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Cathy Abreu RN BSN  
_Lehigh Valley Health Network_, catherine_a.abreu@lvhn.org

Erik S. Bradley RN BSN  
_Lehigh Valley Health Network_, erik_s.bradley@lvhn.org

Nicole Molettiere RN BSN  
_Lehigh Valley Health Network_, nicole.molettiere@lvhn.org

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PAIN-AD vs. NVPIS pain scale use in Cognitively Impaired Geriatric Patients in the Medical Surgical Hospital Setting

Cathy Abreu RN BSN, Erik Bradley RN BSN, and Nicole Molettiere RN BSN
Lehigh Valley Health Network, Allentown, Pennsylvania

Significance

- Pain is what the patient says it is.
- Nurses have a professional and moral obligation to adequately manage pain.
- The relationship between pain assessment and cognitive impairment is a complex one.
- No single widely used standardized tool in place.
- Untreated pain increases disability, and decreases quality of life.
- Pain management satisfaction directly impacts HCAHPS scores.

Purpose

Are the PAINAD and NVPIS scales equivalent in assessing pain in the cognitively impaired older adult?

EVIDENCE

- Implementation of an objective pain rating scale for the assessment of pain in nonverbal, can improve patients’ ratings of their pain experience, improve the documentation of pain assessments by nurses, and increase nurses’ confidence in assessing pain in nonverbal patients. (Topolovec-Vranic et. al, 2010)
- Implementation of NVPIS tool increased staff confidence in assessing pain in nonverbal, sedated and increased the number of pain assessments documented by the nursing staff for noncommunicative patients per day. (Topolovec-Vranic et. al, 2010)

Results & Lessons Learned

- While both scales were found to be valid tools for assessing pain levels in non-verbal patients, the PAINAD scale is more aligned with current LVHN practices in that it results in a pain score of 0 to 10. Pain medications at LVHN are prescribed according to severity of pain utilizing the same scale.
- Assessing pain in cognitively impaired older adults present a complex of challenges.
- Consistent use of a single, valid scale during a patient’s stay is imperative to accurately assess and manage pain.
- PAINAD and NVPIS tools are not interchangeable for consistent assessment of the same patient.
- PAINAD is more closely lined with current LVHN practices for administration of pain medication.

Implementation

- Process Indicators – Cognitively impaired older adults are often unable to express pain verbally
- Outcomes - timely and accurate identification of pain in the cognitively impaired, non-verbal older adult
- Baseline Data – No preexisting data for LVHN available
- Design (EBP) Guideline(s)/Process – Use of PAINAD and NVPIS assessment tools on target patient population
- Implemented EBP on Pilot Units – Comparison study implemented on Transitional Trauma and Neuroscience Medical Surgical units
- Evaluation (Post data) of Process & Outcomes – 10 patients in target population assessed using both tools to evaluate pain
- Modifications to the Practice Guideline – Formal pain assessment tools should be used consistently for non-verbal patients
- Network Implementation – Implementation applicable to all units serving non-verbal patients

Next Steps

The results of our research will be disseminated to the network through a poster presentation, then shared with the units serving the targeted patient population. We also plan to educate the staff on the use of each scale and how to appropriately select a patient for application of the scales.

REFERENCES


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