



## ERAS Conference 2015

# Self Medication of Over-the-Counter (OTC) Analgesics for the Enhanced Recovery Programme

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# ERP Development

## ERP

Introduced 2008  
for colorectal  
patients.

Staff training

## AUDIT

Improved patient  
outcomes,  
reduced risks,  
increased patient  
satisfaction.  
Developed DVD

Re-evaluated  
patient  
experience and  
enthusiasm of  
ERP two years.  
Staff training

Introduced Self  
Medicating OTC  
as a pilot trial.

Improved  
patient  
satisfaction

# Three Elements of ERP

## Before the Operation

Education on ERP and discharge planning prior to admission  
Optimise health & nutrition  
Minimal to no bowel prep  
Carbohydrate pre-load drink  
No premedication



# ERP



## During the Operation

Spinal epidural analgesia  
No nasogastric tube  
short acting anaesthetic agent  
Avoid fluid overload  
Minimal invasive surgery

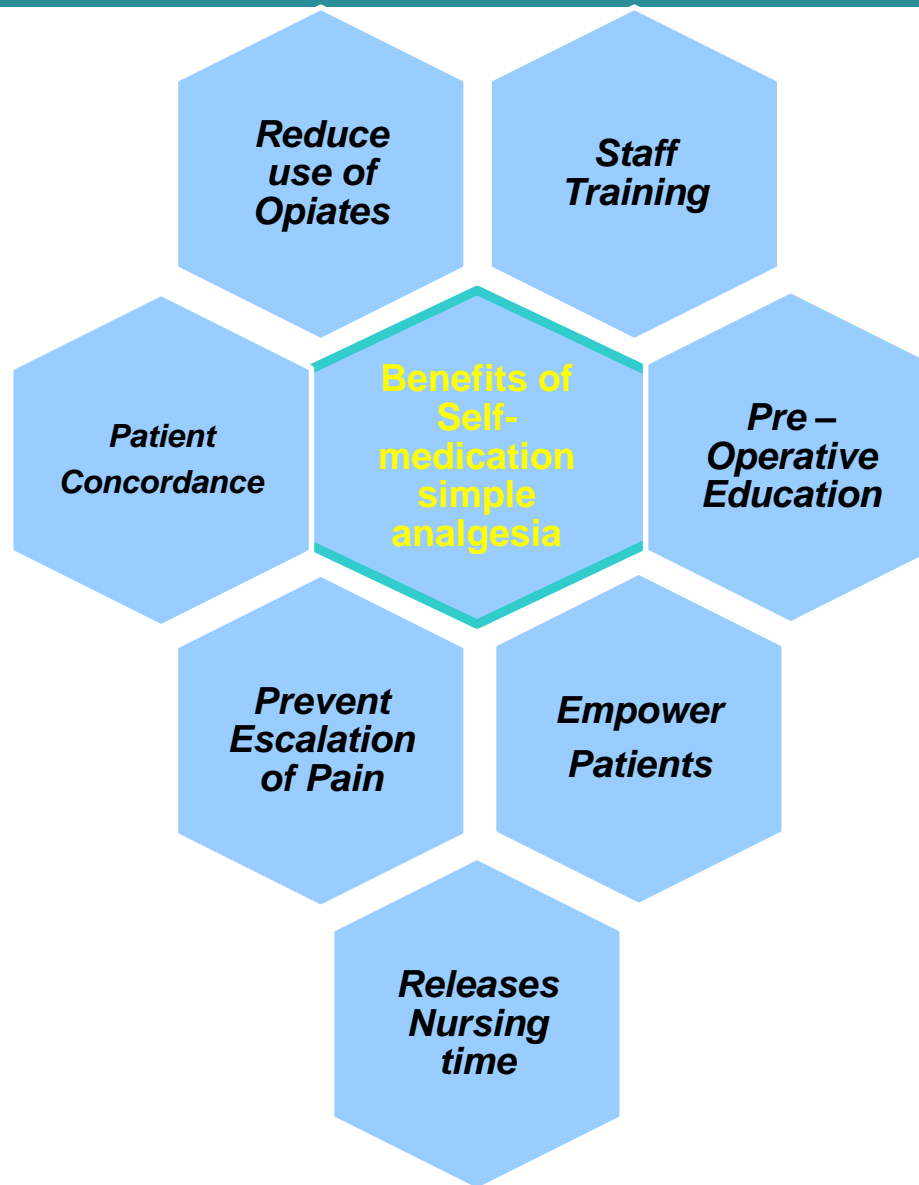
## After the Operation

Simple oral analgesia  
Prevent nausea & vomiting  
Early removal of catheters  
Early post-op nutrition  
Early post-op mobilisation

