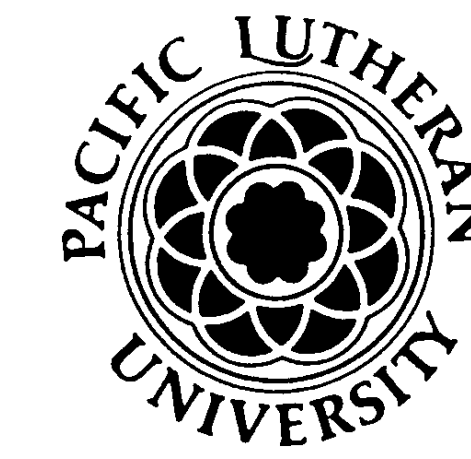
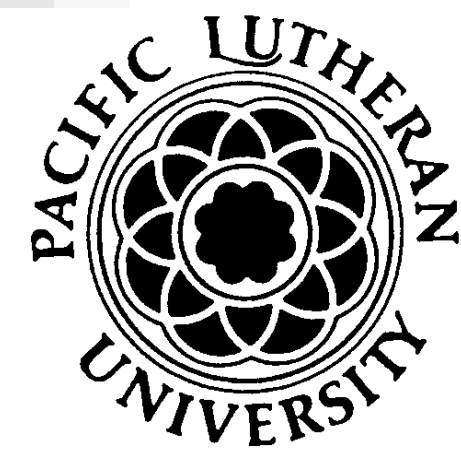


Management of Chronic Pain in the Emergency Room Patient

Nursing Implications and Interventions

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Introduction:

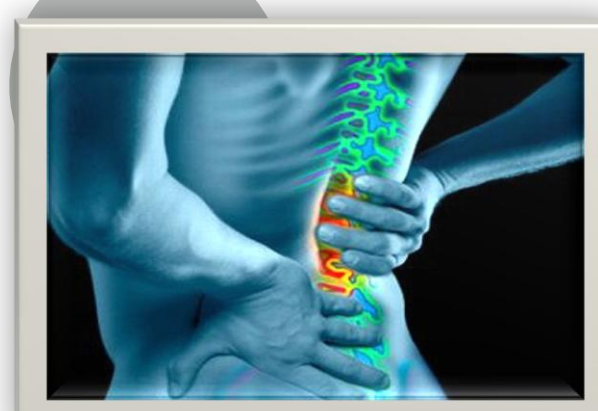
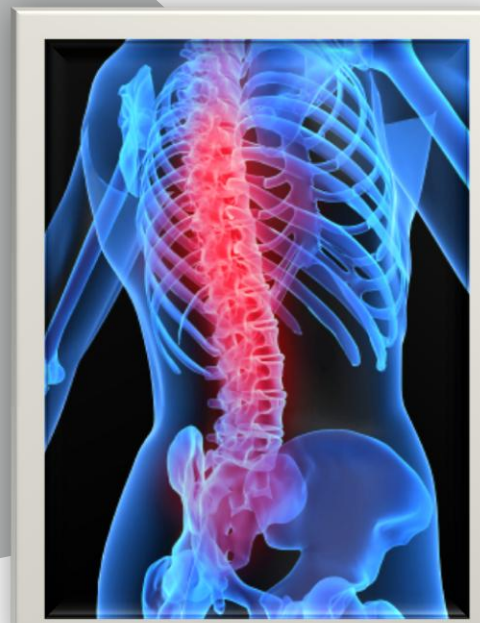
Do you know what is the most common disease in America? It affects more people than diabetes, heart disease and cancer combined. The answer is pain. It is not only improperly managed, but affects more than 50 million Americans (Edlin, 2003). Pain is hard to manage because it is individualized and combines mental, physical, and spiritual health. It has cost the healthcare system roughly \$60-\$100 billion dollars every year (Bassett, 2008). It affects every aspect of a person's life. Nurses have a major role in pain management.

Chronic pain is a disease that not only affects millions of people, but it is a disease process that lacks research. It is undertreated, costly, and not well understood. The role of the nurse is extremely important when caring for a patient who is experiencing chronic pain such as proper documentation, evidence-based assessments, and proper assessment of treatment (analgesics and/or CAM's). A chart audit study conducted in fourteen Washington State long term care facilities revealed a lack of proper documentation, in both nursing and physician charts (Jablonski & Ersek, 2009).

In the emergency setting, it is important to "err on the side of the patient" without having a biased (2009). The nurse can greatly impact a patient's care in the emergency room; proper documentation and development of a multidisciplinary and patient involved care plan.

