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### Pain Management Trends among Adults Hospitalized with Cellulitis: An Evidence-based Practice Project

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# Opioid Administration for Acute Pain Management among Adults Hospitalized with Cellulitis

## BACKGROUND

- Acute pain is often treated with opioids in the hospital.
- Extended opioid use increases risk for overdose and dependency.
- Best practice guidelines recommend administering less than 50 oral morphine milligram equivalents (MME) within a 24 hours period for acute pain management to mitigate risks.

## PURPOSE

- Evaluate strength of opioid administration over time at two acute care hospitals in the Pacific Northwest.

## METHODS

- Retrospective, descriptive, evidence-based practice project.
- Adults hospitalized with cellulitis between 2014 – 2020 who received an opioid included.
- Oral MME conversion factors used to calculate total opioid administered.
- De-identified data extracted.
- Descriptive and frequency statistics conducted in Excel.

## REFERENCES

Available upon request

## RESULTS

- Total n=3,413 records (Table 1 and Table 2).
- High-dose administration decreased (*Figure 1*).

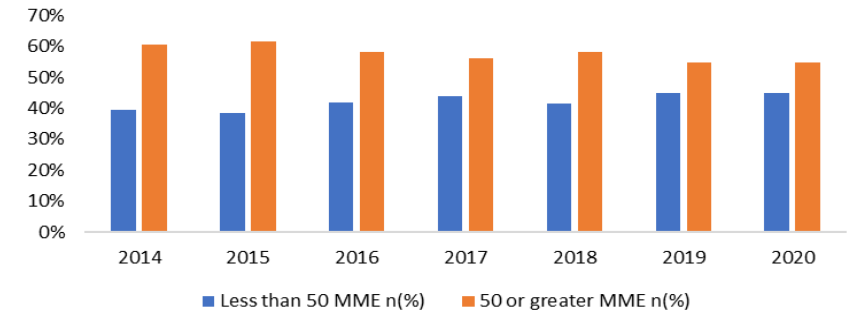
**Table 1.** Sample Characteristics

Characteristic	Less than 50 MME n(%) (N=1430)	50 or greater MME n(%) (N=1983)
Sex		
Male	811(57%)	1073(54%)
Female	619(43%)	910(46%)
Substance Use Disorder		
Yes	226(16%)	599(30%)
No	1204(84%)	1384(70%)
Prior opioid		
Yes	1051(73%)	1676(85%)
No	379(27%)	307(15%)

**Table 2.** Encounter Characteristics

Encounter Characteristic	Less than 50 MME mean $\pm$ SD (N=1430)	50 or greater MME mean $\pm$ SD (N=1983)
Age	60.9 $\pm$ 17.7	51.8 $\pm$ 15.5
Length of Stay (hours)	3.8 $\pm$ 1.6	3.8 $\pm$ 1.6
Average Pain	3.2 $\pm$ 3.0	4 $\pm$ 3.4

## RESULTS



*Figure 1.* Yearly Proportion High and Low-dose Opioids

## IMPLICATIONS FOR PRACTICE

- Safe opioid administration is paramount.
- Nurses can advocate to prescribers to provide non-opioid and non-pharmacological options for pain.
- Nurses can recommend an oral MME calculator to be available in the electronic health record.

## CONCLUSIONS/DISCUSSION

- Strength of inpatient opioid administration decreased at two hospitals in this sample.
- Nurses and providers should partner with patients to optimize acute pain management.

## LIMITATIONS

- Missing data: inaccuracy of documentation.
- Unknown pre-hospital opioid dose.
- Complexity of MME calculation.