

**Burn Specific Pain Control and Anxiolytic Education Reduces Reversal Agent Use In A Burn Center**

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11:00 – 11:15 am**

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**Objective:** Upon completion of the lecture, attendees should be better prepared to:

- Recognize how reversal agents can be tied to quality of care in a burn center
- Describe the value of comprehensive education for nurses administering pain and anxiety reducing medications

**Abstract:**

**Introduction:** Pain control and anxiolysis is a challenging part of the care of patients with burns. Lack of pain control can lead to both negative psychologic and physiologic effects for the patient. Pain management often requires strategies and medications unique to this patient population. The medications given for pain management can have side effects ranging from minor to life threatening at times requiring the use of reversal agents. Use of reversal agents is also not entirely safe and can be an indicator of issues with the quality of care delivered.

**Methods:** A quality improvement project was conducted at a verified regional burn center covering a 300-mile radius geographical region serving adult and pediatric populations.

While performing QI assessment, it was found that we had what we considered a high rate of reversal agent usage. Our team was concerned this was an indication there was a lack of knowledge about administration of medications for pain reduction/anxiolysis in burn patients. We created a multidisciplinary program of education for staff on analgesia and anxiolysis. All charge nurses and wound care nurses were required to attend. We have continued to hold regular classes to educate nurses as they hit the one year mark of burn nursing. We find this timing to be beneficial because they have worked long enough in burn to have a good foundation of burn knowledge at that time to build on. In addition to the training, every use of reversal agent gets a deep dive as this is a quality indicator for our burn center.

**Findings:** We decreased our use of reversal agents from 15 incidents the year prior to implementation of the education program to 6 incidents the year post education program.

**Conclusions:** The burn center has a successful implementation of safety initiative to improve analgesia and anxiolysis for the burn-injured patients. The education component is standard in our training program for nurses once they achieve 1 year of

experience. Use of reversal agents can be an indicator of safety for burn care analgesia and anxiolysis and may warrant further investigation into patient scenarios looking for opportunities for improvement.

**Implications for Future Research:** Research is ongoing to optimize analgesia and anxiolysis for burn injured patients. Safety and efficacy of said treatment are the primary aims. Continuing to investigate patient care in the area of safety surrounding our therapies is paramount.

**References and Resources:**

Gelinas (2016) Pain assessment in the critically ill adult: recent evidence and new trends. Intensive and Critical Care Nursing. 34(1-11).<http://dx.doi.org/10.1016/j.iccn.2016.03.001>.

Myers, R., Lozenski, J., Wyatt, M., Pena, M., Norhtrop, K. Bhavsar, D., Kovac, A. (2017) Sedation and analgesia for dressing change: A survey of American Burn Association Burn Centers. JBCR. 1:1 pg e48-e54.

**Disclosure:**

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