Concluding Part

Nurses' Role in Pain Management

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In the first part of this article (NJI, August, 1998), the author defined 'Pain' and dwelt on Pain Characteristics, Pain Components, Pain Theories and some Factors Affecting Pain. In this concluding part she describes other factors and goes on to deal with the issues regarding assessment of the pain experience and the aspect of precention of intensification of pain and the Nurses' role in providing pain relief.

Factors Affecting Pain

5. Attention: Pain perception can be influenced by the extent to which a person focuses on pain. Increased attention to pain has been associated with increase in pain intensity and *vice versa*. The pain awareness can be placed on the periphery by assisting the client to focus his or her attention on other stimuli; however, pain of greater intensity may not be helped by this method. Also, pain relief may be there as long as distraction is present.

6. Anxiety: Anxiety and pain have a direct relationship with each other; when one increases, the other increases too. Pain causes feelings of anxiety and anxiety perception of pain. An understanding of this relationship will help the Nurse to initiate measures to provide pain relief and also to reduce anxiety

7. Fatigue: The coping abilities to manage one's own pain decrease in the presence of fatigue. Fatigue also heightens perception of pain. An understanding of the effect of fatigue on pain will help the Nurse to prevent fatigue in her client experiencing pain. Planning Nursing activities in such a way so as to provide periods of rest and sleep throughout the day and implementing measures to provide a therapeutic environment, both physically and psychologically to increase comfort, are important responsibilities of the Nurse.

8. Previous Experience: Each painful experience becomes a learning experience for a person. Having had a previous experience of pain does not mean that the person will successfully manage his pain. If a person has had a painful experience without experiencing relief soon enough or has had unpleasant experiences associated with it, anxiety or fear may occur. In contrast, if a person had successfully managed pain in the past, it might become easier to handle pain without experiencing much anxiety.

9. Coping Style: Each person has his own ways of coping with a pain episode, to adopt his own modalities to deal with the physical and psychological effects of pain. In her assessment, the Nurse should obtain data regarding the coping resources the client makes use of during a pain experience and try to adopt them. For example, a client may use ways to strengthen his religious faith such as spending a quiet time in prayer and/or reading religious books or seek help of a person among his family or circle of friends who may offer emotional support.

10. Support System: The attitude and assistance of significant others can alter the pain experience. Understanding and supportive family members can help significantly in providing relief from pain. An absence of such a support system can make the pain experience more stressful. The Nurse should identify such a support person who can help the patient to handle his pain effectively and make use of that person's assistance in providing relief to the client.

In order to assist the client to cope with his pain and/or to provide relief, the Nurse must use a systematic method of assessing the client's pain. It is only by assessment that the Nurse has an understanding of a client's pain experience. The more accurate the assessment is, the more appropriate the pain relief modalities that can be selected and implemented. However, accurate assessment of pain is not always possible since pain is subjective.

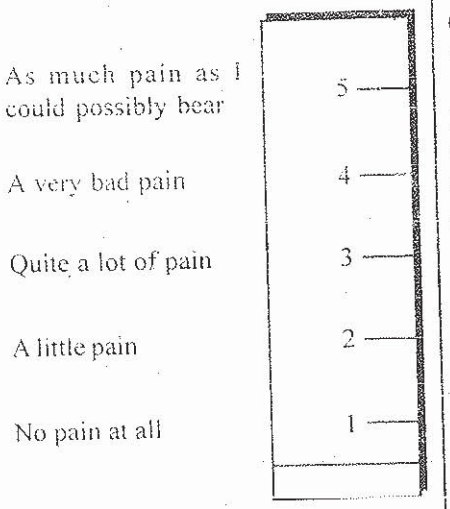
Assessment

A few Nursing assessment tools have been developed to help in the systematic assessment of the client's pain experience. In the absence of a definite Nursing pain assessment tool, the Nurse may make a choice to use a combination of available tools. Although verbal statements of the patient about his Pain are reliable guides in the assessment of Pain, not all patients are able to verbally report their Pain experience. The Nurse must also obtain objective data relating to pain

through her observation of many non-verbal responses that indicate the presence of pain.

Pain thermometer developed by Jack Hayward may be used to rate the intensity of pain:

A variety of Tools Used in Measurement and Assessment of Pain

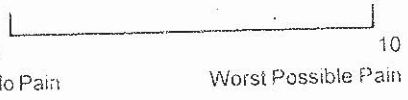


Pain Thermometer
(Developed by Jack Hayward)

The Pain Ruler developed by E. Bournonnais may be used to assess the intensity of the pain and the quality.

The pain ruler clients match the words that describe their pain to a number that corresponds to the intensity of their pain.

