

Pain assessment in non-communicating patients essays examples

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According to the joint commission 2001's healthcare standards, every patient is supposed to be assessed for pain before any medical step is taken. Pain assessment and management are essential for any healthcare services to be of top quality. There are several ways used to determine the scale of pain among children and adults. They include the verbal way where the patient is asked to rate the scale of the pain he or she feels on a verbal scale from no pain to worst pain, observing the facial impression of the patient, and also using a numeric scale where the patient is asked to rate the pain he or she feels on a scale of 1 to 10.

There is a difference between the patients' self-pain rating and diagnosing pain based on a number of observable characteristics. Diagnosing a patient's pain by observing his or her characteristics is normally used to determine the existence or non-existence of pain in non-communicative patients. For instance, a patient in the intensive care unit will most probably not be able to communicate verbally. Therefore, a nurse will have to observe the facial expression, the legs, general body activity of the patient, the sound and cries made by the patient, and the scale of his/her Consolability. The type of assessment to be done is determined by the number of patients waiting to be attended to where less intensive methods are used when the patients are several and intensive ways when patients are few.

Pain assessment in Non-communicating patients is an important subject to look into because patients, mostly in the intensive care unit, report that their pain was not properly diagnosed and managed during their admission in the intensive care unit. Improper pain control is a serious problem as it may lead to major stress experienced by the patient while in the intensive care unit

(Breau et. al, 2002, 528).

When dealing with an illness or injury that is life threatening to the patient, most nurses and medical attendants usually overlook the process of pain assessment and management. This causes great discomfort to the patient. To avoid such cases, it is vital to look into this issue and the possible ways to prevent it.

Pain is a stressor that raises the production of stress hormones and catecholamine. This may trigger the development of some medical conditions such as diaphoresis, hypertension, tachycardia, and alteration in the size of the papillary. Alteration in the size of the papillary may in turn result to more oxygen requirement and less tissue perfusion. The use of physiologic measures such as the rate of respiration, the level of blood pressure, the rate of heart beat, and diaphoresis may be faulty since these activities can be altered by medication. Sedatives, vasopressors, antiarrhythmic, and adrenergic blockers alter the normal body functioning of a person. Pathological conditions such as fear, hypoxia, shock, and sepsis also alter the normal functioning of the body hence lead to faulty results (Kabes, Graves & Norris, 2009, p. 60).

Accurate assessment of pain in non-communicative patients can be challenging to clinicians and medical practitioners. A variety of tools can be used to assess pain in these patients. Patients who are able to communicate can self-assess themselves by rating the intensity of their pain on a scale of 0 for no pain and 10 for great pain. This can be achieved by using the visual analogue scale. Non communicative patients cannot self-report the pain. Therefore, behavioural and psychological pain are used as standardized and

validated pain assessment tools in sedated, head injured, and non-communicative patients.

In the healthcare centres, there are five useful tools, which are being reviewed. They are the critical-care pain observation tool, the behavioural pain scale, the pain assessment and intervention notation algorithm, the NVPS, and the pain assessment algorithm. All of them are physiological and behavioural indicators. The NVPS is mostly used because it is the easiest and the quickest means used to diagnose pain.

In modern healthcare centres, NVPS is mostly used to test for presence or absence of pain to non-communicating patients especially those in intensive care unit. The process makes use of both physiological and behavioural indicators. It was adopted from the Face, Leg, Activity, Cry Consolability scale (FLACC) which is used to test for pain in children. The NVPS also has five categories: physiologic 1, physiologic 2, guarding, activity, and facial expression. Each category makes use of a scale of zero to ten where zero stands for no pain while ten stands for great pain (Topolovec-Vranic et. al, 2010, p. 350).

In the healthcare sector, such methods have been tested and validated and are being used to test for presence or absence of pain in a non-communicating patients. It is, therefore, clear that medical centres are well updated and equipped to diagnose and test for pain in non-communicating patients.

Nurses need to know about a patient's pain so that he or she can be able to take the necessary measures to do away with the pain. However, nurses find it difficult to communicate, assess and document pain in patients who are

not able to communicate. The Pain Monitoring Program (PMP) is one used by nurses to evaluate and assess for pain in patients. Pain Monitoring Program is made up of two components. First is educating the nurses about what the pain is, how to assess pain, and how to manage the diagnosed and assessed pain. Second is carrying out pain assessment by means of scale rating by numeric values on a daily basis.

Pain Monitoring Program also ensures that nurses are good in communicating with both the communicating and non-communicating patients so as to be able to diagnose pain in both of these patients. It also ensures that the nurses are compare and relate information given to different psychiatrists by the patient, and that given to them by the same patient and estimate the patient's pain intensity.

