



PICOT Statement Paper

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## PICOT Statement Paper

Surgeries are delicate procedures which, at times, result in excessive post-operative pain for patients who have undergone surgery. The first 1-7 days after a surgical operation are periods in which the patient's quality of life depends immensely on pain management medications such as opioids and intravenous acetaminophen. This paper identifies and delineates pain management using opioids and intravenous acetaminophen during the post-operative care interlude through an evidence-based change intervention that could be summarized through a PICOT statement.

### **PICOT Statement**

In adult surgical patients (P), is using intravenous acetaminophen with morphine (I) compared to using just morphine alone (C), decrease the amount of opioid use for pain management (O) during the first seven days of the postoperative care period (T)? □

### **The Clinical Problem**

The use of opioids in post-operative environments has been a frequent practice after a patient undergoes surgery. This is because opioids are powerful agents for reducing surgical pains based on their ability to alter the operations of opioid receptors in the human body's central nervous system. However, the use opioids, according to the cross-sectional research which Nelson et al. (2016) conducted, established that opioids characteristically lead to respiratory depression; such a condition could jeopardize the intake of oxygen among postoperative patients (Dowell, Haegerich & Chou, 2016). Other adverse reactions of opioids include somnolence and cognitive dysfunction based on the short sessions of euphoria which follow opioid intake. Surgical patient in the post-operative setting, therefore, develop aberrant behaviors which could

predispose them to severe infections that would otherwise limit the healing of post-surgical wounds.

### **Evidence-Based Solution and the Need for Change**

For the post-operative client, it is necessary to ascertain that nurse shield such patient from the adverse reactions of opioid use as much as possible. Jahr, Filocamo, and Singh (2013) carried out a case study analysis which revealed that intravenous acetaminophen (ofirmev) is a pain-relieving agent that has a higher tolerability profile than opioids and similar morphine-like medications. This shows that the utilization of this analgesic could play a central role in the reduction of opioid use in acute pain management. Pasero and Stannard (2012) further reinforced this affirmation through accentuating that using ofirmev with morphine instead of morphine only eliminates subjective discomforts which arise from a surgical procedure. Consequently, an invaluable patient care outcome is the reduction in the hospital stay period. Patients could, as such, return to their home environment without having to endure a convoluted hospital stay period (Jahr, Filocamo & Singh, 2013). From an analytical change, the need for change is directly relatable to the significance of not only relieving surgical pains, but also to ascertain that patients do not have to bear the side-impact burdens of opioid administration during the initial 7 days after the completion of a surgical procedure.

### **Conclusion**

Evidence-based solutions are vital in improving the patient outcomes which practitioners envision during the pre-operative period. Through the PICOT statement and the assertions of this paper, it is apparent that the post-operative period is a critical moment in a patient's recovery from a condition or disorder. While pain management, is indispensable, the tolerability profile of a nursing intervention is also an elemental factor which any nurse working in the medical-

surgical situation has to prioritize. This discussion, therefore, could form a foundational starting point for the examination of how clinical problems could be addressed through the essential concepts which define evidence-based nursing.



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