

NURSING CARE OF SHORT-TERM PAIN IN ADULT PATIENTS AFTER A SURGICAL PROCEDURE

AIM OF THE CLINICAL PRACTICE GUIDELINE

The aim of the clinical practice guideline is to present the evidence that exists on the different phases of the nursing care process of short-term pain associated with a surgical procedure: identification of patient's pain, pain assessment, nursing therapeutics, assessment and recording of treatment success as well as guidance and treatment organisation. With the help of evidence, the aim is to promote patient-driven and correctly timed execution of nursing care of short-term pain associated with a surgical procedure in adult patients and to assist nurses with decision-making in pain nursing care. The aim is also to achieve uniform practices for nursing care of pain following procedures, resulting in more equal treatment of patients.

SUMMARY

1 Guidance of surgical patients as part of pain nursing

Patients need information about pain and its assessment and treatment, since patient guidance decreases surgery-related fear and anxiety (B) and increases patients' pain management options (C). Patient guidance increases patients' satisfaction with pain treatment (C) and pain knowledge (C) as well as promotes recovery (C).

2 Identifying patients' pain

In identifying patients' pain the following are taken into account: patient's fear, anxiety, depression (B), gender (B) as well as earlier pain experiences (C) and the nature of the procedure (D) because they influence the patient's post-operative pain perception.

3 Assessment of patient's pain

The patient is asked to provide an assessment of the intensity of pain (C). Pain intensity is assessed with a pain indicator (B), primarily one chosen by the patient (VAS, NRS, VDS, FPS see Attachment 1). A note is made in the patient journal on the pain indicator chosen by the patient, and the same indicator is used throughout the treatment period (B).

Pain is assessed in different situations (C) both regularly and as needed (C). When assessing pain, the patient is asked about the quality (D) and location of pain (D) and the patient's pain behaviour is observed (D). If the patient is unable to communicate, pain is assessed by observing the patient's pain behaviour (D). Observation-based indicators are still in the development stages, but they are used as an aid in assessing pain in patients who are unable to communicate (B). When using observation-based indicators, the assessment of pain is repeatedly based on the same criteria, so that observations made at different time points are comparable with each other.

4 Implementation of pharmaceutical pain treatment

Pharmaceutical pain treatment is a physician's responsibility, but nurses have a role in the implementation of drug treatment. Pharmaceutical pain treatment is implemented in a systematic manner. Pharmaceutical treatment is based on patients' needs and is implemented by adhering to prescriptions. The dosage, time and route of administration and medication at home are planned individually based on the assessment of the patient's pain (C).

5 Use of other pain relief methods

Besides medication, both physical and cognitive treatment methods are used in treating pain. Some methods (e.g. acupuncture) require specialised nursing training. The nurse must have knowledge of these methods in order to recommend them to the patient. Some of the methods may be useful for some patients.

Physical treatment methods include massage (B), acupuncture (B), cold therapy (C) as well as position and exercise therapy (D).

Music (B), relaxation methods (B), diversion of attention from pain (B), guided imagination (C) and caffeine (A) are used as pain management methods.

6 Monitoring the patient's status during pain treatment

Patients' pain and the side effects caused by medication are monitored actively and regularly during treatment because patients do not always ask for help on their own initiative or fail to report pain or adverse effects of medication (B). Up-to-date information about medication side effects is available at www.terveysportti.fi.

7 Recording pain nursing care

In accordance with the decree, pain nursing care is carefully noted in patient documents. The notes show the decisions made on pain treatment and their motivation (C).

8 Assuring the quality of pain nursing care

Education on pain nursing care is arranged for nursing staff on a regular basis (C). Patients' satisfaction with the pain treatment they receive is charted regularly (C). Pain nursing care is multi-professional and well-organised (C). The areas of responsibility of nursing staff are clearly defined (C). The continuity of patients' pain treatment is ensured (C).

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