

# Perioperative Management of the Patient on Buprenorphine With or Without Naloxone for the Anesthesia Provider

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### Introduction

- \* Accidental **DEATHS** related to opioid use reached an all-time **HIGH**
- Medication Assisted Treatments: Buprenorphine (BUP) or Buprenorphine with naloxone (BUP/N) are increasingly used to combat opioid use disorder
- **CRNAs** and **RRNAs** are responsible to maintain familiarity with the latest literature while optimizing pain control and patient safety for the BUP or BUP/N patient undergoing surgery



### Purpose

- An online learning module will contribute practice recommendations that will encourage anesthesia providers to improve upon their current practices by specifically tailoring the anesthetic needs of the patient dependent upon BUP or BUP/N
- The goal of the online learning module is to increase the perceived confidence level of the anesthesia provider in the perioperative management of the patient on BUP or BUP/N

# Background and Significance

#### **National & State level**

- According to SAMSHA the nationally estimated and increasing figure for the opioid use disorder population was 2.4 million in 2015 (Alderks, 2017)
- Since 2004 there has been 14,000 deaths due to drug overdose in NJ; Heroin overdose is 3X the national rate (CDC, 2018, New Jersey Public Media, 2020)
- ❖ Effective treatment strategies include BUP or BUP/N

#### Significance

- ❖ With the exponential growth of BUP or BUP/N prescriptions, as anesthesia providers it is imperative to appreciate anesthetic implications and clinical impact on the perioperative care of the BUP or BUP/N patient
- Increasing patient population may undergo surgery and receive anesthesia
- \* Choice in anesthetic plan can ultimately effect clinical outcomes of the patient: Pain, potential relapse, length of stay and satisfaction
- Those affected include anesthesia providers and patients on BUP or BUP/N therapy undergoing surgery

### Methodology

- Design: Quantitative correlation prospective sample
- ❖ Sample: All CRNAs and RRNAs who utilize NJANA online education (n = 22)
- ❖ Intervention: Pre and post perceived confidence intervention survey
  - > Online module highlighting point-of-care practice recommendations directed at anesthesia providers
- \* Measures/Analysis: Perceived confidence of the learner in the perioperative management of BUP or BUP/N patients
  - > Pre and post module survey using Qualtrics: Five questions utilizing Likert scale
  - > Survey adapted from the General Efficacy Scale (Schwarzer & Jerusalem, 1995)

[Not at all true]	1	2	3	4	[Exactly true
<ol> <li>I am confident in ir discontinued their</li> </ol>			_	on the BUP or	BUP/N patient that
[Not at all true]	1	2	3	4	[Exactly true
[Not at all true]	dication day of	of surgery.	3	4	JP patient that has [Exactly true
[Not at all true]	1	2 >)	3	4 the BUP or F	[Exactly true
[Not at all true] 4. I am confident in c	1	2 >)	3	the BUP or E	[Exactly true BUP/N patient.
[Not at all true]	hoosing opio	ids that would	most benefit	4	[Exactly true] BUP/N patient.  [Exactly true]

# Data Analysis and Results

#### Resident Registered Nurse Anesthetists

- n = 40
- Normal distribution of data; paired t-test employed to compare means within this group
- Statistically significant difference between pre-module and postmodule perceived confidence scores with a p = 0.000
- Post-confidence scores were higher than pre-confidence scores

a. Lilliefors Significance Correction

	2 000.			
			Statistic	Std. Error
PostPreDiff	Mean	25.9250	1.81779	
	95% Confidence Interval	Lower Bound	22.2482	
	for Mean	Upper Bound	29.6018	
	5% Trimmed Mean	26.0833		
	Median	26.5000		
	Variance	132.174		
	Std. Deviation	11.49668		
	Minimum	2.00		
	Maximum	49.00		
	Range	47.00		
	Interquartile Range	17.50		
	Skewness	168	.374	
	Kurtosis		595	.733

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				for Mean Up	oper Bound	29.6018	
				5% Trimmed Mean		26.0833	
				Median		26.5000	
of Norn	nality			Variance		132.174	
irnov <sup>a</sup> Shapiro-Wilk				Std. Deviation		11.49668	
			Minimum		2.00		
Sig.	Statistic	df	Sig.	Maximum		49.00	
.200*	.983	40	.784	Range		47.00	
ue significance.				Interquartile Range		17.50	
				Skewness		168	
n				Kurtosis		595	

	Paired Samples Test										
Paired Differences											
		Mean	Std. Deviation	Std. Error Mean	95% Confidence the Diff Lower		t	df	Sig. (2- tailed)		
Pair 1	PreConfidence SUm – Post Confidence Sum	-25.92500	11.49668	1.81779	-29.60182	-22.24818	-14.262	39	.000		

#### **Certified Registered Nurse Anesthetists**

- n = 24
- Normal distribution of data; paired t-test employed to compare means within this group
- **Statistically significant difference between pre-module and post-module** perceived confidence scores with a p = 0.000
- ❖ Post-confidence scores were higher than pre-confidence scores

Descriptives												
			Statistic	Std. Error				12 000	200			
PostPreDiff	Mean	22.7917	2.44429	Tests of Normality								
	95% Confidence Interval for Mean	Lower Bound	17.7353		Kolmogorov–Smirnov <sup>a</sup> Shapiro–Wilk							
	TOT MEATI	Upper Bound	27.8481								K	
	5% Trimmed Mean		23.5556			Statistic	df	Sig.	Statistic	df	Sig.	
	Median		25.5000		Doc+Dro Diff	124	2	4 200*	026	2.4	070	
	Variance		143.389		PostPreDiff	.124	2	4 .200	.926	24	.079	
	Std. Deviation		11.97454		*. This is a	lower bou	ind of the	true significand	ce.			
	Minimum	-10.00					_					
	Maximum	40.00		a. Lilliefors Significance Correction								
	Range		50.00									
	Interquartile Range		14.50									
	Skewness		-1.076	.472								
	Kurtosis		1.292	.918								
				Pa	aired Samp	les Test	:					
					Paired Differences							
				Std.	95% Confidence Interval of the Difference						Sig. (2-	
			Mean	Deviation	Mean	Lo	wer	Upper	t	df	tailed)	
Pair 1	Preconfidence Surv Post Confidence Su		2.79167	11.97454	2.4442	9 –27	.84807	-17.73526	-9.324	23	.000	

# **Practice Implications**

- To improve upon quality/safety by decreasing the gap in knowledge in the anesthetic management of BUP or BUP/N patients while promoting safe and effective care
- To bring awareness for the need of higher level of evidence in order to improve upon the quality/safety of care in the BUP and BUP/N patient population
- Analysis of the project's findings and feedback from the postimplementation survey may or may not allow for policy change to be inferred

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