

Pain clinical observation paper

[Society](#)



**ASSIGN
BUSTER**

Alyssa Martin Fall 2012 Observation Experience Summary: Pain Clinic The mission and scope of the setting is to provide diagnosis and treatment of acute, chronic and cancer pain. Patients present to the pain clinic for relief and treatment for a variety of painful medical ailments which do not typically respond to conventional therapy (" Pain management center," 2012). Those in charge at the pain clinic are the two board-certified pain management physicians, Dr. Dwarakanath and Dr.

Henkle. There is also a team of nurses, physical therapists, and other professionals specially trained in a variety of techniques to manage pain. There are a number of techniques the pain clinic is able to perform, but there are two procedures that were the most widely used; the first being an Epidural Steroid Injection. This procedure is the number one pain management technique used in the clinic. It is specifically for radiating pain that is in the back/leg area or neck/arm area.

The procedure essentially includes corticosteroids being injected into the epidural space in the spine and decreases the inflammation and swelling in the nerves that are irritated, causing relief. Pre-procedure teaching mainly includes explanation of the sensations patient will feel, which include a small pin stick as local anesthetic is used. In addition, they are instructed to have a light meal before coming in, but if they are requesting to receive IV sedation, they are instructed to not eat at all 6 hours prior to the procedure (" Pain management center," 2012).

If they are diabetic or on blood thinners, it is important to know so that special considerations need to be made for that patient. The patient is also told that the procedure is performed with little discomfort and only takes

<https://assignbuster.com/pain-clinical-observation-paper/>

about 5 to 10 minutes. After the injection, the patient may feel warmth or numbness in their legs or arms for about an hour due to the anesthetic. Because of this reason, patients are observed while they recover and are then sent home with a friend or family member, since they are advised not to drive due to possible residual weakness for a few hours.

Post-procedure teaching includes information regarding the first few days after injection, where it is usual to feel increased back pain or discomfort from the needle being inserted. A second common procedure done is the Facet Joint Injection, which is usually done for non-radiating pain. This technique also reduces the inflammation or swelling of the tissue in the joint space ("Pain management center," 2012). Pre-procedure teaching includes a lot of the same things as an ESI; the procedure only takes a few minutes, local anesthetic is given, and the steroid medication is injected.

Post-procedure teaching involves letting the patient know that they should not drive upon discharge and will feel the same increase of pain before relief as seen in ESI. They will be able to return to work and other normal daily activities the next day. Potential complications of these procedures mainly include incorrect placement of the needle by the doctor. Because it is a delicate and difficult task to position the needle in an exact position, sometimes the physician accidentally pinches a patient's nerve and they feel a sudden rush of radiating pain in legs or arms, depending on where the needle is inserted.

Additionally, sterile technique is extremely important during these procedures because the needles are entering directly into patients' spines and joints, so potential infection in these areas could prove to be highly

detrimental and dangerous. Overall, the experience in the Pain Clinic was an informative one. It was interesting to see the procedures done first-hand because it was done extremely quickly but is something that needs so much precision and expertise.

The physicians made the techniques look easy, but not once did they falter with mandatory legalities such as the “ time-out”, where everyone in the procedure room stops and verifies the patient, procedure, etc. that is to be performed. The staff nurses seemed in good spirits and verbalized enjoyment and passion for their roles, and that is what I found most valuable this time around. References Bare, B. , Cheever, K. , Hinkle, J. , & Smeltzer, S. (2010). Textbook of medical surgicalnursing. (12th ed.). Philadelphia, PA: Lippincott Williams &Wilkins. Pain management center. (2012). Retrieved from