Opiates have long been considered a cornerstone of pain management. Opioids have recently been in the spotlight for a wide range of negative consequences: increased morbidity and mortality in cancer patients, drug abuse and misuse, drug shortages and opioid overdose related deaths. As a result there is significant interest in alternative analgesics. Ideal analgesics are affordable and offer significant pain relief at the same time avoiding respiratory depression, over sedation, GI upset, and have low abuse potential.

**LITERATURE REVIEW**

Several major themes of dexamethasone use surfaced in the literature revealing that perineural administration of dexamethasone in peripheral nerve blocks demonstrated promise to its safe and effective use to manage post operative pain. Use of dexamethasone in femoral nerve blocks following knee arthroplasty have been shown to reduce the amount of opioid use within the first 24 hours (Naim, 2016; Natarajan, 2017). Dexamethasone intravenous and/or perineural administration proves to be beneficial in providing prolonged pain relief in orthopedic patients receiving peripheral nerve blocks (Naim, 2016; Natarajan, 2017). LA in PNB provide less side effects from opiate use, and help patients mobilize quicker, which will lead to less overall complications and a shorter hospital stay which equals better outcomes (Ikeuchi, 2014; Naim, 2016).

**FINDINGS**

- Perineural dexamethasone has a safe profile and has a favorable effect when combined with local anesthetic for peripheral nerve blocks (PNB)
- Dexamethasone has been shown to lengthen the duration of PNB when compared to placebo.
- When appropriate a dexamethasone adjunct to PNB as part of a multimodal approach to analgesia should result in decreased pain scores with an improvement in side effect profile.
- This scholarly project showed that a SRNA students’ knowledge base increased after a presentation on dexamethasone as adjunct for PNB

**REFERENCES**

References are available upon request.

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