In addition to knowing what pain is and how to diagnose and assess pain, nurses are also expected to know how to document about pain in the records of nursing properly according to what information the collect. Nurses should also know what factors hinder proper communication and how to differentiate between communicating and non-communicating patients. This this is important is selecting which means to use to collect information from the different patients.

In the practice of nursing, the need for nurses to know how to differentiate between pain and other irritable feelings is important when it comes to treat the pain. The nurse is supposed to know how to differentiate between pain and feeling such as itches so that to avoid instances where a patient is given medication for pain, and yet he or she is not actually having any kind of pain.

Second, knowing how to differentiate between communicative patients and non-communicative patients is paramount. This helps the nurse to determine which mean to use to collect information from the patient. For a non-communicating patient, the patient should not waste time interviewing the patient verbally. They should go straight to using the tools of assessing pain for a non-communicative patient (Klein, Dumpe, Katz, & Bena, 2010, p. 525).

Undertaking a Pain Monitoring Program is supposed to enhance and update the nurses' skills in pain monitoring to both communicating and non-communicating patients. The healthcare service industry is a dynamic one, and a nurse is supposed to be updated to the modern and latest ways of offering services to ensure the best quality of services to the patients. Therefore, educating the nurse on pain assessment and pain management and keep practicing on a daily basis ensures the nurses are well informed and deliver the best of services to the patients.

Learning how to document information of a patient in a nurses records and how to interpret information from different medical practitioners is also important to nurses during pain assessment and management in non-communicative patients. When a patient is handed over from one medical practitioner to a nurse or from one nurse to another, it is important for the two medical practitioners to have proper check-off and check-in system. This involves handing over the right and useful information so that conditions such as pain are well managed.

Apart from nurses, several medical practitioners are involved in the assessment and management of pain of non-communicative patients.

Physicians and their assistants, occupational therapists, physiotherapists, and clinical psychologists are some of the medical practitioners who are involved in pain assessment and management. Specialists in medical health and massage therapists to have the essential skill and knowledge to assess and manage pain.

A large number of medical practitioners who can assess and manage pain is because pain can be as a result of several things. This includes pathogens and trauma. Therefore, pain can be treated by drugs such as pain relievers or use of therapy. In the case of chronic pain, the management of pain is done by several medical practitioners who work together to help the patient lead a comfortable life.

There are several interventional procedures that can be used to assess and manage pain in patients. Pharmacological procedures include the use of injections, neurolytic blocks, stimulating the spinal cord and system implants. Pain can also be managed through therapy. These means are different and are applied in different circumstances. Individuals from different fields are therefore able to assess pain and manage it in patients.

Rehabilitation and physical medicine make use of several physical techniques for instance thermal agents and electrotherapy, behavioural therapy and therapeutic exercise, interventional techniques, and pharmacotherapy ways. All these means have the same goal of relieving pain and giving the patient easy time during the treatment process. These techniques are done by different medical practitioners.

The field of healthcare services has devised several techniques and tools

that are being used to assess and help in the management of pain among non-communicative patients. This is to make the patient have an easy time during the treatment period and to avoid the development of other medical conditions such as diaphoresis, hypertension, and tachycardia which are triggered by hormones released when a patient is in pain. When dealing with an illness or injury that is life threatening to the patient, most nurses and medical attendants usually overlook the process of pain assessment and management. It is chief for a nurse to be well conversant with the emerging means of pain assessment and management. Pain Monitoring Program is used to enhance the nurses' knowledge and ability to assess and manage pain in the non-communicative patients. This is to ensure they give the best quality of services to the patients. Apart from nurses, several other medical practitioners have the knowledge and skill to assess and manage pain in non-communicating students. This is because pain is caused by different factors and can be treated in different ways.

References

- Breau, L. M., Finley, G. A., McGrath, P. J., & Camfield, C. S. (2002). Validation of the non-communicating children's pain checklist-postoperative version. *Anesthesiology*, 96(3), 528-535.
- Kabes, A. M., Graves, J. K., & Norris, J. (2009). Further validation of the nonverbal pain scale in intensive care patients. *Critical care nurse*, 29(1), 59-66.
- Klein, D. G., Dumpe, M., Katz, E., & Bena, J. (2010). Pain assessment in the intensive care
- <https://assignbuster.com/pain-assessment-in-non-communicating-patients-essays-examples/>

Topolovec-Vranic, J., Canzian, S., Innis, J., Pollmann-Mudryj, M. A., McFarlan, A. W., & Baker, A. J. (2010). Patient satisfaction and documentation of pain assessments and management after implementing the adult nonverbal pain scale. *American Journal of Critical Care*, 19(4), 345-354.