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ADVANCES IN ANESTHESIA

Practical Management of a Regional Anesthesia-Driven Acute Pain Service

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Key points

- Regional anesthesia and acute pain medicine add significant value to perioperative care in terms of pain relief, mitigation of side effects, and improved recovery times.
- Delivery of high-quality care requires an organized team of trained individuals and a system-wide commitment to ensure an integrated approach.
- Protocols and organizational tools help to optimize the use of personnel and resources and improve efficiency and safety.
- Because health care is increasingly driven by patient satisfaction, the ability to provide optimal pain control through regional anesthetic techniques and multimodal therapies becomes essential.

INTRODUCTION

Heightened awareness of the problem of postoperative pain has made acute pain management a priority of perioperative medicine. Despite increased awareness postoperative analgesia and patient satisfaction remain poor [1]. Establishing a regional anesthesia-driven acute pain management service (APMS) provides excellent patient care and improved postoperative analgesia

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and also demonstrates the significant value that anesthesiologists bring to perioperative care. The current health care environment is increasingly driven by patient satisfaction, and the ability to provide effective analgesia adds tremendous value to the role of the anesthesia service. Achieving this endpoint requires a skilled and knowledgeable multidisciplinary team of physicians and nurses working together to expeditiously provide safe and effective care in a wide variety of acute pain situations. A multimodal approach to analgesia is an effective strategy for achieving these goals, and using regional anesthetic techniques often serves as the foundation for this approach. The complexity of the system requires technical proficiency with procedures, a detailed knowledge of the pharmacodynamics and pharmacokinetics of peripheral nerve and epidural catheter infusion medications, and the ability to troubleshoot problems. In our experience, this is best accomplished by a physician-led, nurse- and protocol-driven APMS that prioritizes regional anesthesia whenever possible.

STRUCTURE OF AN ACUTE PAIN SERVICE

An APMS is composed of a team of physicians and nurses, each playing a defined role to care for both surgical and nonsurgical patients. The team leader (APMS director) is ideally an anesthesiologist with expertise in the management of complex pain syndromes and the performance and management of regional anesthesia techniques. He or she will be responsible for determining the clinical, educational, and research goals for the service as well as serving as the point person for communication with hospital administration and referring physicians. The APMS director is the driving force behind the development of policies and protocols for pain assessment and treatment, and must frequently review the team's performance to ensure high-quality care. The director can also provide guidance in defining the APMS scope of practice, the appropriateness of consults, and therapeutic direction of complex clinical situations. APMS team members will often turn to the director to answer difficult questions about patient management, ethical dilemmas, and other clinical problems, such as how to deal with belligerent or drug-seeking patients or the institution of novel regional anesthetic techniques.

The APMS attending physician staff includes a consistent team of anesthesiologists experienced in acute pain management and regional anesthesia techniques. Although fellowship training is desirable, it is not mandatory. Anesthesiologists who have recently completed training may be more likely to have completed a fellowship and the dynamics and requirements of an APMS could change in the future with the approval of the regional anesthesia and acute pain medicine fellowship in 2016 by the Accreditation Council for Graduate Medical Education. In an ideal world, the APMS attending will supervise the service for several days or even a week at a time to gain familiarity with the patients and their increasingly complex medical problems. However, this scheduling is often not possible in contemporary anesthesiology