



Multimodal Pain Management: Addressing the Opioid Epidemic at the Bedside

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Summary: Despite being a national focus for nearly a decade, the opioid overdose storm continues to rage across the United States in small and large communities. The inpatient medical-surgical nurse has always been an advocate for managing pain during hospitalization but may feel that the opioid epidemic is an "outpatient problem." Evidence now shows that early opioid use may contribute to opioid misuse and harm potential. The nurse can apply a comprehensive, holistic understanding of patient pain to ensure opioids are used safely, appropriately, and responsibly during inpatient hospitalizations. Nurses must be prepared to advocate for the patient in pain while also considering the short- and long-term risks associated with opioid use.

Nursing Implications:

- Basic definitions of pain types and physiology should be required knowledge for all clinicians.
- Pain experiences and expression are complex and unique to each individual and each pain stimulus.
- Inadequate pain assessment will limit the nurse's opportunity to successfully address acute or chronic pain during hospitalization.
- Pain management should use a multimodal approach, including non-opioid medications, non-pharmacologic interventions, and, when needed, safe and appropriate opioid administration.

Key Takeaways:

- Despite significant attention over the last 10 years, mortality from opioid overdoses continue to increase and evolve in communities across the United States.
- Nurses continue to be the best equipped at addressing the complexities of pain in a comprehensive and holistic manner.
- Opioids continue to be appropriate for severe acute pain but should be used in conjunction with other non-opioid and non-pharmacologic pain interventions.
- Compassion, respect, and patience should be a central tenant of care for patients with acute and/or chronic pain.

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