



# Patient-Controlled Oral Medication on the Women's Health Unit

Kathy Espenshade, BSN, RNC; Lisa Hreniuk, RN  
Penn State Hershey Medical Center

## Introduction

Pain control is a primary concern for patients following any type of medical procedure. It is often difficult for nurses to adequately control patients' individualized pain within the usual routines of patient care.

The overall purpose of this project was to evaluate administration of pain medication on our nursing unit by implementing a medication administration program that offers patient-controlled oral medication (PCOM).

The following goals guided our evaluation of PCOM on the Women's Health Unit (WHU)

- To improve patient satisfaction with pain management as measured by Press Ganey Survey results demonstrating that patients' need for pain control was met and that pain medication was given in a timely fashion.
- To allow patients to keep oral pain medication at the bedside thereby decreasing waiting time for medication and increasing patient satisfaction with pain control.

## References

[1] Kastanias, P., Snaith, K. & Robinson, S. (2006). *Patient-Controlled Oral Analgesia: A Low-Tech solution in a High-Tech World*. Pain Management Nursing: 7 (3). pp 126-132

## Methods

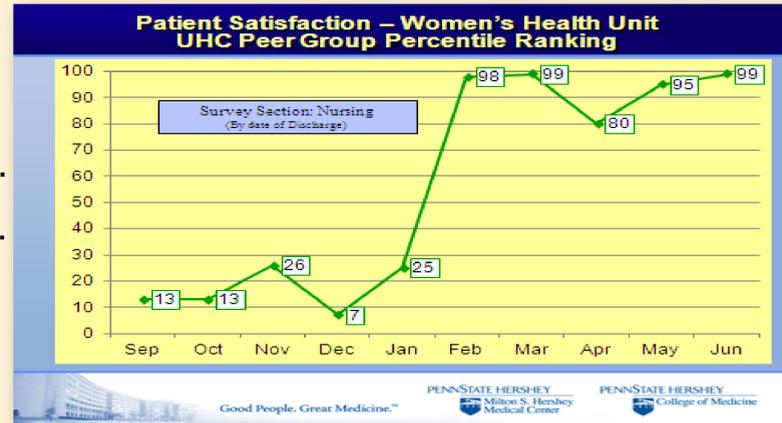
We conducted a literature review of the Pain Management Nursing Journal to locate best available evidence.

We sought assistance from a hospital currently using PCOM. They shared policies, and staff and patient education materials with us.

We worked with the WHU Patient Satisfaction committee to help us determine the feasibility of implementing a PCOM program.

In addition to our nursing staff and physicians we collaborated with:

- WHU Policy and Procedure Committee.
- Pharmacy.
- Information Technology Connected Team.
- Quality Department regulatory nurses.
- Risk Management.
- WHU shared governance councils: Practice, Education, and Leadership.



## Implementation into Practice

### Screening:

The Labor and Delivery staff screen the patient upon admission using a standardized form to determine if the program is safe for the patient to use.



### Teaching:

The direct care nurse, either in Labor and Delivery or postpartum explains the program in depth to the patient, showing the patient the 'PCOM' Flow Sheet. The patient signs the flow sheet, indicating her understanding.

### Patient Controlled Oral Medication Flow Sheet: Mother's Self-Medication Record

Oral Analgesic: Ibuprofen/Motrin 200mg tablets

You may take 1, 2, or 3 tablets every 6 hours. Each time you take pain pills, please record the following:

Date	Time	Pain Score before taking (circle the number)		How many pills taken?	How many pills left?	Comments	RN Signature
		No pain	Worst pain				
		0 1 2 3 4 5 6 7 8 9 10					
		0 1 2 3 4 5 6 7 8 9 10					
		0 1 2 3 4 5 6 7 8 9 10					
		0 1 2 3 4 5 6 7 8 9 10					

IF YOUR PAIN IS NOT RELIEVED IN ONE HOUR, PLEASE CALL YOUR NURSE

### Remember

- Talk to your nurse, doctor, or pharmacist if you have any questions or concerns.
- Leave this record at your bedside when you are in the hospital.
- Leave this record with your nurse when you are discharged.
- Do not share your medications with your family, friends, or visitors.
- Overuse or sharing will eliminate you from the program.

I have been instructed and understand the use of this form. I have had the opportunity to ask questions regarding the Patient Controlled Oral Medication Program and all my questions have been answered to my satisfaction.

\_\_\_\_\_  
Patient signature/date & time

\_\_\_\_\_  
RN signature/date& time

## Results

After one month of trial, 60 patients that participated in the program completed surveys. All were satisfied with their pain control and ease of the program.

RN staff reported good success with the program. In addition they offered input that led to using child proof blister packs that eliminated the need for nurses to remove and count pills from bottles.