



ORIGINAL ARTICLE

Neonatal nurses' perceptions of pain management[☆]

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KEYWORDS

Newborn infant;
Perception;
Nurses;
Neonatal intensive care unit;
Pain measurement;
Pain management

Abstract

Objectives: To describe the perceptions of nurses in neonatal units on pain management, meet the educational profile and describe the use of pain assessment tools and non-pharmacological management for treatment.

Methods: Cross-sectional descriptive multicentre study, developed during the months of February to September 2015, in the neonatology services of three hospitals at the Community of Madrid, Spain. Data collection was performed through an ad hoc questionnaire on paper or electronically using Survey Monkey platform.

Results: The sample consisted of 142 professionals, with a response rate of 55%: 47.9% (68) confirmed they had received specific training in pain management; 39.5% (56) stated that pain is regularly assessed in the unit; only 43.6% reported using validated scales, the most used being the Premature Infant Pain Profile (PIPP). As for the non-pharmacological management, swaddling and non-nutritive sucking it is the most used, followed by sucrose. Intravenous cannulation was identified as the most painful procedure.

Conclusions: Pain management is in the process of improvement, because of training and because there is little pain assessment using validated scales. The improvement in the use of non-pharmacological management for the relief of pain in minor procedures is noteworthy.

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PALABRAS CLAVE

Neonato;
Percepción;
Enfermería;
Unidad de cuidados intensivos neonatal;
Medidas de dolor;
Manejo del dolor

Percepción del personal de enfermería sobre el manejo del dolor en neonatos**Resumen**

Objetivos: Describir las percepciones del personal de enfermería de unidades neonatales sobre el manejo del dolor, conocer el perfil formativo y describir el uso de herramientas de valoración del dolor y de medidas no farmacológicas.

Método: Estudio multicéntrico observacional descriptivo transversal desarrollado durante febrero-septiembre de 2015 en los Servicios de Neonatología de tres hospitales de la Comunidad de Madrid, España. La recogida de datos se realizó a través de cuestionario de elaboración propia enviado en formato papel o electrónico utilizando la plataforma Survey Monkey®.

Resultados: La muestra consta de 142 profesionales (tasa de respuesta: 55%). El 47,9% (68) afirman que han recibido formación específica sobre el manejo del dolor. El 39,5% (56) refieren que el dolor se evalúa de forma habitual en su unidad. Tan solo el 43,6% refieren utilizar escalas validadas, siendo la PIPP la más usada. La contención y la succión no nutritiva son las medidas no farmacológicas más usadas, seguidas de la sacarosa. Se identifica la canalización intravenosa como el procedimiento más doloroso.

Conclusiones: El manejo del dolor está en vías de mejora, ya sea por la formación como por la escasa evaluación a través de escalas validadas. Destaca la mejora en el uso de medidas no farmacológicas.

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What is known?

The consequences of pain in the neonatal population are highly important, so that proper pain management has to be a core objective. Although a large amount of evidence supports the above statement, in clinical practice major deficiencies still exist in pain management. This is chiefly due to persistence of myths and beliefs among healthcare professionals, a lack of training and variations in clinical practice.

What is the contribution of this?

This is the first study undertaken in Spain to describe the perceptions of nursing staff regarding pain management in Neonatal Departments. It covers three hospitals in the Community of Madrid and no findings differed from those published in international studies. It found that pain management is still improving.

Implications of the study

To learn which areas of neonatal pain control could be improved, to design training strategies and strategies to improve the quality of care.

Introduction

Hospitalised newborn babies undergo a very high incidence of painful and/or stressful procedures. This incidence stands at an average of 7.5–17.3 painful procedures per newborn baby/day, while premature infants are the most exposed to these.¹ The consequences of continuous and repeated exposure to pain in the newborn goes beyond alterations to pain sensing systems, as it also affects growth, cognitive and motor functioning, behaviour and personality, and it also leads to changes in brain structure and functioning.^{2–4} Due to this incidence and magnitude, good management of pain must be a core objective in all neonatology.

Good pain management commences with evaluation of the same, continues with the establishment of measure to treat it and then subsequent evaluation. The first limitation in the management of neonatal pain is that there is no gold standard for measuring pain, and newly born infants are unable to express it in words. Nevertheless, many scales make it possible to monitor pain using physiological indicators, behaviour and other indicators based on facial expression.⁵ The most widely used scales are said to include: Premature Infant Pain Profile – Revised (PIPP-R),⁶ Crying, Requires oxygen to maintain saturation >95%, Increased vital signs, Expression, Sleepiness (CRIES)⁷ and the Neonatal Infant Pain Scale (NIPS).⁸ However, these scales may be complex and hard to use in a clinical context, while they also require specific education and training.⁹

It is recommended that non-pharmacological be used to relieve pain during minor procedures in newborn infants,¹⁰ such as heel puncture, the aspiration of secretions or canalising peripheral venous accesses, etc. These are defined as

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