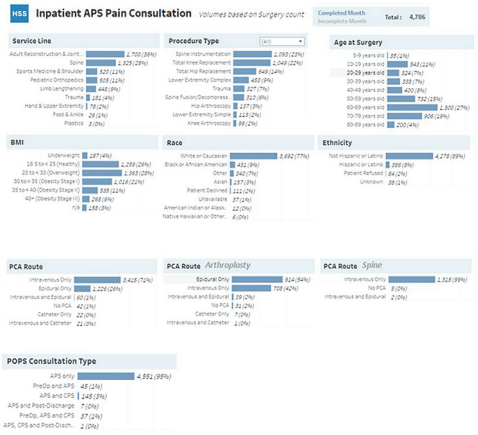
Background and Aims The Perioperative Pain Service (POPS) at Hospital for Special Surgery (HSS) is a multidisciplinary team that manages acute and complex pain in orthopedic surgical patients. The team is dichotomized into an acute pain service (APS) and chronic/complex pain service (CPS). APS is consulted during hospitalization for patient-controlled analgesia (PCA) when a patient experiences uncontrolled postsurgical pain without any previously known risk factors, or when surgeons pre-emptively request this pain management strategy. The aim of this study was to identify APS utilization and case characteristics in a single, high-volume orthopedic specialty hospital.

Methods After IRB approval for a prospective, standard of care POPS registry, cases requiring an APS consult during hospitalization for orthopedic surgical procedures between January 2022 and May 2023 were identified, and metrics extracted.

Results figure 1). PCA was administered to 98% of cases, 71% of which were intravenous

(IV) opioid only and 26% were epidural PCAs. Most spine (99%) and arthroplasty (54%) cases received IV opioid only PCA. Perineural catheters were utilized in 43 (<1%) of cases, 30 (69%) of which were for upper extremity surgeries. Overall, 3% of APS cases required inpatient CPS involvement.

Figure 1



Abstract EP022 Figure 1 APS patient and case characteristics

Conclusions APS was the most frequently used pain consult, and most patients successfully received a PCA. A small subset of APS cases required CPS involvement, suggesting that some pain management issues required escalation.

EP023 REDUCING THE RISK OF WRONG SIDE REGIONAL ANAESTHESIA: LAUNCHING PREP, STOP BLOCK WITHIN A DISTRICT GENERAL HOSPITAL

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Background and Aims In 2021, following extensive review the Safe Anaesthesia Liaison Group updated the Stop Before You Block (SBYB) process into three explicit steps:

(1) Preparation, (2) a Stop moment followed immediately by (3) performance of the Block. Two years on, this initiative had yet to gain traction within our department and a wrong side block prompted further action.

Methods We evaluated awareness of the Prep, Stop, Block process amongst anaesthetists and anaesthetic assistants.

Results Though 100% of respondents (n=34) were aware of SBYB, less than 50% were aware of Prep, Stop, Block. Furthermore, only 40% of consultants felt that SBYB or Prep, Stop, Block was being carried out correctly ≥80% of the time. Based on these results we undertook further steps to address this. We began an education campaign to promote Prep, Stop, Block, including strategic placement of posters on ultrasound machines and 'tea trolley training' incorporating a video demonstration. We included it in teaching for both anaesthetists, anaesthetic assistants and students. We are making it a part of our standard operating policy for regional anaesthesia.

Abstract EP023 Figure 1 Ultrasound machine with prep, stop, block poster placed directly in line of sight of the person(s) performing regional anaesthesia

Conclusions We increased awareness of Prep, Stop, Block, improved compliance with its processes and hope to have reduced the incidence of wrong side regional anaesthetic block. Despite national safety initiatives, local implementation often remains inadequate. Proactive steps are necessary to promote their uptake and improve patient safety.