Case Study:

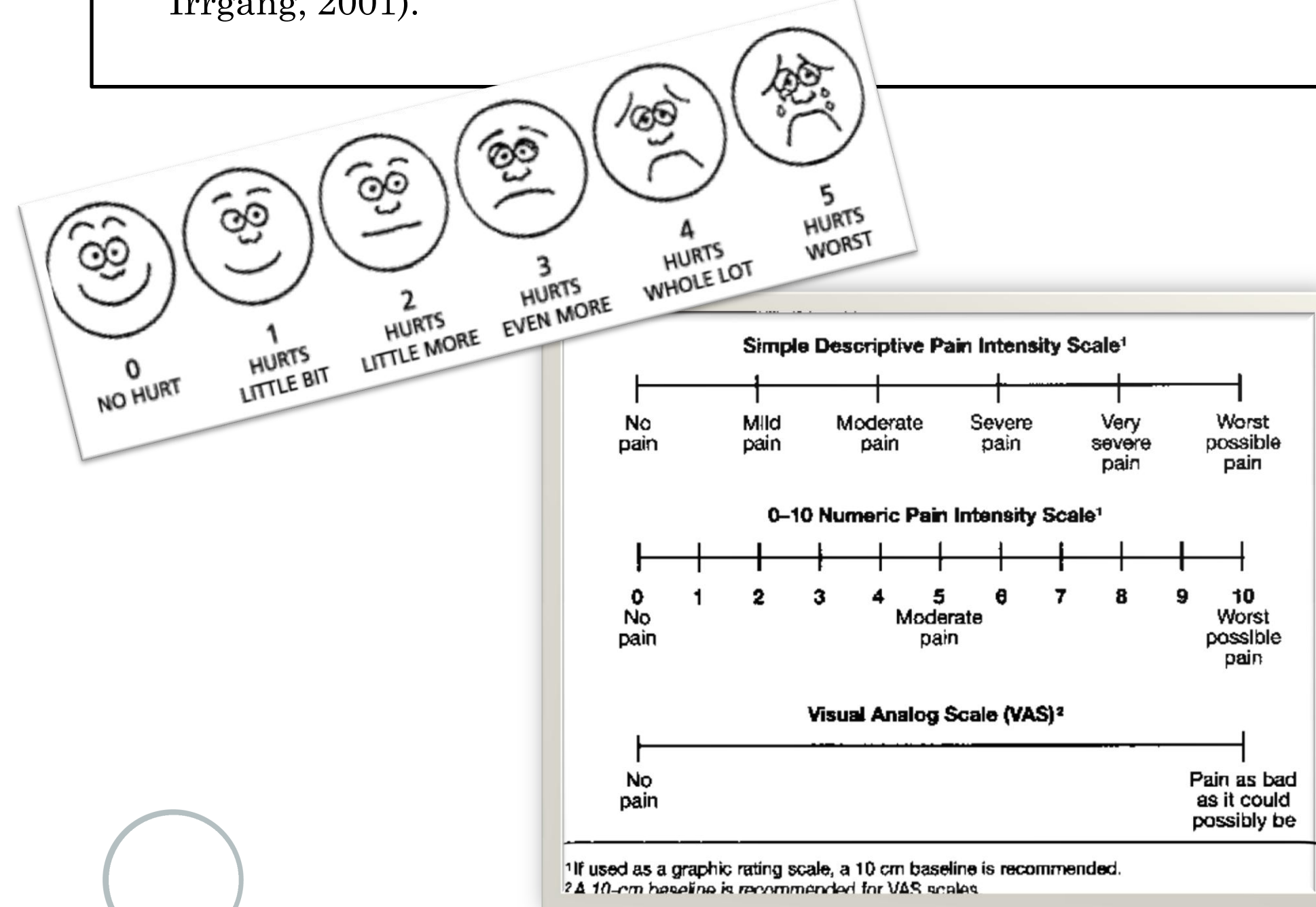
Triage: J.A. is a 45 year old female seen in the Emergency Room for lower back pain. She was rear ended 16 months ago in a car accident and has been having pain since the accident. The pain has caused her to miss work, sleep, and family activities. Her primary physician prescribed her pain medication, which she does not take due to risk of addiction. She has been in the ER six times over the last 2 months from the unmanaged pain. J.A. is unable to walk and brought to the room by wheel chair. She clutches her lower back as she sits on the gurney. J.A. is crying due to the pain and has no family or friends in the room. She has poor concentration and appears fidgety.



Vital Signs: BP: 172/86 HR: 113 R: 18 O2: 98% (RA)

Assessment Tools:

1. Assess:
 - Patient History
 - Pain Level (number, quality, and location)
 - Understanding of pain management
 - Medications regimen
 - Environmental and Psychological factors
 - Alleviating and aggravating factors (Ardey et al., 2003) (Matalon et al., 2009) (Monsivais, 2008)
2. Reassess patient's pain level q30-60min. Monitor patient's vital signs (Artery, et al, 2003).
3. Assess use of complementary and alternative medicines (CAM) (Barbato Gaydos, 2001) (Hsu, 2010)
4. Perform a psychosocial pain assessment (SF-36) (Essink-Bot, 1997) (Hoffman et al., 2007).
5. Perform a Personality Assessment Inventory (PAI) to determine patients more likely to not complete the care plan developed to alleviate pain (Hopwood, 2008).
6. Perform a Oswestry Low Back Disability Index as appropriate to determine the patients disability percentage; refers to all areas of one's life (traveling, sitting, social life, walking, sex life, pain intensity, standing, personal care, sleeping, and lifting) (Fritz & Irrgang, 2001).



