



Self-reported pain relief interventions of patients before emergency department arrival



Nurten Tasdemir PhD (Assistant Professor) *, Sevim Celik PhD (Professor)

Nursing Department, Bülent Ecevit University Zonguldak School of Health, Zonguldak, Turkey

ARTICLE INFO

Article history:

Received 29 July 2015

Received in revised form 4 January 2016

Accepted 5 January 2016

Keywords:

Pain
Emergency
Nurse
Patients
Self-medication
Alternative therapies

ABSTRACT

Introduction: Pain is the most common reason for visiting the Emergency Department (ED), and pain management is an important aspect of emergency care. Pain management might begin before emergency department arrival, by a patient's self-administered medications or alternative therapies.

Aim: This study aimed to determine Turkish patients' self-reported pain relief interventions before ED arrival.

Methods: A prospective questionnaire survey was used for the study. A total of 150 adult ED patients from a teaching hospital ED in a two month period constituted the sample of the study.

Results: Of the patients surveyed, 62.7% had used medication and/or alternative therapies. Medication use was 30.1%, alternative therapy use was 21.3%, and use of both medication and alternative therapies before ED arrival was 11.3%.

Conclusion: The rate of self-administered intervention for pain relief before ED arrival was high. ED nurses have to take these interventions into account while performing pain assessment. The information may help to achieve better pain management in the ED.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

Pain is the most common reason for seeking health care, and pain is considered to be the chief complaint of people entering the Emergency Department (ED) (Hwang et al., 2008; Nocera, 2002; Puntillo et al., 2003; Tcherny-Lessenot et al., 2003; Todd et al., 2007; Ucuzal and Dogan, 2015). Pain is a personal, individual experience that establishes the validity of an individual's report of pain (Hwang et al., 2008). This aspect of pain requires interaction between patient and health care professional, and a well documented pain history and assessment (Puntillo et al., 2003).

ED nurses have responsibility for patients' pain management. For effective management of pain in the ED, emergency nurses have to gain an understanding of the basic principles of pain assessment, the actions of pharmacological agents, and the effectiveness of alternatives (Tanabe and Buschmann, 2000). Standards in the pain care process require pain assessment; assessment of the patient's experience of pain is the first step to optimal pain management (Hwang et al., 2008; Puntillo et al., 2003). Pain assessments guide the determination of types and amounts of medication to be administered,

as well as the effects of interventions for pain relief (Puntillo et al., 2003).

Pain management in the Emergency Department might begin with patient self-administered medications (Fosnocht et al., 2003) or alternative therapies before arrival in the ED. For appropriate pain management in the ED, health care professionals should take into account interventions that the patient has used before arrival. Identifying a patient's use of self-care and treatments outside the emergency department is an important part of the patient's history (Dillard and Knapp, 2005). The present study was aimed at determining the self-reported pain relief interventions of Turkish patients before ED arrival.

2. Methods

2.1. Study design

The study had a prospective, descriptive design.

2.2. Setting and sample

This study was performed in the emergency department of a tertiary university hospital in the West Black Sea region of Turkey. The sample of the study was 150 adult patients who attended the emergency department with a complaint of pain between 01 March and 01 May 2014. The main inclusion criterion was any patient presenting with a painful injury or illness who was entered as code

* Corresponding author. Nursing Department, Bülent Ecevit University Zonguldak School of Health, İbn-i Sina Kampüsü 67600 Kozlu, Zonguldak, Turkey. Tel.: +90 372 2613395, +90 372 2613399; fax: +90 3722613399.

E-mail addresses: ntasdemir@gmail.com; nurten.tasdemir@beun.edu.tr (N. Tasdemir).

green or code yellow category 1 according to color coding triage system in Turkey. Also, the other inclusion criterion was patients who were able to communicate adequately (not under sedation or having dementia or an altered level of consciousness) who were adults (older than 18 years), who spoke Turkish and who volunteered to participate. According to ED records, 465 patients were admitted to the ED between the study dates. A total of 245 patients met the criteria for inclusion in the study. The size of users' sample for finite populations, considering an error of 5%, with a confidence interval of 95% and attribute level heterogeneity (p and q) of 50%, gives as a result a sample size of 148 patients. When probability and proportion of success are unknown, a conservative criterion has to be applied ($P = q = 0.5$), which maximizes the sample size. If the certainty of $Z\alpha$ is equal to 95%, then the coefficient is 1.96 (Ibarra et al., 2014).

