



The assessment and management of pain in an orthopaedic out-patient setting: A case study

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KEYWORDS

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Abstract The management of pain is an important aspect of an orthopaedic nurse's role. The aim of this paper is to use an individual case study to demonstrate the role of an out-patient orthopaedic nurse in the identification, assessment and management of pain. This paper describes how pain was identified and managed for a patient in the orthopaedic outpatient department, highlighting that pain and its management are not isolated to the in-patient setting. The case study illustrates the importance of recognising pain and taking into account the numerous factors that can influence pain perception. The assessment of an individual patient's pain led to obtaining help from the Acute Pain Team which led to improvement in the patient's pain management and quality of life. The nursing team reflected and discussed the issues identified by this case study which led to changes in practice being introduced. This has resulted in an increased knowledge of and confidence in pain management within the nursing team and development and improvement of pain management practice within the orthopaedic out-patient department.

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Editor comments

The use of case/care studies is an example of how reflection on practice and examination of the related literature can be an excellent way to learn as well as help others to learn from the same or similar events and issues. The International Journal of Orthopaedic and Trauma Nursing encourages

Ethical statement: This is not a research paper and did not require ethical approval. The name of the individual patient has been changed to maintain confidentiality and she cannot be identified from this paper.

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prospective authors to consider submitting case/care studies for this very reason. This paper highlights particularly well the danger, when working in settings such as outpatient clinics and emergency departments, that the short slot of time in which the practitioner works with the patient can result in neglect of pain assessment and management. This case study illustrates how attention to pain assessment can make a real difference to patient experiences.

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The aim of this paper is to use a case study to demonstrate the role of an out-patient orthopaedic nurse in the identification, assessment and management of pain.

Background

A significant symptom for the majority of orthopaedic patients is pain. It can be classified by: duration (acute or chronic), type (nociceptive, inflammatory and neuropathic) and severity (mild, moderate, severe) (Smith and Muralidharan, 2014). Fracture pain is mostly commonly associated with nociceptive acute pain as a result of the physiological and inflammatory response to trauma and/or tissue damage, activating the pain receptors (nociceptor) found in skin and skeletal muscle (Godfrey, 2005; Parson and Preece, 2010).

It is important to acknowledge that pain is also dependent on a patient's psychological and emotional states and not simply determined by the intensity of nociceptive pain (Schug and Watson, 2002). Research suggests that anxiety commonly accompanies pain and the patient's individual environmental, social circumstances and experiences must be considered when attempting to manage pain (Parson and Preece, 2010). It is therefore important to consider home and social situations and any barriers affecting daily activities and function (Unruh and Henriksson, 2002).

Acute pain is seen in many clinical situations and Acute Pain Services (APS) were introduced into the UK due to inadequate pain management and variable pain management practice. This may be due to the different attitudes and beliefs that healthcare staff and patients hold in addition to inconsistent knowledge and skills (Abdulla et al., 2013; Schug and Watson, 2002; Wilson, 2007). The aims of APS are to provide organised and safe pain management, education and training of all healthcare professionals, effective pain relief and increased patient satisfaction (Schug et al., 2014).

Nurses involved in managing pain in acute care settings will have diverse pain knowledge, but they have primary responsibility for ensuring adequate pain

management. An important aspect of an orthopaedic nurse's role is pain recognition, assessment and treatment. At the same time, as professional nurses, they required to act as patient advocates, using the best evidence by maintaining knowledge and skills for safe and effective practice (NMC, 2015). This paper will demonstrate how pain management knowledge and skills can be utilised and how important these are for nurses in an orthopaedic out-patient setting.

Case study

The patient to be discussed was a 67-year-old female and will be referred to as Janette to ensure that confidentiality is maintained (NMC, 2015). Janette, accompanied by her daughter, attended the orthopaedic out-patient clinic with a fractured humerus. The fracture was suspected to be pathological in nature because she had sustained it by simply breaking a pill into two. The management of Janette's pain occurred within the context of a busy orthopaedic out-patient's department. It involved the nurse's knowledge and understanding of pain. This was pivotal and proved fundamental to the interventions she received. If intuition involved reasoning skills (Benner, 1984) based on pattern recognition of past experiences, applying old information to a new context (Farr-Wharton et al., 2011) and a "gut-feeling" (Cork, 2014), then intuition did play a significant role in Janette's pain management.

For Janette, assessment required an understanding by healthcare staff that uncontrolled pain can be harmful physiologically, psychologically and emotionally (Williams and Salerno, 2012). Acting as the patient's advocate in a busy out-patient environment, it was essential that as her nurse, I insisted that Janette had her pain comprehensively assessed in the time available. Pain is communicated by people through non-verbal communication and activity such as facial expression, muscle tension and hesitancy and timbre of speech (Craig et al., 2011). Janette could barely move to get out of the chair, moving very slowly, gingerly and protectively 'nursing' her arm. The lack of movement, stiffness,

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