

What placed on
contact precautions
due to



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What Should a Nurse Do to Control Acute Pain?

A 64-year-old male

presented to the hospital with complains of right and hip pain. The duration of symptoms was constant and worsening 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 transurethral resection of the prostate (TURP), vasectomy, tonsillectomy, bilateral inguinal hernia repair, repair of lacerations to bilateral arms, and colonoscopy 15 years ago. The patient denies any ETOH or drug use, but has a history of smoking for more than fifteen years. The Computed tomography (CT) of the lower extremity w/contrast right thigh showed pyomyositis and overlying soft tissue infection over necrotizing fasciitis.

After all the results were received the patient was urgently taken to the operating room where he required a debridement. After the surgery, the patient was send to intensive care unit where he was placed on contact precautions due to the high risk of infection and with uncontrollable acute pain with the minimum movement the patient made. The registered nurse and the student nurse received this patient after admitted to the ICU. The doctor on duty prescribed antibiotics to prevent any type of infection, but he also prescribed medication to control the patient's pain.

When the register nurse and the student nurse look at the medication record they notice that the doctor prescribed hydromorphone (Dilaudid) as needed (PRN) 1mg = 0.5 mL, injection, IVPush, every 3 hours for sever pain and

fentanyl IV additive 2500 mcg, Normal Saline (NS) 0.9% Premix Diluent 250 mL, 250 mL IV over 52.7 hours at a rate 4.74 mL/hr. Dilaudid and fentanyl are two higher potency opioids that can be used to treat acute pain but each of them have their advantages and disadvantages. Dilaudid is used to treat moderate to severe pain alone or in combination with 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 analgesic supplement to general anesthesia, usually with other agents like short acting barbiturate to 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 of these two medications the registered nurse and the student nurse were paying more attention to any changes that the patient had. The student nurse analyzes why these two medications were prescribed at the same time if both have a high risk for respiratory depression but (Taylor, pg. 1178) states "as a patient's advocate, ensure that a strong emphasis is placed on the need for aggressive, individualized strategies that can minimize or eliminate acute pain..."