

# Holy COWS: Moo-ving the Dial on Complex Pain Management

Reality

## Background

- Inadequate pain management with patients with opioid use disorder
  - 15% to 40% of patients in ICU who require opioid infusion for pain management have Iatrogenic Opiate Withdrawal Syndrome (Lamey et al., 2022)
- Patients discharged against medical advice (DAMA)
- Higher prevalence in Humboldt County with patients with opioid use disorder
  - US: 3.1% misused opioids (SAMHSA, 2024)
  - Humboldt: 6.2% misused opioids (Urban Institute, 2018)
- Not enough support services
- Lack of understanding for pain management for patients with opioid use disorder

## Importance of Issue

- Patients report feeling like their pain isn't being management
- Providers report lack of confidence w/prescribing
- Stigma for patients with opioid use disorder
  - Underdosing due to stigma
- Humboldt County's overdose **mortality rate is 6% higher** than state and national average

## Iowa Model

- Identifying triggers/opportunities
  - Identifying patients who use substances → OWRA
- Form interdisciplinary team
  - Patients, nurses, prescribing providers, pharmacists
- Evaluate evidence
  - Clinical opioid withdrawal symptoms (COWS)
  - Pain assessment
- Design change
  - Morphine equivalent
- Sustain change

Theoretical

## Key Concepts & Outcomes

Within one year of implementation, there will be a 75% reduction in rates of discharges against medical advice for patients with opioid use disorder.

**Patients receive the care they need, when they need it**

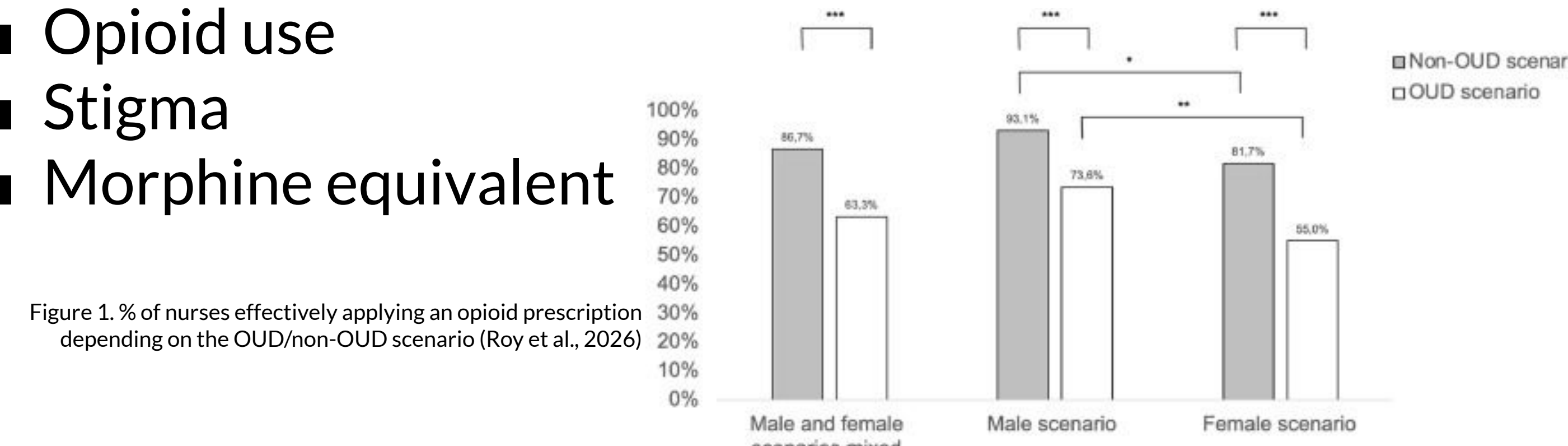
## Interventions & Solutions

### Individual Interventions

- Admitted patients screened with Opiate Withdrawal Risk Assessment (OWRA)
- Identified patients → education and screening using Clinical Opiate Withdrawal Scale (COWS)

### Community/Unit Interventions

- Care coordination with community resources
  - Referral to addiction services and peer support
  - Referral to outpatient rehabilitation
- Required annual training for interprofessional team
  - Multimodal pain management education
    - Opioid use
    - Stigma
    - Morphine equivalent



### Policy/Protocol Interventions

- Policy for admissions: all patients screened using OWRA and if positive, continued screening of COWS
- MOU for referrals with community resources
- Policy → Add opioid use in multimodal pain management education

## Key Players

All patients admitted to hospital → Patients who use opioids (prescription and non-prescription)



- Nurses: staff nurses, nurse leaders, nurse care coordinators, chief nursing officer (CNO), public health nurses
- Prescribing providers
- Pharmacists
- Addiction counselors and peer support group

## Evaluation

### Process Evaluations

- EMR review to determine rate of OWRA for admitted patients
  - Rates of OWRA compared to rates of admissions
- Rates of on-time completion of improved multimodal pain management education

### Impact Evaluations

- Pain assessments
- Rates of patients DAMA (pre- and post-project)

## References

- Lamey, P.S., Landis, D. M., Nugent, K.M. (2022). Iatrogenic opioid withdrawal syndromes in adults in intensive care units: A narrative review. *Journal of Thoracic Diseases*, 14(6), 2297-2308. <https://doi.org/10.21037/jtd-22-157>
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