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Pain Reassessment

Amanda Catrillo BSN, RN
Lehigh Valley Health Network

Kristen Kelly BSN, RN
Lehigh Valley Health Network

Christine Liever BSN, RN
Lehigh Valley Health Network

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Pain Reassessment

Amanda Catrillo, RN, BSN
Christine Liever, RN, BSN
Kristen Kelly, RN, BSN

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TRANSLATING RESEARCH INTO PRACTICE (TRIP)

TITLE: Pain Reassessment

What does the EVIDENCE say?

- According to the reviewed evidence, it was discovered that the "busyness" of nurses has a huge influence on pain control and reassessment in the inpatient setting. Evidence shows that adequately managed pain leads to higher patient satisfaction and effectiveness of utilized pain interventions, including narcotics.

CURRENT STATE/POLICY

- Currently, the policy states that pain should be assessed every eight hours. After an intervention, pain should be reassessed based on the patient's response and perception, although there is no specific time that it must be reassessed by, as long as it is assessed every eight hours.

WHAT WE FOUND?

- Upon administering a survey and completing a survey analysis, we found that most registered nurses are unaware of what the pain reassessment policy actually states. Most nurses stated that they are supposed to reassess pain one hour post-intervention, but the majority of the registered nurses who completed the survey admitted that they do not actually do that.

CHANGE IN PRACTICE

- In order to assure that pain is adequately managed; a couple of changes could be made to current practice. A visual cue could be utilized to remind registered nurses to reassess their patient's pain. Also, an educational intervention could be utilized to assure that the nurses providing care understand the correct policy and are aware of the expectations set forth by the health network.

REFERENCES:

- Bucknall, Tracey, Elizabeth Manias, and Mari Botti. "Nurses Reassessment of Postoperative Pain After Analgesic Administration." *The Clinical Journal of Pain* 23.1 (2007): 1-7. Web.
- Ista, Erwin, Monique Van Dijk, and Theo Van Achterberg. "Do Implementation Strategies Increase Adherence to Pain Assessment in Hospitals? A Systematic Review." *International Journal of Nursing Studies* 50.4 (2013): 552-68. Web.

AUTHORS: Christine Liever, Kristen Kelly & Amanda Catrillo

SUPPORT: Amy Droskinis & Colleen Green

Background / Significance

- Pain control is an important part of patient satisfaction and healing
 - The importance of this is evidenced by the existence of pain related questioning on the HCAPS
- A knowledge deficit exists in regards to the correct policy in place for pain assessment and reassessment throughout the network
 - This is evidenced by the lack of pain reassessment documentation throughout the network

PICO QUESTION

PICO Question – What are the strategies to facilitate bedside nurses to comply with pain reassessment guidelines to ensure that hospitalized patients are receiving adequate pain management, as well as pain reassessment?

- P – Bedside nurses responsible for pain reassessment
- I – Literature supported methods
- C – What we are doing now
- O – Increased nursing compliance

TRIGGER?

- Knowledge focused trigger
 - Health care providers within the network were unsure on the correct policy for pain assessment and reassessment and therefore were not assessing their patients pain in conjunction with the LVHN policy

EVIDENCE

- Search Engines
 - CINAHL
 - PubMed
 - EBSCOhost
 - Cochrane Database
- Keywords
 - Pain Management
 - Pain Reassessment
 - Visual Reminder and Visual Cue use in health care

Evidence

- Management of patient's pain translates into higher patient satisfaction, efficiency, and quality care delivery



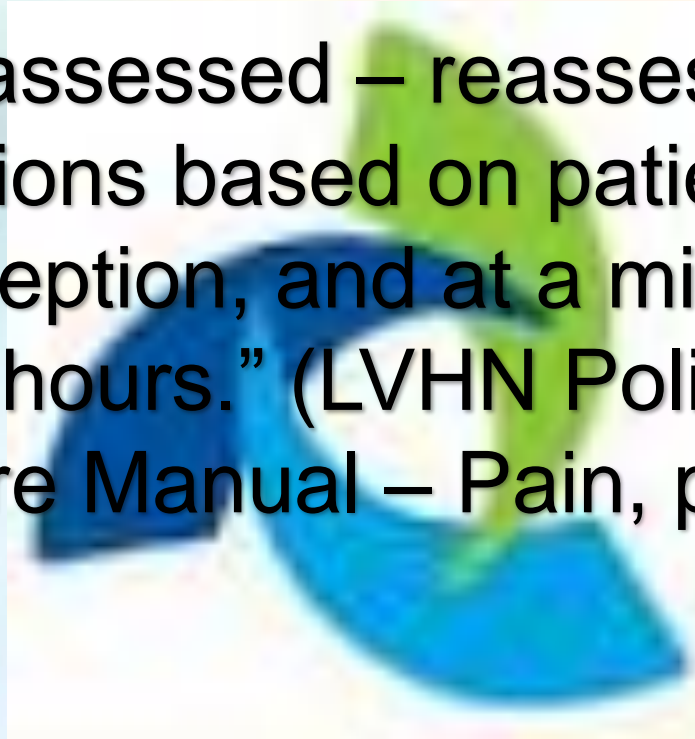
- Some registered nurses may not be educated sufficiently on the pharmacologic properties of analgesia, such as duration of effect and half-life to judge when it is appropriate to reassess drug effect and re-administer