The Visual Analogue suggested by Smeltzer and Bare may also be used to indicate the intensity of Pain.



The Visual Analogue Scale. The patient is asked to indicate the intensity of his pain by marking the scale with an X.

The initial Pain Assessment tool developed by McCaffery and Beebe is helpful in assessing the various aspects of the Pain experience. (p. 199)

The McGill-Melzack Pain Questionnaire may be used to assess the quality of Pain. (p. 200)

Nursing Concerns

As pain is highly individualised, the pain management strategies also should be individualised. A cardinal rule in the care of patient with pain is all pain is real regardless of its cause even when the cause remains unknown (Patricia Perry, 1993). The Nurse must assume that pain is present until proven otherwise.

Prevention

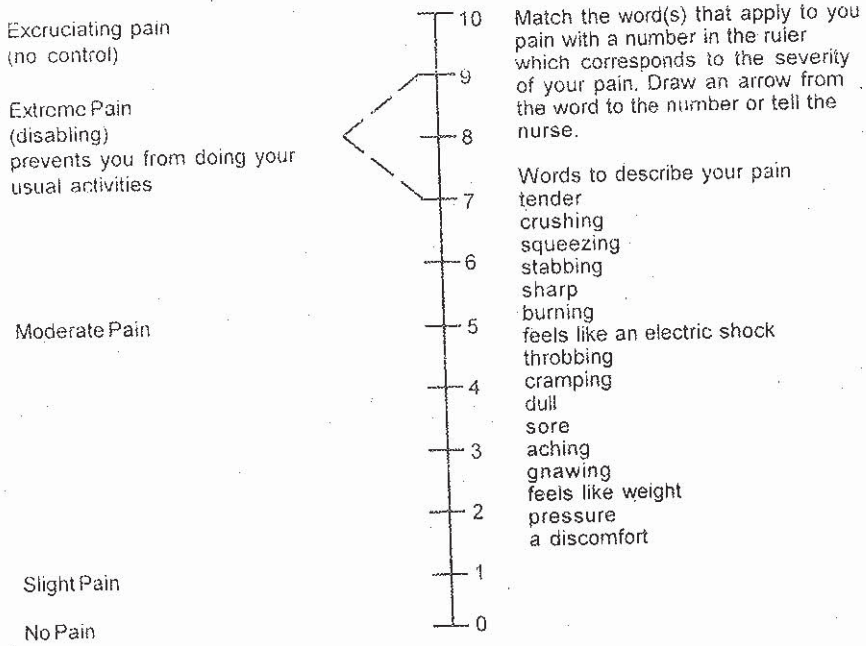
The Nurse must be concerned about preventing further injury, by handling the injured tissues carefully, splinting the chest of abdominal incision during coughing/deep breathing, maintaining good body alignment, changing positions frequently to prevent pressure, muscle spasm and contracture.

The Nurse must have an open mind to adopt to client's point of view about his pain. The Nurse must assume that pain is present until proven otherwise. She has the responsibility to identify what the experience of pain is like for the client and then initiate measures that provide relief or help the client to learn to cope with the pain experience.

Patient education is an important aspect of care – the Nurse provides information through patient teaching about what to expect and when (help reduce anxiety and fear of the unknown) and how pain can be controlled. For example, the Nurse should advise the client to report about his pain in the early stages before the pain becomes intense.

There are many Nursing activities that may be used to assist the client with his Pain experience. Establishing a rapport with the client (helping the client to develop trust and confidence in the Nurse paves the way to successfully implement the measures to provide pain relief), using the support system, using non-invasive pain relief measures such as using relaxation technique, guided imagery, cutaneous stimulation, providing distraction from pain etc. are few of the measures the Nurse may use.

Numbers Corresponding to Severity of Pain

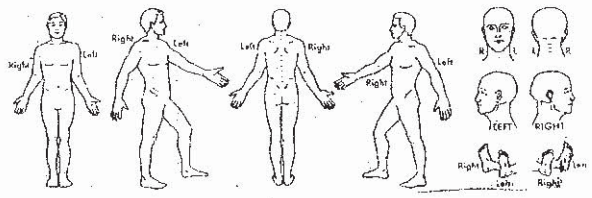


Initial Pain Assessment Tool

Date:_____

Patient's Name: _____ Age: _____ Room: _____
Diagnosis: _____ Physician _____
Nurse:_____

Location: Patient or Nurse mark drawing



II. Intensity: Patient rates the pain: Scale used:_____
Present: _____
Worst pain gets: _____
Best pain gets: _____
Acceptable level of pain: _____

III. Quality (Use patient's own words, e.g. _____
prick, ache, burn, throb, pull, sharp) _____

IV. Onset, duration variations, rhythms _____

V. Manner of expressing pain _____

VI. What relieves the pain? _____

VII. What causes or increases the pain? _____

VIII. Effects of pain (Note decreased function, decreased quality of life) _____

Accompanying symptoms (e.g. nausea) _____
Sleep _____
Appetite _____
Physical Activity _____
Relationship with others (e.g. irritability) _____
Emotions (e.g. anger, suicidal, crying) _____
Concentration _____
Other _____

IX. Other Comments _____

X. Plan _____

From McCaffery, M. and A. Beebe, Pain Clinical Manual for Nursing

Invasive techniques such as use of pharmacological agents, surgical procedures, acupuncture are also techniques available and the Nurse, in collaboration with the physician assists in the implementation of these.

