THE BURNING QUESTION: CAN AN EVIDENCE-BASED PROTOCOL BE IMPLEMENTED TO MANAGE NEUROPATHIC PAIN IN SPINAL CORD INJURY?
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Background/Significance: Spinal cord injury (SCI) in combination with neuropathic pain can be devastating. Pain influences the ability of a patient with SCI to gain maximum independence and is a multifaceted problem to manage. Obstacles such as provider variation in describing and classifying SCI pain, numerous pharmacological interventions for neuropathic pain, and lack of education for patients about pain management all create challenges for the interdisciplinary team in managing neuropathic pain in SCI. Utilizing an evidence-based protocol is essential to overcoming these challenges to provide safe and high quality care.

Purpose of the study/project: The purpose of this project was to evaluate an evidence-based protocol for the management of neuropathic pain in SCI during the acute and rehabilitation hospital phase. The aims of the project were threefold: implement an evidence-based protocol focused on managing neuropathic pain in the SCI Center; evaluate staff adherence to the protocol in terms of documentation of pain, pain medication, and patient education on pain management; and evaluate the staff's overall acceptance of the protocol.

Conceptual framework: The Promoting Action on Research Implementation in Health Services (PARIHS) conceptual framework was used as a guide for this project.

Sample Description/Population: A convenience sample of cognitively intact, English speaking, adult (18 years and older) patients with first-time SCI admitted to the SCI Center and the dedicated staff of nurses, therapists, pharmacists, and physicians who are assigned to the care of the individual with SCI.

Setting: Academic medical center that serves as a level 1-trauma center with a dedicated thirty-two bed SCI Center. Twenty-two beds are acute treatment with the remaining ten beds devoted to rehabilitation care and are Commission on Accreditation of Rehabilitation Facilities (CARF) accredited.

Method/Design & Procedure: Procedures included a retrospective chart review of pain intensity, pain location, pain quality descriptors, medications, and patient education documentation on day of discharge to evaluate staff adherence to the protocol during three month timeframe. Staff acceptance of the protocol was assessed by a 13-question written survey administered three months after initiation.

Results/Outcomes: Comprehensive assessment of neuropathic pain, pharmacological interventions based on pain types, and patient education were successfully completed. Staff survey results showed an overall agreement with protocol acceptance.

Conclusions/Implications: Implications of this project are threefold. First, the utilization of the PARIHS framework guided the work of evaluating key areas to focus on as potential weaknesses to assist in successful adoption of the protocol. Second, standardization of care is essential in addressing complex care processes. Finally, as the complexity of the healthcare environment continues to increase, it is essential to streamline documentation processes to increase the effectiveness of communication between care provided to improve workflow efficiencies. In conclusion, with this project patients receive comprehensive pain management based on best practices, healthcare providers have enhanced knowledge regarding neuropathic pain management, and organizational initiatives to enhance the patient experience are utilized.