Evidence

- Nearly all reassessments were nurse-initiated rather than patient-initiated – patients either lacked knowledge that pain is detrimental to their recovery or lacked confidence to raise their pain issue with the nurse
- The level of evidence for improving pain assessment recommendations is limited however, due to a lack of well-conducted studies.
- Implementation strategies to improve nurses' adherence to pain assessment recommendations vary, but generally address professional and organizational aspects. Educational and feedback strategies are often used and seem largely effective

Current Practice at LVHN

- “Pain is assessed – reassessed with interventions based on patient’s response and perception, and at a minimum of every eight (8) hours.” (LVHN Policy and Procedure Manual – Pain, page 5)



IMPLEMENTATION

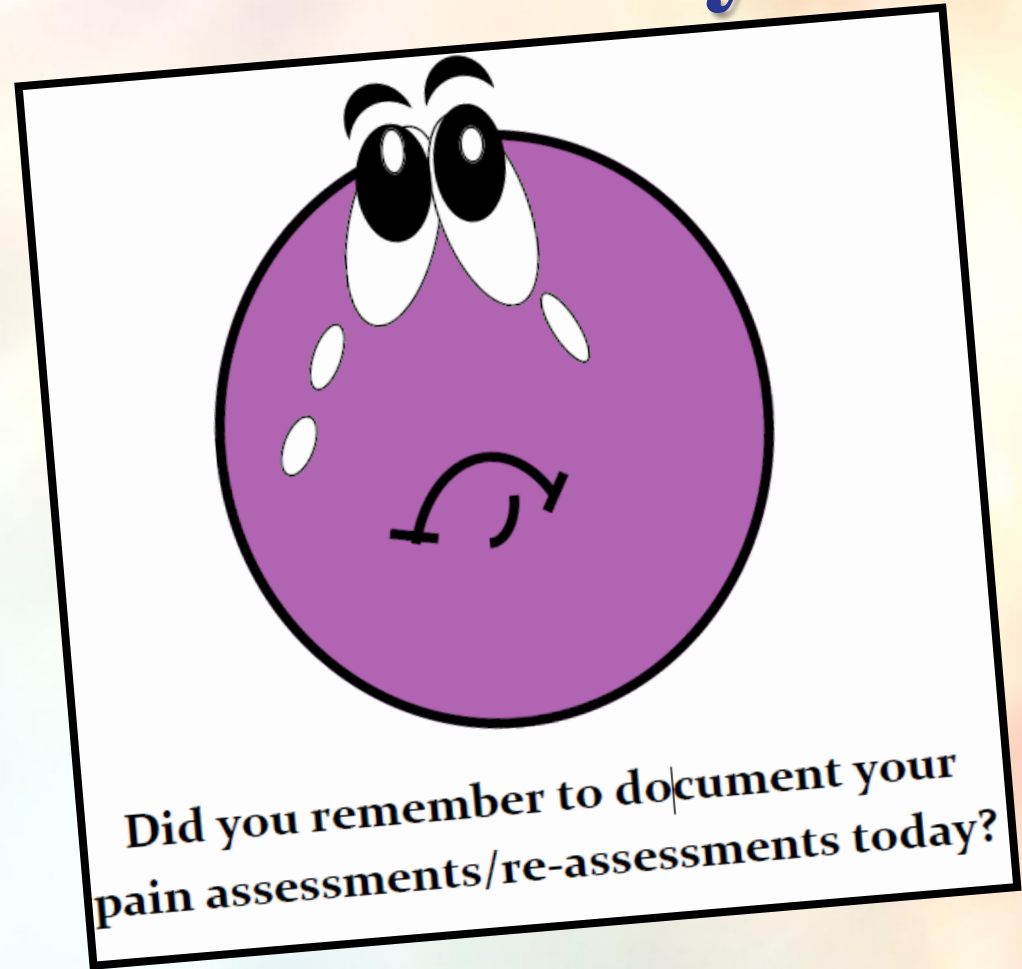
- Prior to beginning the study, health care providers on 6T and on the Behavioral Health Units were given a short survey to assess their understanding of the current policy
- Visual cues were then placed on both units to remind health care providers to assess and reassess their patients pain appropriately
- After the visual cues were on the unit for a couple weeks, health care providers were given an exit survey to assess the effectiveness of the visual cues in reminding them to reassess their patients pain

Practice Change

- In order to assure that pain is being assessed and reassessed appropriately, a couple changes can be made to the current practice at LVHN, including but not limited to:
 - Visual cues utilized to remind health care providers to reassess their patients pain within an appropriate amount of time
 - Educational intervention utilized to assure that employees understand the correct policy and are reassessing their patients pain appropriately

