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Do nurses in acute care settings administer PRN analgesics equally to patients with dementia compared to patients without dementia?



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Summary

Aim: The aim of this pilot study is to examine whether patients with a diagnosis of dementia are less likely to receive pro re nata (PRN) analgesics than patients of the same age without a diagnosis of dementia when they are admitted to an acute care facility with a bone fracture.

Methods: This pilot study used quantitative methodology and a correlational design to compare patients with and without a diagnosis of dementia, aged over 65 years and admitted to an acute care facility with a bone fracture. Retrospective data was collected from the medical records of 10 patients with a diagnosis of dementia and 10 patients without a diagnosis of dementia that fit the inclusion criteria. Analysis of variance was used to determine whether there was a relationship between age, gender, and a diagnosis of dementia and the amount of PRN enteral morphine equivalent a patient received.

Results: There were no statistically significant predictor variables found when examining the effect of age and gender on the amount of PRN opioid analgesics received by patients. At the

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10% significance level, patients without a diagnosis of dementia received significantly more PRN analgesics than patients with a diagnosis of dementia in the first 3 days of admission. There was no significant relationship between opioid analgesia and a diagnosis of dementia after the 24 h and 7 day periods.

Conclusion: The results from this pilot study indicate that patients without a diagnosis of dementia may be receiving more PRN opioid analgesics than patients with a diagnosis of dementia in acute care when admitted with a bone fracture. Further research is required to provide evidence on which generalisations can be made and to improve quality of life for people with dementia admitted to an acute care hospital.

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1. Introduction

Alzheimer's Australia (2012) rates dementia as the single largest cause of disability amongst people aged over 65 with exponential growth expected as the population ages (Alzheimer's Australia, 2012). Dementia has a significant impact on society in terms of physical, emotional and mental suffering and a noteworthy financial impact globally. Despite the attempts made to cater for the increasing number of patients with dementia in acute care, hospital systems remain inadequate and in some instances have negative consequences (Nay, Garratt, & Fetherstonhaugh, 2014). Patients with dementia are at particular risk of adverse outcomes during hospitalisation because they may be unable to verbalise care needs and may experience stigma in response to their diagnosis (Cowell, 2010). It has been suggested that patients with a diagnosis of dementia receive less analgesic medications than those without a diagnosis of dementia (Lynn, Bloom, & McDonough, 2009; Morrison & Sui, 2000; Plooij, Spek, & Scherder, 2012). The consequences of inadequate pain relief can include decreased quality of life, social isolation, sleep disturbances, impaired functioning, physical deconditioning and depression (Hunter, 2012). This pilot study was designed to investigate if there is a difference in the administration of analgesic medications for patients with dementia compared to those without a diagnosis of dementia. Using a correlational design, this study examined the medical charts of elderly patients who were admitted to hospital with a bone fracture. The amount of analgesia the patients received was compared.

2. Background

The administration of analgesics to patients with a diagnosis of dementia compared to those without a diagnosis of dementia has received little attention in healthcare literature, especially in the context of acute care. Research seems to be more broadly focused on the treatment of patients with dementia compared to those without dementia in the context of residential care (Nygaard & Jarland, 2005; Stokes, Purdie, & Roberts, 2004). Previous research indicates that patients with dementia are not receiving appropriate clinical treatment in relation to pain management (Lynn et al., 2009; Morrison & Sui, 2000; Plooij et al., 2012). Pain management is an imperative component of health because suffering from pain has negative consequences such as decrease in enjoyable activities, decrease in mobilisation, impaired posture, sleep deprivation and depression

(Hunter, 2012). Patients who do not have their pain appropriately treated after an acute illness may progress to requiring treatment for their pain as a primary illness (Nay et al., 2014). Untreated acute pain can lead to anxiety and secondary reflex musculoskeletal spasms, worsening the pain. Physiological responses to acute pain may include altered circulation and tissue metabolism. Furthermore, acute pain often causes a decrease in mobility and respiratory movements to the extent that it may complicate or delay healing (Porth, 2011).

Two studies have been conducted to examine the effect of a diagnosis of dementia on the administration of analgesia in acute care. The studies were conducted in a surgical ward (Morrison & Sui, 2000) and post-anaesthetic care unit (Lynn et al., 2009). Both studies reported that the patients with a cognitive impairment received a third of the amount of analgesia that the patients without a cognitive impairment received. Furthermore, when patients without a cognitive deficit had their pain scores assessed, it was determined that they were not receiving adequate amounts of analgesia (Morrison & Sui, 2000). No studies were found to have examined this issue within acute medical care.

Few studies have investigated the effect a diagnosis of dementia has on the administration of PRN medication. PRN medication is important in the treatment of pain, especially acute or 'breakthrough' pain, and is the responsibility of the registered nurse. Nygaard and Jarland (2005) collected data from three residential aged care facilities and found that among patient's considered to be in pain during the week of research, 44% did not receive analgesia. Of the patients who had complained of pain in the previous week, 45% did not receive analgesia (Nygaard & Jarland, 2005). One of the main findings was patients with a diagnosis of dementia received less PRN medications than those who had no cognitive impairment (Nygaard & Jarland, 2005). Stokes et al. (2004) also found that with an increase in residents' care needs there was a corresponding decrease in the average number of PRN doses of analgesia given in a week. There may be factors specific to residential aged care facilities that contribute to this phenomenon such as fragmentation of nursing care, few registered nurses and education levels of staff, which require further attention (Chen, Lin, & Watson, 2010; Stokes et al., 2004). Other factors that may play a role in this phenomenon include patient compliance, physician skills, family and patient preferences and education, and patients who come from culturally and linguistically diverse backgrounds. No further research addressing this issue was found to be conducted since the two stated articles were published.

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