

Pain Assessment in Noncommunicative Adult Palliative Care Patients



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KEYWORDS

• Pain assessment • Noncommunicative or nonverbal patients • Palliative care

KEY POINTS

- Pain assessment of noncommunicative patients with a reliable and valid tool can provide consistency over time, enhance communication, and enable revision of the pain management plan.
- Vital signs may or may not provide a cue that pain is present and/or has been relieved.
- Preemptive pain assessment using a reliable and valid tool and intervention for pain-producing procedures may improve pain management and patient comfort.
- Some pain assessment tools are effective for assessing both pharmacologic and non-pharmacologic interventions.
- Incorporation of pain assessment tools into the electronic health record standardizes pain assessment and enables timely interventions and reassessment.

INTRODUCTION

The International Association for the Study of Pain's definition of pain—"An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage"¹—is widely accepted, but does not capture the complex multiplicity of physical, psychological, and spiritual dimensions encompassed in the experience of pain. Thus, pain is one of the most challenging clinical phenomena encountered by clinicians.

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Although pain prevalence estimates vary by population and setting, it is not uncommon for 46% to 80% of individuals with chronic or terminal illnesses in hospital and hospice environments to have significant pain that causes both physical and psychological distress, interferes with activities of daily living, predisposes to development of adverse sequelae, impairs quality of life, and ultimately delays healing and recovery.^{2,3} Prevalence estimates in palliative care populations that are not at the end of life are hard to find, and may be even higher than the figures cited. Palliative care patients who have pain at any point during their disease trajectory may be unable to self-report the presence, location, severity, or impact of their pain. They are considered at higher risk for underrecognized and undertreated pain, unnecessary suffering, or overtreated pain.^{4,5} Recent evidence suggests that although nurses have beliefs about pain assessment and management in noncommunicative patients that reflect the American Society for Pain Management Nursing's prevailing clinical practice recommendations,⁴ their knowledge and reported practices are not always commensurate with these recommendations.⁶ The goal of palliative care in any clinical setting is to improve quality of life for patients who are facing life-threatening illness or injury by relieving pain, other symptoms, and psychosocial suffering, even when death is not the anticipated outcome. Although effective pain management is an important goal for all palliative care patients, it is especially important in noncommunicative patients.⁵

Pain management has been identified as a critical aspect of care by the Centers for Medicare and Medicaid Services.⁷ From an ethical perspective, health care providers universally agree that all individuals have a right to the assessment and management of pain, a view also espoused by the Joint Commission.⁸ Multiple position papers, clinical practice guidelines, and educational initiatives address pain management as a means to improve patient and family outcomes.^{2,4,5,9,10}

Pain has long been considered an integrated "mind-body" experience in which the mind encompasses perception and interpretation of pain including affective, cognitive, and other responses, and the body encompasses pain pathways, central processing, and other phenomena that lead to perception and response. It is impossible to separate mind and body when considering the pain experience, hence the importance of self-report. Yet in noncommunicative individuals, the mind-body experience cannot be articulated through self-report. The International Association for the Study of Pain states that, "The inability to communicate verbally does not negate the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment"; thus, clinicians need effective pain assessment approaches for this population.

The mind-body experience of pain can be conceptualized as having multiple dimensions (Table 1), each of which contributes to the overall experience of pain and has a role in pain assessment and management in all populations.¹¹ In those who cannot communicate, however, the physiologic and behavioral dimensions of pain are the most relevant, serving as a foundation for tools that use observable behaviors (eg, facial grimacing or restlessness) to assess pain, sometimes supplemented by physiologic indicators such as vital signs, which are used as cues for more in-depth assessment. Identifying the most appropriate behavior-based pain assessment tools for use in noncommunicative patients in any palliative care setting significantly enhances the likelihood of effective pain management and improved pain-related outcomes.⁵ To date, few publications focus on development and use of pain behavior-based assessment tools in palliative care, other than in the end-of-life setting.⁴

The overall purpose of this paper is to provide palliative care clinicians with a useful approach to selecting and implementing a pain assessment tool for noncommunicative adult palliative care patients without dementia in various settings. Because pain

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