The following guidelines given by Potter and Perry are helpful in caring for clients experiencing pain:

Establish a relationship of mutual trust. Use different types of pain relief measures. Provide pain relief measure before pain becomes severe. Consider client's ability or willingness to participate in pain relief measures. Choose pain relief measures on the basis of the client's behaviour reflecting the severity of pain. Use measures that the client believes are effective. If a therapy is ineffective at first, encourage the client to try it again before abandoning it. Keep an open mind about what may relieve pain. Kep trying. Protect the client. Educate the client about pain.

In conclusion, the Nurse has a wide variety of options to choose a Pain relief modality suited to an individual client. She has a significant role to play in the pain experience of the client. A client in Pain presents a challenge to the Nurse and with her unique role the Nurse can successfully meet this challenge.

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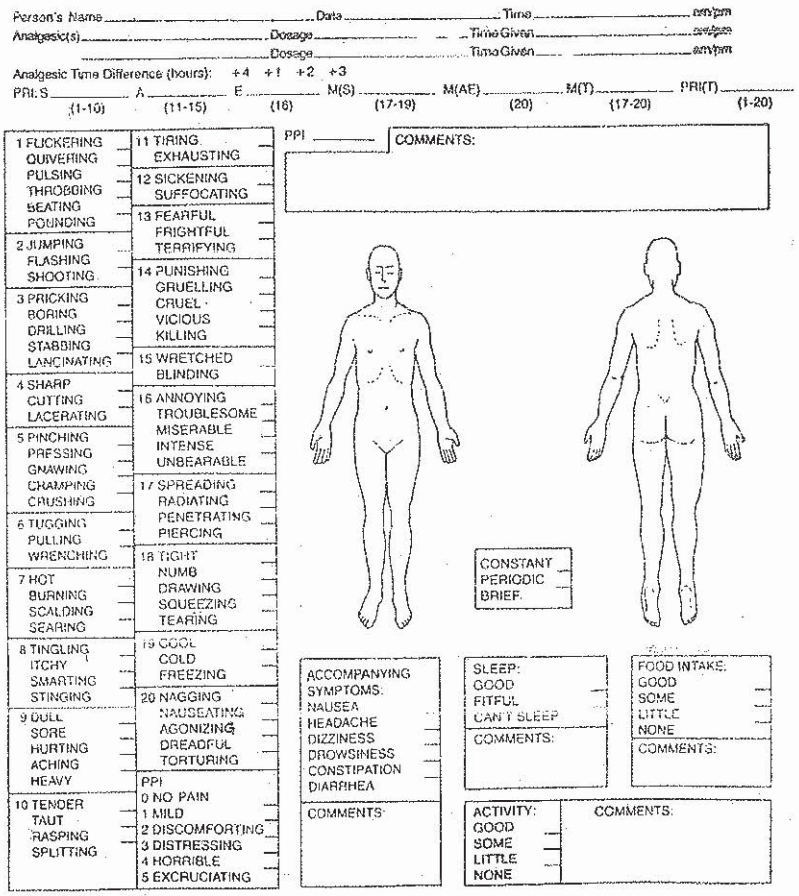
McGill-Melzack Pain Questionnaire



The McGill-Melzack Pain Questionnaire is adapted for the study of narcotic drugs. The descriptions listed at left comprise four groups: 1 to 10 sensory; 11 to 15 affective, 16, evaluative, 17 to 20, miscellaneous. The rank value for each descripter is based on its position in the word set. Total rank values comprise the pain rating index (PRI). The present pain intensity (PPI) is based on a scale from 0 to 5. The drawings are used to designate the site of pain [From Bonica, J.J. (1980). Pain (p. 145), New York: Raven Press.]

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A Correction

The co-author of the article entitled, 'Job Stress Perception among Nurses: The ICU Scenario', published in NJI, May 1998, p. 105, Ms. Alice P. Mathew is Associate Professor, Institute of Nursing Education, M.G. University, Kottayam (not Ahmedabad as published).

Ed., NJI