# Rationale

- **Following development of ERP – improved patients experience, patients length of stay reduced.**
- **Further enhance practice/patient experience, taking it one step further.**
- **Prior to project, patients sometimes unsure of analgesia regime once discharged home flagged up by telephone follow up call**
- **Traditional practice is to take medication from patients and lock it away.**
- **Research - dated but highlights – nursing ritual to give medication and governed by hospital policy/procedure**

# Aims of Self Medicating OTC Analgesia



# Advantages of Self Medicating

- **Empower patients**
- **Analgesia not restricted to drug rounds**
- **Patient in control, thus reducing anxiety**
- **Timely hospital discharge**
- **Compliance on discharge home**
- **Encourages seamless care between hospital and community**
- **Nurses time dispensing drugs released and re-invested in educating patients.**

# Traditional Patient Pathway

## Day 1 post anterior resection



- **Immobile**
- **Nil by mouth**
- **Prolonged hospital stay**
- **Morbidity**



# Enhanced Recovery Pathway

## Day 1 post laparoscopic anterior resection



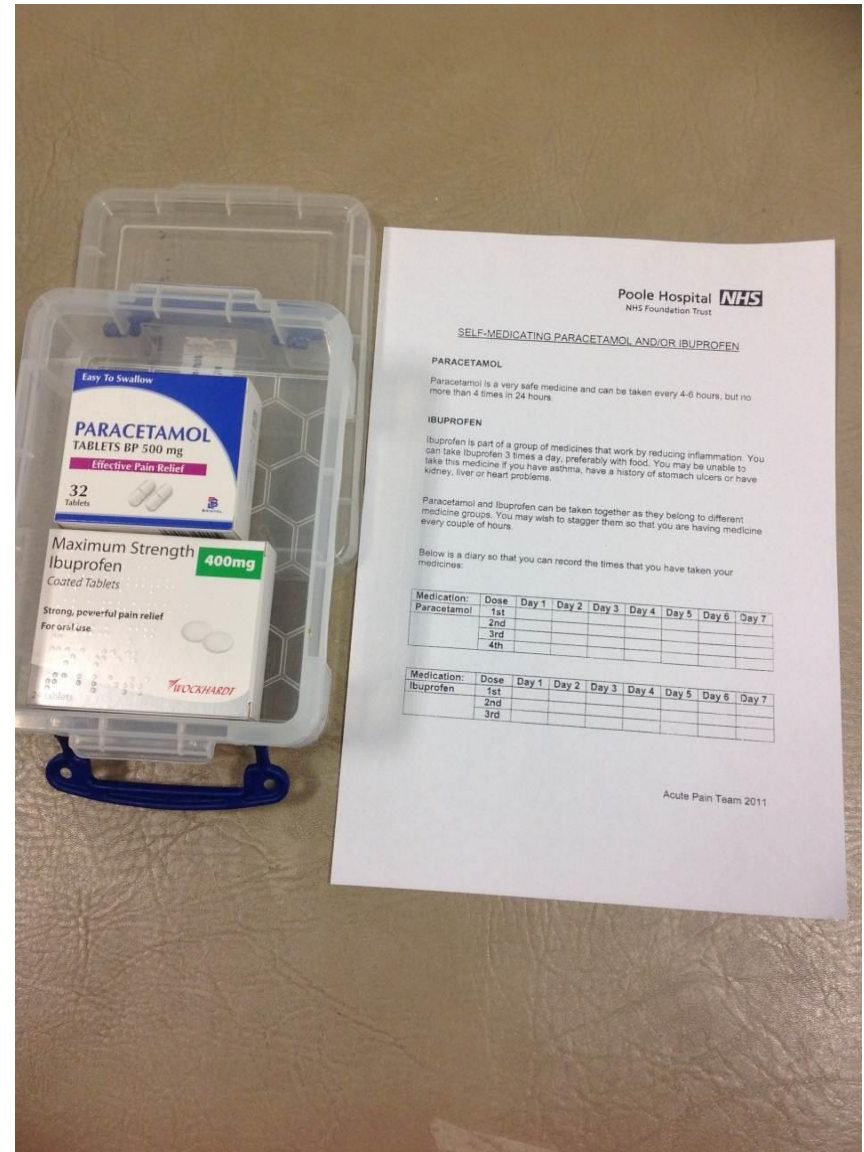
- **Independent**
- **Normal Diet**
- **Ability to manage own medication/analgesia**
- **Early discharge**

# Patient Assessment

- **Is the patient responsible for their own medicines at home, and will they be expected to continue this on discharge?**
- **Can the patient read the instructions on the medication packet?**
- **Can the patient open the blister packs?**
- **Does the patient have a stable medicine regime?**