Patients who were included in the study were code green (stable, conscious and slightly injured, such as minor trauma, throat pain, otalgia, lower back pain, chronic joint pain, light headache, chronic constipation, or soft tissue injury) or yellow category 1 (simple bleeding, non-severe abdominal pain, chest pain without respiratory distress, simple chest injury without loss of consciousness, minor extremity injury and simple fracture, vomiting and diarrhea with no signs of dehydration) according to the triage system. We did not include in the study patients who were medically inappropriate (code red or code yellow category 2; having a life- or limb-threatening condition, significant pain from major trauma, or a major medical, surgical, or psychiatric illness).

2.3. Instruments

The study data were collected using a questionnaire that was designed by the researchers according to related literature (Fosnocht et al., 2003; Gulla and Singer, 2000; Rolniak et al., 2004; Waterbrook et al., 2010). The questionnaire was pre-tested in ten ED patients before use and there were no changes in items. The questionnaire consisted of three parts: a) socio-demographic and pain characteristics, b) use of medication for pain complaint before ED arrival, and c) use of alternative therapy for pain complaint before ED arrival.

Also, a verbally administered Numerical Rating Scale (NRS) from 0 to 10 was used for pain assessment. Patients were asked to report their pain only at the time of admission. This was validated for ED patients (Bijur et al., 2003).

2.4. Data collection

Data were collected by face to face interviews. The questionnaires were distributed in the emergency room after triage and took approximately 5–10 minutes to complete. Data were collected in two hour-long time blocks over a two month period by senior nursing students. The time blocks were chosen based upon the availability of the interviewer, and included afternoons and evenings, but not overnight.

2.5. Data analysis

Data were analyzed descriptively using the Statistical Package for Social Sciences (SPSS) for Windows version 11.0. Descriptive statistics – means, standard deviation and percentage values – were used in evaluating the data. The chi-square test and one way ANOVA were used to compare variables. A P value of <0.05 was considered statistically significant.

2.6. Ethical consideration

Permission for the study was obtained from the Bülent Ecevit University Clinical Research Committee (Reg. Number: 2014-30-

11/02). All patients gave informed verbal consent before participation in the study.

3. Results

3.1. Descriptive characteristics of participants

The study aimed to survey the usage of medication and alternative therapies by Turkish patients before ED arrival. A total of 150 patients were enrolled in the study, of whom 96 (64.0%) were in the 18–45 year age group with a mean age of 38.56 ± 15.82 years (min: 18, max: 80); 52.7% were male, 63.3% were married and 44.7% were educated to primary/secondary school level. There were no significant differences between patients' use of interventions (medication or alternative therapies) and age, gender, marital status or education level ($P > 0.05$) (Table 1).

3.2. Pain characteristics of patients

The patients' pain intensity and pain characteristics were evaluated and reported in Table 2. Patients' mean pain intensity was 6.7 ± 1.52 , abdominal pain was the most common chief complaint (30.1%), and pain duration was less than two hours before ED visit for 35.3% of the patients. There were no significant differences between use of pain intervention (medication or alternative therapies) and the patients' pain intensity, pain type and duration of pain ($P > 0.05$). There was a statistical significance between chief complaint of the patients and self pain intervention before ED arrival ($P < 0.05$).

3.3. Pain intervention before ED arrival

Patients' self-report about their use of medication and/or alternative therapies before ED is presented in Table 3. It was found that 62.7% of the patients surveyed had used medication and/or alternative therapies. Medication use was 30.1%, alternative therapy use was 21.3%, and use of both medication and alternative therapies was 11.3%. Half of the patients had had massage for pain before ED arrival (Table 3).

Patients were asked about the person who recommended the pain relief intervention. Six patients stated that they were advised to do so by a physician, 37 patients stated that they were advised by a relative/close friend, five patients stated that the internet was their source. Patients who had used alternative therapies for pain relief before ED arrival had not informed a health care

Table 1
Comparison of patients' pain intervention with patients' characteristics.

	Pain intervention				χ^2	P
	Yes		No			
	n	%	n	%		
Age						
Mean: 38.56 ± 15.82 (Min: 18, Max: 80)						
18–45 year old	33	34.4	63	65.6	1.829	0.401
46–65 years old	20	45.5	24	54.5		
66 years old and above	3	30.0	7	70.0		
Gender						
Male	34	43.0	45	57.0	2.322	0.128
Female	22	31.0	49	69.0		
Educational status						
Primary school	24	38.7	38	61.3	0.111	0.946
High school	19	39.6	29	60.4		
College/University	13	36.1	23	63.9		
Marital status						
Single	22	40.0	33	60.0	0.264	0.607
Married	34	35.8	61	64.2		

Download English Version:

<https://daneshyari.com/en/article/2608124>

Download Persian Version:

<https://daneshyari.com/article/2608124>

[Daneshyari.com](https://daneshyari.com)