Pre-Visual Cue Survey

- Three question survey given to RNs on BH and 6T to determine RN perception of their own compliance with documentation



Survey Results for 6T

- Responses received from 72% of staff
 1. Within how many hours after an intervention must pain be reassessed and documented?
 - 8 hours: 38%
 - 1 hour: 50%
 - 1 hour if med given, 8 hour otherwise: <1%
 2. Do you currently find that you are remembering to document your reassessment of pain?
 - Yes: 61%
 - Most of the time: 27%
 - No: <1%

Survey Results for 6T Continued

3. What interventions help you to remember to document the reassessment of pain?

- Follow up prompt when giving med: 38%
- Note to self on report sheet: 22%
- Document during hourly rounding: 16%
- Document when charting Tele/I&O: 11%
- Other: 33%

Survey Results for BH

- Responses received from 95% of staff
 1. Within how many hours after an intervention must pain be reassessed and documented?
 - 1 hour: 62%
 - 8 hours: 19%
 - 2 hours: 15%
 - 4 hours: <1%
 2. Do you currently find that you are remembering to document your reassessment of pain?
 - Yes: 62%
 - Sometimes: 19%
 - Most of the time: 15%
 - No: <1%

Survey Results for BH Continued

3. What interventions help you to remember to document the reassessment of pain?

- Note to self on report sheet: 62%
- Placing post-it note on med computer: 13%
- Review of pain screen: 9%
- Follow-up prompt after giving med: 5%
- Setting phone alarm: <1%
- Regularly charting reassessments at end of shift: <1%
- When giving out other medications: <1%

Survey Results Combined

- Responses received from 72% of staff
 1. Within how many hours after an intervention must pain be reassessed and documented?
 - 1 hour: 59%
 - 8 hours: 24%
 - 2 hours: 11%
 - 4 hours: <1%
 - 1 hour if med given, 8 hour otherwise: <1%
 2. Do you currently find that you are remembering to document your reassessment of pain?
 - Yes: 62%
 - Most of the time: 17%
 - Sometimes: 14%
 - No: <1%

Survey Results Combined Continued

3. What interventions help you to remember to document the reassessment of pain?

- Note to self on report sheet: 52%
- Placing post-it note on med computer: 10%
- Follow-up prompt after giving med: 14%
- Review of pain screen: 7%
- Document during hourly rounding: 4%
- Document when charting Tele/I&O: 2%
- Other methods: 13%

Post-Visual Cue Survey

- Three question survey given to RNs on BH and 6T to determine RN perception of their own compliance with documentation after visual cues were placed on the unit

Pain Reassessment Survey

Survey #1

Pain Reassessment Survey

1. Within how many hours after an intervention must pain be reassessed and documented?
2. Do you currently find that you are remembering to document your reassessment of pain?
3. What interventions help you to remember to document the reassessment of pain?

Survey Part # 2

Please circle one:

1. Did you notice the pain reassessment signs on the unit?
Yes No
2. If yes, did they help you to remember to document your pain reassessment?
Yes No
3. Do you feel as though visual cues are helpful in reminding you to complete an intervention?
Yes No

Survey Results for BH

1. Did you notice the pain reassessment signs on the unit?

- Yes: 95%
- No: <1%

2. If yes, did they help you to remember to document pain reassessment?

- Yes: 83%
- No: 16%

3. Do you feel as though visual cues are helpful in motivating you to complete an intervention?

- Yes: 95%
- No: <1%

RESULTS

- In the month of May, after the visual cues were on the unit for 1 month, the percentage of nurses documenting pain reassessment on BH was 83.33%

Implications for LVHN



- To improve patient satisfaction and pain management through consistent adherence to policy and procedure regarding pain reassessment through staff education and visual cues throughout the hospital

Lessons Learned

- Lack of knowledge regarding policy and procedure amongst staff nurses regarding pain reassessment as evidenced by the survey
- Visual cues improved compliance with pain reassessment policy amongst staff nurses

References

- Nurses' Reassessment of Postoperative Pain After Analgesic Administration. Bucknall, T., Manias, E., & Botti, M. Clinical Journal of Pain V. 23 #1 January 2007
- Reassess Pain to Comply with JCAHO Standards. ED Nursing, December 2006
- Do Implementation strategies Increase Adherence to Pain Assessment in Hospitals? A Systematic Review. Ista, E., van Dijk, M., & van Achterberg, T. International Journal of Nursing Studies V. 50 November 2012

Strategic Dissemination of Results

- Changing the policy to ensure that pain is assessed and reassessed appropriately
- Educating all health care providers involved in managing pain control in regards to the policy on pain assessment and reassessment
- Utilizing visual cues throughout the hospital to remind health care providers to reassess their patients pain in conjunction with the correct policy

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- Questions/Comments