# Method

- Developed Hospital Protocol
- Staff Training
- Patient assessment and educated at POA
- Pharmacy “P” packs of Paracetamol and Ibuprofen in personal box, with instructions for each patient.
- Pain scores monitored
- Feedback questionnaire



# Prescription Chart

## REGULAR PRESCRIPTIONS

Aseptic Technique - <input type="checkbox"/>		Initials							
Site of cannula:		08:00							
		12:00							
		18:00							
Removal Date:		22:00							

Drug: <b>Paracetamol</b>				08:00	X	11/10	21/10	3/10		
Route: PO	Dose: 1g	Start Date: 11/10/15	Duration	12:00	X	6	6			
Signature/Bleep No./Reg No. Jones 0450			Pharmacy	18:00	X	6				
				22:00	11/10	6				

Drug: <b>Ibuprofen</b>				08:00	X	11/10	21/10	3/10		
Route: PO	Dose: 400mg	Start Date: 11/10/15	Duration	14:00	X	6	6			
Signature/Bleep No./Reg No. Jones 0450			Pharmacy	22:00	11/10	6				

One pack of 32 x 500mg Paracetamol tablets and One pack of 24 x 400mg Ibuprofen tablets have been supplied to this patient for **SELF ADMINISTRATION**.

Instructions and patient information are on the pack.

Inform the patient that this is for pain only and that **pyrexia must be reported to the nurse**.

The packs are to be stored in the patient locker.

Nurse's Signature:

Date: 2/11/15 00 Time: 12:00

Drug										
Route	Dose	Start Date	Duration							

Drug
Route
Signature/
Drug
Route
Signature
Drug
Route
Signature
Drug
Route
Signature
Drug
Route
Signature

# Patient Questionnaire

- **Were the principals of self medicating OTC explained?**
- **Did you understand the principals**
- **Did the nurse answer your queries?**
- **Were you given opportunity to decline self medicating?**
- **Did you feel more independent?**
- **Did you require other pain relieving medication?**
- **If yes was it given in a timely manner?**
- **Do you know what you were given i.e. peppermint water, Oramorph, Tramadol?**
- **Do you think that this practice is better for our patients?**

# Responses

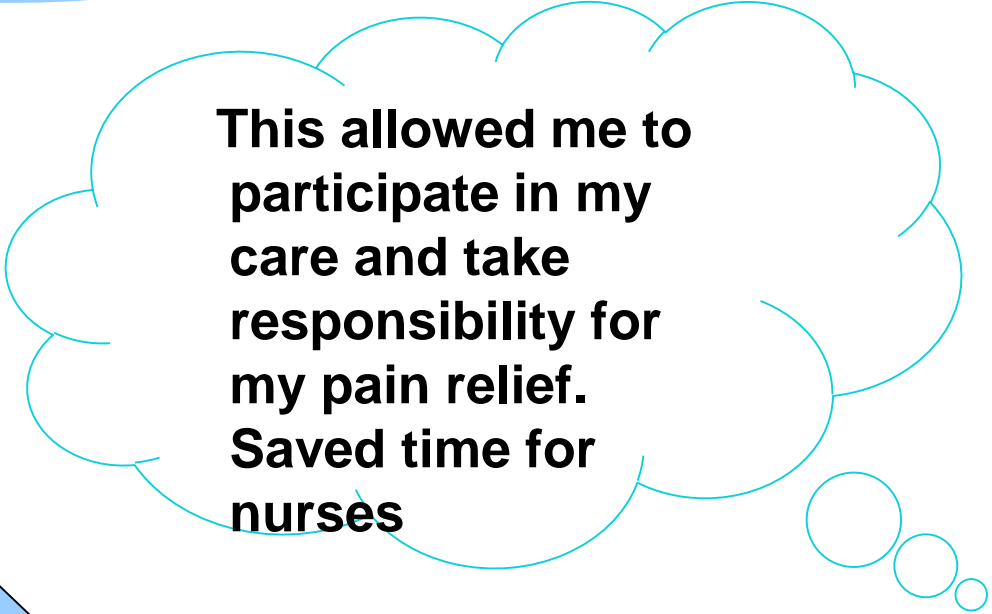
- **90% positive feedback on all questions**
- **10% negative, some patients felt that they did not want to take on this responsibility.**
- **This practice is now part of our established ERP pathway**



**Brilliant idea, why has this not been done before?**



**Need a clock in the bay!**



**This allowed me to participate in my care and take responsibility for my pain relief. Saved time for nurses**

# Conclusion

- **Self medication embraces the whole concept of ERP**
- **Patient Centred**
  1. **Increase patient confidence**
  2. **Independence**
  3. **Knowledge**
  4. **Not waiting for analgesia**
  5. **Avoided escalation of pain**
- **Develop future practice to include all medications**



**Any Questions?**

