

# 'It's Not Easy': School Nurse Pain Assessment Practices for Students with Special Needs

■ ■ ■ Brenna L. Quinn, PhD, RN, NCSN

## ■ ABSTRACT:

Assessing pain in children with special needs presents unique challenges for school nurses, as no evidence-based or clinical standards to guide practices have been established for use in the school setting. Additionally, school nurse staffing has not kept pace with the growth in the population of children with special needs, which has increased by 60% since 2002. The aim of this study was to explore school nurses' pain assessment practices for students with special needs. A cross-sectional study was conducted via the web. Participants/Subjects: Of 3,071 special needs school nurses invited, 27% participated (n = 825). STATA13 was used to analyze descriptive statistics, while content analysis was performed in NVIVO 10. The majority of participants assessed pain in students with special needs using objective assessments (97.34%) and consultations with teachers (91.09%) and parents (88.64%). School nurses utilize pain assessment methods used previously in other practice areas, and rated pain assessment practices at the low benchmark of adequate. Overall, school nurses assess pain by selecting approaches that are best matched to the abilities of the student with special needs. When assessing students with special needs, nurses should utilize objective clinical assessments, teacher consultations, and parent input scales. In addition to continuing education, policies facilitating lower nurse-to-student ratios are needed to improve pain assessment practices in the school setting. Research to understand the perspectives of nurses, teachers, parents, and students is needed to support the creation of evidence-based policies and procedures.  
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*From the School of Nursing, College of Health Sciences, University of Massachusetts Lowell, Lowell, Massachusetts.*

*Address correspondence to Brenna L. Quinn, PhD, RN, NCSN, Assistant Professor, School of Nursing, College of Health Sciences, University of Massachusetts Lowell, 113 Wilder Street, Suite 200, Lowell, MA 01854-5126. E-mail: [brenna\\_quinn@uml.edu](mailto:brenna_quinn@uml.edu)*

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## BACKGROUND

According to the National Association of School Nurses (NASN), a major role of school nurses is to support academic success by providing health assessments and interventions for all children in the school setting (NASN, 2011). The mission of school nurses is to maintain or improve students' optimum health so educational programming may be accessed (Gibbons, Lehr, & Selekman, 2012, p. 281). School nurses have many responsibilities in their mission to help students

be healthy and able to learn, one of which is pain assessment. As the fifth vital sign ([American Pain Society, 2012](#)), pain assessment is important for all nurses to perform.

Students with intellectual and developmental special needs are discussed on a spectrum of mild to profound in this article. [Table 1](#) displays definitions of the mild, moderate, severe, and profound populations of children with special needs. The Individuals with Disabilities Education Improvement Act (IDEA) (2004) ensures students with intellectual and developmental special needs access to free and appropriate public education. This law led to an increase in the population of school-attending children with special needs ([Gibbons et al., 2012](#)). During the 2011-2012 school year, nearly 7 million of the 50 million students enrolled in United States public schools had intellectual or developmental special needs ([National Center for Education Statistics, 2014a, 2014b](#)). The population of school-attending children with special needs has increased 60% since 2002 ([Bloom, Cohen, & Freeman, 2010](#)). Compared with neurotypical children (i.e., those whose neurological development is consistent with what is considered typical for a particular age), children with special needs have more severe pain, have a limited capacity to self-report or explain pain, and experience undertreated pain ([Chen-Lim et al., 2012](#); [Malviya, Voepel-Lewis, Burke, Merkel, & Tait, 2005](#); [Solodiuk et al., 2014](#)). Seventy-five percent of children with special needs experience pain at least once per week, and 88% of children with special needs experience pain for more than one consecutive day ([Breau, Camfield, McGrath, & Finley, 2003](#)). Given that the population of children with special needs experiences pain of a greater severity and more

frequently than other children and that school enrollment for this population of students continues to grow, more pain is occurring within schools than ever before.

## LITERATURE REVIEW

Effective and accurate assessments of pain must be obtained to implement targeted and effective pain relief interventions; inaccurate assessment of pain may hinder relief efforts ([Quinn, Seibold, & Hayman, 2015](#); [Quinn, Kennedy Sheldon, & Cooley, 2014](#)). Assessing pain is complex, especially in students with special needs ([Hauer, 2010](#); [Mieres et al., 2011](#)). Differing abilities of students with special needs to self-report the presence and intensity of pain create challenges for school nurses ([Quinn et al., 2015](#)). Nurses tend to overestimate the ability of children with special needs to understand concepts necessary for using self-report pain assessment scales. For example, children must comprehend how numbers on a scale are used to represent pain intensity to accurately rate their pain quantitatively ([Fanurik, Koh, Harrison, Conrad, & Tomerun, 1998](#); [Howard, 2003](#)). Children without special needs do not always understand concepts necessary to use self-report pain quantification scales correctly, so it is reasonable to believe that children with special needs may not understand the scales ([Quinn et al., 2015](#)).

Difficulties arise when nurses caring for individuals with special needs attempt to objectively assess pain without subjective data. Children do not consistently display signs of pain or pain behaviors. Researchers have noted that when children with special needs experience pain they may be irritable, unhappy,

**TABLE 1.**  
**Student Population Definitions Presented in Survey**

Need Level	IQ	Presentation in Practice
Mild	50–70	<ul style="list-style-type: none"> <li>• May complete schoolwork at grade level</li> <li>• Requires extra academic support</li> <li>• Difficulty interpreting social cues</li> </ul>
Moderate	35–55	<ul style="list-style-type: none"> <li>• Schoolwork completed several grades below level expected for chronological age</li> <li>• Socially immature</li> </ul>
Severe	20–40	<ul style="list-style-type: none"> <li>• Schoolwork completed many grades below level expected for chronological age</li> <li>• Communication disorders</li> </ul>
Profound	<20	<ul style="list-style-type: none"> <li>• Limited ability to interpret social situations</li> <li>• Schoolwork is functional</li> <li>• Minimal purposeful activity and verbal communication</li> <li>• Unable to display processing of sensory input</li> </ul>

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