USE OF THE PASERO OPIOID-INDUCED SEDATION SCALE TO REDUCE OVERSEDATION

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PROBLEM: Older adult patients receiving opioids are at risk for sedation, oversedation and opioid-induced respiratory depression.

SOLUTION: Provide nurses with an appropriate assessment tool to use with patients to help avoid oversedation and associated respiratory depression events.

Problem Identified: Older adult patients receiving opioids for pain management are at high risk for sedation that may progress to oversedation and respiratory depression. Increased risk for falls, delirium and functional decline is also possible.
Solution Formulated  The Sharp Grossmont Hospital initiated a study to gauge the applicability, reliability and ease-of-use of assessment tools designed for determining sedation levels following opioid use. Two sedation scales were chosen for the study: the Richmond-Agitation-Sedation Scale (RASS) and the Pasero Opioid-Induced Sedation Scale (POSS). The study team also wanted to use the results to choose a scale for clinical practice and inclusion in the electronic medical record (EMR).

RASS is a goal-directed scale that correlates agitation or anxiety to sedation level and is often used to assess sedation regardless of the desired patient outcome. Neither agitation nor anxiety are indicators of increasing opioid-induced sedation. The POSS tool does not link agitation or anxiety to sedation level and was developed to assess sedation in patients receiving opioids for pain management.

Eighty RNs participated in the study and conducted 252 sedation assessments on 84 patients. Every RN who participated in the study completed an ease-of-use and applicability survey.

NICHE Role  The NICHE Geriatric Resource Nurse (GRN) core curriculum is designed for use by those at NICHE sites who train nurses in best practices for hospitalized older adults. GRNs are the foundation of system-wide improvement to achieve positive outcomes for hospitalized older adults. The NICHE program, available to hospitals throughout North America, offers evidence-based, interdisciplinary approaches to promote improved care for the hospitalized older adult.

Evaluation/Results  Data analysis revealed high reliability for both tools. In clinical practice at the hospital, POSS is now used when the desired patient outcome is prevention of sedation. RASS is used when the desired patient outcome is goal-directed sedation. Both tools are included in the EMR. During the six-month period following sedation assessment using the POSS, no opioid-induced oversedation events requiring reversal agents or opioid-induced respiratory depression events were reported.


NICHE-related resource 1. NICHE GRN Module: Critical Care Nursing Of Older Adults: Acute Respiratory Failure and Mechanical Ventilation in the Older Adult http://elearningcenter.nicheprogram.org/course/view.php?id=93&page=709

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