

# [What placed on contact precautions due to](https://assignbuster.com/what-placed-on-contact-precautions-due-to/)

What Should a Nurse Do to Control Acute Pain?            A 64-year-old male presented to the hospital withcomplains of right and hip pain. The duration of symptoms was constant andworsening with time. On physical examination the male patient denied tingling, numbness and loss of mobility, but he had diffused tender ecchymosis, swelling, and pain involving his right hip and right leg.

The patient has history of transurethralresection of the prostate (TURP), vasectomy, tonsillectomy, bilateral inguinalhernia repair, repair of lacerations to bilateral arms, and colonoscopy 15years ago. The patient denies any ETOH or drug use, but has a history ofsmoking for more than fifteen years. The Computed tomography (CT) of the lowerextremity w/contrast right thigh showed pyomyositis and overlying soft tissueinfection over necrotizing fasciitis.

After all the results were received thepatient was urgently taken to the operating room where he required adebridement. After the surgery, the patient was send to intensive care unitwhere he was placed on contact precautions due to the high risk of infectionand with uncontrollable acute pain with the minimum movement the patient made.             The registered nurse and the studentnurse received this patient after admitted to the ICU. The doctor on dutyprescribed antibiotics to prevent any type of infection, but he also prescribedmedication to control the patient’s pain.

When the register nurse and thestudent nurse look at the medication record they notice that the doctorprescribed hydromorphone (Dilaudid) as needed (PRN) 1mg = 0. 5 mL, injection, IVPush, every 3 hours for sever pain and fentanyl IV additive 2500 mcg, NormalSaline (NS) 0. 9% Premix Diluent 250 mL, 250 mL IV over 52. 7 hours at a rate4. 74 mL/hr. Dilaudid and fentanyl are two higher potency opioids that can beused to treat acute pain but each of them have their advantages anddisadvantages. Dilaudid is used to treat moderate to severe pain alone or in combinationwith a nonopioid analgesic.

The adverse effects of dilaudid are confusion, sedation, hypotension, constipation, and respiratory depression. (Deglin, Vallerand,& Sanoski. 2015, pg. 653). On the other hand, fentanyl is used as an analgesicsupplement to general anesthesia, usually with other agents like short acting barbituratesto produce a balanced anesthesia. The adverse effects of fentanyl are confusion, paradoxical excitation/delirium postoperative depression, and apnea. (Deglin, Vallerand,& Sanoski.

2015, pg. 546). Due to the high risk for respiratory depression ofthese two medications the register nurse and the student nurse were paying moreattention to any changes that the patient had. The student nurse analyzes why thesetwo medications where prescribed at the same time if both have a high risk for respiratorydepression but (Taylor, pg. 1178) states “ as a patient’s advocate, ensure that astrong emphasis is placed on the need for aggressive, individualize strategies thatcan minimize or eliminate acute pain…”