Nursing Diagnosis:

1. Chronic Pain related to physical, psychosocial, and physiological changes, as manifested by pain lasting longer than six months and development of secondary illness; depression, headaches, and fatigue.
2. Readiness for enhanced therapeutic regimen secondary to unrelieved pain related to non-individualized care plan, as manifested by unrelieved pain, pain rating on numerical scale, loss of sleep, and depression.
3. Ineffective health maintenance related to deficient knowledge regarding self care with chronic pain, as manifested by impaired mobility, repeat visits to the ER, and unrelieved pain.

Goals/Objetives:

Short Term Goals:

1. Patient will have a manageable pain level (<3).
2. Patient will be provided with teaching resources.

Long Term Goals:

1. Patient will develop a chronic pain management care plan.

Objectives:

1. Patient will have pain medication(s) within 30 minutes of room assignment.
2. Patient will be taught how to incorporate CAM's to aid in alleviating pain by time of discharge.
3. Patient and medical team will develop a comprehensive care plan by time of discharge.

Interventions:

1. Develop a comprehensive care plan with the patient and multidisciplinary team; *Collaborate with primary physician, occupational therapist, physical therapy, psychologists, and social work* (Davis & White, 2001) (Matalon et al., 2009).
2. Administer pain medications per physician order (Chou & Huffman, 2007) (Martell et al., 2007).
3. Educate patient:
 - Teach the use, purpose, and side effects, of medications (McLennon, 2007) (Monsivais, 2008).
 - Provide patient with verbal and written information about pain medications (*Myths and fears associated with addiction*) (McLennon, 2007).
 - Teach proper body mechanics; *lift with legs not your back and use lift-assisting devices* (Larsen, 2006) (Nelson & Baptiste, 2004).
 - Teach significance of self management of pain (Davis & White, 2001).
 - Teach patient to incorporate non-pharmacological therapies (CAM's): heat, relaxation, exercise, distraction, acupuncture, massage, and TENS. *In conjunction with pharmacological measures* (Barbato Gaydos, 2001) (Hsu, 2010).
 - Provide patient with resources (e.g. Low income primary care physicians) (McLennon, 2007).
4. Refer patient to multidisciplinary team to address secondary illnesses and/or complications (Hoffman et al., 2007) (Matalon et al., 2009):
 - Inadequate sleep
 - Headaches
 - Depression/withdrawn behaviors
 - Loss work/productivity
5. Provide non-biased, holistic care (Ezenwa et al., 2006) (Reigo, 1998).
6. Advocate for the patient:
 - Follow facility guidelines/protocol.
 - Incorporate evidence-base care in care plan. (Fulcher & Gosselin-Acomb, 2007) (Portney, 2004) (Klardie et al., 2004) (Chou, 2008)
 - Every patient has the right to have their pain assessed and managed (Hanks-Bell et al., 2004).

Evaluation & Outcomes:

1. Pain medication given to patient within 30 minutes of patient room assignment.
2. Patient taught how to incorporate CAM's into care plan.
3. Patient's pain level <3 at time of discharge.
4. Patient and medical staff developed a comprehensive care plan.

Case Study Outcome:

The patient met both the long and short term goals; patient's pain level was below a 5, which patient stated was tolerable and the discharge pain level was a 3. The patient also developed a care plan with the nurse. The patient also incorporated multidisciplinary treatment and used CAM's. For example, the patient spoke with a counselor to address the psychological consequences of the unrelieved pain, stress, anxiety, and depression. The nurse provided non-biased care and incorporated CAM's such as heat packs throughout the patient's stay; which the patient noticed; the patient stated, "I can tell that you like what you do."

Research:

According to the National Institute of Neurological Disorders and Stroke, "recent studies have suggested that the brain not only receives pain signals from the spinal cord but also undergoes changes in neuronal connections that may permanently strengthen its reaction to those signals...key to the development of chronic pain (Frazin, 2003)."

For further information on research or the pathology of chronic pain, refer to the supplemental packet.

Acknowledgements:

A nurse is not just a nurse, "...their unique place in the health care system, nurses can institute and coordinate pain management practices as advocates for older adults in pain" ("Pain management..." 2007).

I would like to give a big thanks to my clinical Preceptor Katie Molthan and all the staff at St. Joe's Emergency Department