fha.org/files/HIIN/WAKE-UP-Posters.pdf>



### Health Resource & Educational Trust (HRET) Topic-specific Resources

- ADE: <http://www.hret-hiin.org/topics/adverse-drug-events.shtml>
- Airway Safety: <http://www.hret-hiin.org/topics/airway-safety.shtml>
- Delirium: <http://www.hret-hiin.org/topics/iatrogenic-delirium.shtml>
- Falls: <http://www.hret-hiin.org/topics/injuries-from-falls-immobility.shtml>
- Failure to Rescue: <http://www.hret-hiin.org/resources?topic=failure-to-rescue>
- VAE: <http://www.hret-hiin.org/topics/ventilator-associated-event.shtml>
- VTE: <http://www.hret-hiin.org/topics/venous-thromboembolism.shtml>

### HRET Webinars

- WAKE UP Virtual Event | Managing Pain, Avoiding Oversedation: <http://www.hret-hiin.org/resources/display/hret-hiin-wake-up-virtual-event>
- WAKE UP Virtual Event | Sedation – Too Much Temptation? <http://www.hret-hiin.org/resources/display/hen-20-up-campaign-wake-up-webinar>
- Failure to Rescue | How to Proactively Identify Patients at Risk: <http://www.hret-hiin.org/resources/display/hen-20-failure-to-rescue-proactively-identify-patients>

### Other Resource Materials

- Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists (Anesthesiology 4 2002, Vol.96, 1004-1017.): <http://anesthesiology.pubs.asahq.org/article.aspx?articleid=1944958>
- Sedation, Delirium and Mobility (Institute for Healthcare Improvement): <http://www.ihl.org/Topics/SedationDeliriumMobility/Pages/default.aspx>
- Statement on Preventing Harm from Oversedation in Adult Hospitalized Patients (Oregon Patient Safety Commission): [https://oregonpatientsafety.org/docs/resources/Statement\\_on\\_Preventing\\_Oversedation.pdf](https://oregonpatientsafety.org/docs/resources/Statement_on_Preventing_Oversedation.pdf)

## STOP-BANG

<http://www.stopbang.ca/osa/screening.php>

The STOP-BANG questionnaire screens for obstructive sleep apnea (OSA) only, not central sleep apnea.

Clinicians may opt to modify the care of patients who are high-risk for OSA:

- Consider reducing narcotic medication doses
- Use caution when extubating “deep” or prior to return of airway reflexes
- Consider extended monitoring in PACU prior to discharge to an unmonitored floor
- Consider admission to a floor with increased level of monitoring or nursing supervision

Patients should be counseled to bring their own CPAP machines to the hospital preoperatively if they have them. Positive Airway Pressure (PAP) machines should be available in the post anesthesia care unit (PACU) or on the floor for patients who are high-risk for OSA.

Following the perioperative period (or prior to if identified in a preoperative clinic), patients that screen as high-risk for OSA should have formal polysomnography to receive a definitive diagnosis. Addition of the selected points (for the first four, ask the patient):

	0 points	1 point
Do you <b>snore loudly</b> ? (loud enough to be heard through closed doors)	No	Yes
Do you often feel <b>tired, fatigued or sleepy</b> during the daytime?	No	Yes
Has anyone <b>observed</b> you <b>stop breathing</b> or <b>choking/gasping</b> during sleep?	No	Yes
Do you have (or are you being treated for) <b>high blood pressure</b> ?	No	Yes
Body Mass Index (BMI)	≤35 kg/m <sup>2</sup>	>35 kg/m <sup>2</sup>
Age	≤50 years	>50 years
Neck circumference	≤40 cm	>40 cm
Gender	Female	Male
<b>STOP-BANG</b>	<b>Risk</b>	
<3	Low risk of OSA	
≥3	High risk of OSA	

## Richmond Agitation-Sedation Scale (RASS) Scores

<http://www.hret-hiin.org/resources/display/richmond-agitationsedation-scale-rass>

Goal-directed delivery of sedatives is best accomplished by the use of sedation scales to help the medical team agree on a target sedation level for each individual patient. The RASS is based on the following score description:

+4	Combative, overtly combative or violent, immediate danger to staff
+3	Very agitated, pulls on or removes tubes or catheters or is aggressive
+2	Agitated, frequent non-purposeful movement or ventilator dyssynchrony
+1	Restless, anxious or apprehensive, but movements not aggressive or vigorous
0	Alert and calm
-1	Drowsy, but sustains more than 10 seconds awake, with eye opening in response to verbal command
-2	Light sedation: Awakens briefly (less than 10 seconds) with eye contact to verbal command
-3	Moderate sedation: Any movement, except eye contact, in response to command
-4	Deep sedation: No response to voice, but any movement to physical stimulation
-5	Unarousable: No response to voice or physical stimulation

## WAKE UP Digital and Social Media Messaging

### **Audience: Health care providers**

#### **Facebook:**

Own your role in preventing harm and decreasing hospital length of stay. Do your part in reducing adverse drug events, delirium, falls, VTE, VAE and more by practicing appropriate sedation management. Visit <http://www.fha.org/wakeup> for more about the WAKE UP campaign.

Always identify risks associated with sedation to help keep patients safe in Florida. For more information on the WAKE UP Campaign, visit <http://www.fha.org/wakeup>.

Protect patients by involving them and their families in decisions related to sedation. Loved ones are a critical support group for patients in our Florida hospitals. Learn more at <http://www.fha.org/wakeup>.

Did you know effective sedation management can help achieve early mobilization and reduce hospital length of stay? For more information on the WAKE UP Campaign, visit <http://www.fha.org/wakeup>.

#### **Twitter:**

Do your part in preventing harm and prolonged length of stays by practicing appropriate sedation management. <http://www.fha.org/wakeup> for more about the WAKE UP campaign. #WAKEUP

Always identify risks associated with sedation to help keep patients safe in Indiana. For more information on the WAKE UP Campaign, visit <http://www.fha.org/wakeup>. #UPCampaign #PatientSafety

Protect patients by engaging them and their families in discussions related to sedation. Learn more at <http://www.fha.org/wakeup>. #UPCampaign #WAKEUP

Did you know effective sedation management can help achieve early mobilization and reduce hospital length of stay? Visit <http://www.fha.org/wakeup> for more info. #WAKEUP

### **Audience: Both health care providers and the public**

#### **Facebook:**

Kick off 2018 wide awake with WAKE UP! For more information on the WAKE UP Campaign, visit <http://www.fha.org/wakeup>.

Effective sedation management = reduced grogginess and anxiety. Check out the WAKE UP Campaign now at <http://www.fha.org/wakeup>.

Did you know managing proper sedation while in the hospital can help patients get up and moving, and leave the hospital sooner? For more information on the WAKE UP Campaign, visit <http://www.fha.org/wakeup>.

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**Contact the FHA Quality Team for questions or additional assistance: [HIIN@fha.org](mailto:HIIN@fha.org) | 407-841-6230**