STANFORD PAIN DIVISION

- Inpatient Acute Service
  - Post-op pain (including pre-op opioid use)
  - Acute on chronic pain
    - Abdominal pain
    - Back pain
  - Cancer pain
  - Substance abuse with acute pain
- Inpatient Chronic Service (managed by Fellow)
  - Stanford Comprehensive Interdisciplinary Program (SCIPP)
    - Pre-approval needed, seen by interdisciplinary outpatient team prior to being admitted
  - Pre-scheduled admits for ketamine and lidocaine for various pain pathologies
- Interventional Pain Procedures
  - Usually done at ASC and are outpatient, rarely get admitted
STANFORD PAIN DIVISION TEAM

• Attending Physicians
  • 1 week rotations – Monday through Sunday
• Fellows
  • 2 week rotations – Monday through Sunday
• Advanced Practice Provider (APP)
  • APP scheduling subject to change
    • we are trying to cover with 2 APPs every day
• Medical Student/Intern (intermittently, 1-2 week rotation)
• PACU resident and Regional team
STANFORD PAIN DIVISION
PACU RESIDENT

- Separate rotation
- In PACU full time
- Communicates with intraoperative teams
- Communicates with pain service
- Assure pain issues addressed in all patients prior to leaving PACU
- Test all epidurals catheters
- Replace non-functioning catheters with fellow/attending
- Regional techniques as appropriate with regional team
- Adds patients to pain list
- Enter pain orders and enters pertinent information in pain management handoff section
Work closely with surgery, medicine & oncology to:
• Improve functional status
• Improve pain
• Decrease length of stay

By providing:
• Pain management regimens
  • For inpatient
  • For discharge
• Management of epidurals and peripheral nerve catheters
• Therapeutic communication
• Interventions for the inpatient acute population (not admitted from clinic)
  • Trigger point injections, scar injections, blood patch
• Weekends
  • Fellow, attending, +/- regional resident + APP(s)
  • Resident overnight Friday, Saturday, and Sunday
• Sunday—fellow, attending, APP
• Above subject to change
STANFORD PAIN DIVISION
WORK FLOW

• Start in F3 (F322 Conference room) at 0700
  • Divide the patient list with APP(s) and residents
  • Receive sign out from night float
  • Pre round on assigned patients
• Meet at 9:00 outside of C-3 to start rounds with attending
  • Times/location will vary
  • 1100ish finish rounds, split new consults with all team members, work on notes, get lunch, bolus catheters, etc.
• Afternoon Rounds—1500ish
  • List rounds
  • Present new consults, brief updates on morning patients
  • Teaching
• 1800 sign out to chronic pain resident
STANFORD PAIN DIVISION
DAY SHIFT EXPECTATIONS

• On Units
  • Be polite/professional with other teams, the nurses, the CNAs
    • Do not leave a mess
    • Tell RN when epidural/catheter is d/c’d
  • Evaluate patients
  • Regular re-evaluation of patients
  • Work closely with APPs and Fellows
  • Communicate with primary teams
  • Maximize patient recovery
    • Discharge comes first
• You will not be asked to provide anesthesia or conscious sedation
• Do not manage PAMF epidurals or nerve catheters
• Do not manage field block catheters placed by surgeons
  • Tip--there will be no note/documentation from Regional
STANFORD PAIN DIVISION ROUNDS

- Patient ID
- Primary diagnosis
- Additional medical diagnosis
- Referring physician
- POD #, procedure
- Site of epidural or nerve catheter, infusion/bolus
- Pain medications → 24 hour totals
- Interval history
- Plan
- Update summary
STANFORD PAIN DIVISION CONSULTS

- Patient ID
- Referring physician
- What is the clinical question?
- Diagnosis
  - Interval history
- Evaluate the patient
- Plan
- Add to list and create summary line
- Team consulting us MUST call Pain Service to consult us, they cannot just place an order in Epic
- If consult received before 1800, staff with fellow or APP
  - If consult received after 1800, staff with fellow or attending
STANFORD PAIN DIVISION
ADMINISTRATIVE ISSUES

• Initial consult and daily progress notes send to attending to cosign
• Daily communication with primary teams
  • Pain medication plan
  • When to pull epidurals or nerve catheters (though some of this is protocolized)
• Maintain Pain Service Patient list, update summary lines, this is especially important for night float resident
To make your pain list:

- Click on “Edit list”, “Create my list”, name it, pick properties, “add to pain service list” is a mandatory property, accept
- Systems list, scroll to Pain Service and open, drag “Acute Pain” to your newly named list then drag Chronic Pain to your list (Not “Pain acute”)
To put patients on the list:

- Rounding tab, Care teams, Treatment team, type “TT Acute Pain”, enter, change to “consulting service”, accept

- Anesthesia may pick “yes” to pain consult, pt will appear on list, this pt may fall off the list if they go home the same day

- Anesthesia may pick “yes” to pain consult, pt will go thru PACU and PACU resident will add TT Acute Pain

To get off list:

- On your list you must add column “Add to Pain Service List”
- Left click “yes” under this column, then click “No” accept
- You also have to right click on pt’s name and end “TT Acute Pain”
STANFORD PAIN DIVISION
NIGHT FLOAT EXPECTATIONS

• Shift 1800-0700 (week days)
• See new patients out of the OR
• See any patients day shift highlights
  • Consults
  • Complex patients
• Ensure new epidurals and nerve catheters are functioning
• Do notes for new consults
• Document epidural pulls, any interventions or problems overnight (progress note) and summary line
• This is not an anesthesia call. You are an active member of a very busy team, and the night time is actually worktime.

• First priority is to make sure all current patients and patients that come out of the OR late are comfortable.

• See all late consults that came in during the afternoon. **Staff these with fellow.** Fellow will call attending when needed. Call attending if fellow doesn't answer.
Your main supervisor is the pain fellow. Your second supervisor is the pain attending. Please page and call if questions. Don't take care of a patient if you are not sure what to do.

Once the day work is done, work prn for a few hours. Make sure patients are well managed.
Floor Management Guide – goes over doses, anticoagulation, infusions, when to pull, day to day nuts and bolts of management

PACU Guide – guidelines immediate post-surgery

Acute Pain Syllabus – reference guide to read and review topics

Pain Nimbus Guide – user’s manual for the infusion pumps

Acute Pain Lecture Topics – teaching points you can ask for during the rotation, lecture ideas from fellows/attendings

Hip Fracture Protocol – guidelines and nuts and bolts for hip fracture coverage at night