

# Using Pictures to Assess Pain Location in Children

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**Purpose:** *This study uses the Pain Area Locator (PAL) tool, a picture communication aid with body and medical equipment icons, to identify pain location in postoperative pediatric patients and assesses discrepancies between nurses' pain location assessment and pain location identified using the PAL tool.*

**Design:** *This descriptive study used a quantitative, comparative design, with a convenience sample of pediatric postoperative patients undergoing same-day surgeries at a free-standing, acute care, Magnet designated pediatric hospital.*

**Methods:** *The child's pain location was assessed by asking the child to point to one of the 12 pictures on the PAL tool of where they hurt.*

**Findings:** *All 41 (100%) of the postoperative children in the study demonstrated ability to use the PAL tool. The child identified a pain location in 34 assessments (83%) when the nurse documented no pain location.*

**Conclusions:** *This investigation expands on previous evidence supporting that children can use the PAL tool to identify the pain location postoperatively.*

**Keywords:** *picture communication aids, pediatric, pain location, postanesthesia care unit, research.*

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**LOCATION IS A DIMENSION OF PAIN** that may be overshadowed by the assessment of pain intensity, and clinicians frequently fail to identify and document pain location.<sup>1-5</sup> For the postanesthesia care unit (PACU) nurse, pain assessment methods

and results influence treatment decisions and clinical outcomes.<sup>3</sup> Pain assessment, including pain location, is indicated for all phases of postoperative care and provides the foundation for pain treatment.<sup>2,6,7</sup> The nurse's ability to identify the pain location is often hindered because of a lack of assessment tools.<sup>8</sup> A need exists for an effective tool to assess pain location in children.<sup>2,8</sup> This research study expands on findings from a previous study demonstrating that a picture communication tool can be used to identify pain location in children after tonsillectomy and adenoidectomy same-day surgery.<sup>1,8</sup> The purpose of this study was to use the Pain Area Locator (PAL) tool, a picture communication aid comprised of 12 picture communication icons of the body and medical equipment, to identify the pain location in postoperative pediatric subjects (aged 3 to 9 years) undergoing same-day surgical procedures. Discrepancies between nurses' pain location assessment and pain location identified using the PAL tool were also assessed.

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*Conflict of interest:* None to report.

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## Review of Literature

Self-report tools to assess pain location include a variety of graphic (diagram or drawing-based) methods, such as body outlines (front/back); children coloring areas of where they hurt; electronic versions using body outlines; freehand drawings; picture communication; and body maps or manikins.<sup>1,2,8,9</sup> Body outline has been studied as a method to identify pain location for more than 40 years,<sup>10</sup> and has not emerged as a common clinical tool. A systematic review of pain location tools for children reported that while graphic pain location tools have been validated in children, their applicability to pediatric surgery patients has not been explicit, and use of tools to assess the pain location in clinical practice is lacking.<sup>1,2,6,8</sup>

A previous study of 27 children with 118 pain assessments who had undergone tonsillectomy and adenoidectomy, a group reluctant to talk after surgery, used a picture communication aid of basic psychological drawings for self-report of pain location. Inconsistencies were found to exist between nurses' assessment of pain location versus identification of pain location using a picture communication tool. All the children ( $n = 27$ ; 100%) aged 3 to 9 years were able to use the picture tool to identify pain, whereas nurses documented pain location in only 68% of cases. When pain location was documented, there was a discrepancy as documentation indicated the surgical site as the pain location in 64 cases (81%) compared with the child indicating the surgical site as the pain location on the picture communication aid in only 16 of the cases (20%). The study results supported that pediatric postoperative patients who had undergone tonsillectomy and adenoidectomy were able to use pictures to successfully identify a pain location.<sup>1</sup> We sought to expand on these findings by using a pain location picture tool with a broader sample of pediatric postoperative patients.

## Problem Statement

The literature reports that a tool is needed to help patients self-report pain location, a lack of valid and reliable tools exist to assess pain location, and clinicians fail to identify and document pain location.<sup>1,2,8</sup> This study builds on previous

research by evaluating use of the PAL tool to identify pain location in postoperative pediatric subjects (aged 3 to 9 years) undergoing same-day surgical procedures, and by assessing discrepancies between nurses' pain location assessment and pain location identified using the PAL tool.<sup>1</sup>

## Human Subjects Protection

The study was approved by the institutional review board at the study site. Written parental consent was obtained after the child was admitted to the PACU and before a study number was assigned for inclusion of the minor child in the study. Each subject was assigned a study number to maintain confidentiality and protect identifying information. A crosswalk (accessible to the study team) of patient identification and study number was maintained. The study presented minimal risks and no direct benefits for study subjects.

## Methods

### *Design, Sample, Setting*

This descriptive study used a quantitative, comparative design on specified data collection days over a 5-month period in 2014. A convenience sample of children undergoing same-day surgical procedures at a Magnet designated free-standing pediatric hospital in northeast Ohio were eligible for study inclusion. Excluded from the study were children who were (1) scheduled for more than one procedure; (2) "denied pain" on PACU nurse's pain assessment; and (3) non-English-speaking as interpreters were unavailable for consenting and data collection.

### *Instruments*

**PAIN AREA LOCATOR.** The PAL is a picture communication aid with 12 picture communication icons of the body and medical equipment (Figure 1). The instrument was created using picture communication aids from Boardmaker (Mayer-Johnson LLC, Pittsburgh, PA) graphic software with face validity established by a speech therapist experienced in using augmentative and alternative communication with pediatric patients. The PAL, an assistive device, was presented on 8.5 × 11.0-inch paper depicting arm, back, face, eye, head, neck, leg, abdomen, hip, blood

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