

Pained and Confused: A Look at Pain Control in Cognitively Altered Patients

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Pained and Confused: A Look at Pain Control in Cognitively Altered Patients

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Background/Purpose

- Witnessed discrepancies between pain assessments charted with “denies pain” versus actual findings of non-verbal indicators of pain, in cognitively altered patient population.
- Current evidence shows that this specific population is not having pain assessed or managed effectively, due to decreased or impaired verbalization of pain.
- Outcomes of untreated pain may lead to: physiological risks, anxiety/depression, sleep disturbances, impaired functional abilities, decreased quality of life, and increased use of medical services + health care costs.
- The purpose of this project is to determine whether or not RNs are appropriately assessing pain in the cognitively altered patient population and to educate RNs on which pain scales are appropriate to utilize.

PICO

- ❖ P (population): Medical Surgical Nurses
- ❖ I (intervention): Education on non verbal pain scales (FACES, non-verbal cues)
- ❖ C (comparison): numeric pain scale
- ❖ O (outcome): Increase use of non-verbal and FACES pain scale for pain assessment and improved nursing knowledge of pain assessment in cognitively impaired patient populations

Evidence

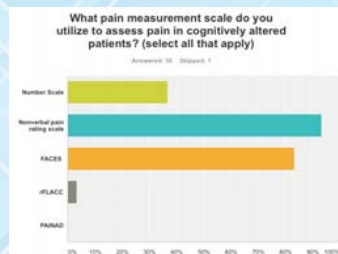
- A number of studies have documented a high prevalence of pain in older adults with cognitive impairments (Herr et al).
- This population is less likely than others to receive effective pain management, due to higher difficulty in assessing their pain, due to cognitive impairments and/or communication deficits (Rutledge 2015).
- RN’s are often not utilizing the appropriate pain scales for these patients, and are ineffective at both pain assessment and treatment of their pain (Herr et al).
- When self-report of pain is not reliable or possible, we should be using observational assessment tools, such as FACES and non-verbal pain scales, which look at possible non-verbal indicators of pain (Rutledge 2015).
- Behaviors that often indicate pain/discomfort in patients with cognitive deficits include fidgeting, rubbing a body part, grimacing, alteration in sleep pattern, aggressiveness, and vocal indicators: crying or moaning (Rutledge 2015).

Methods

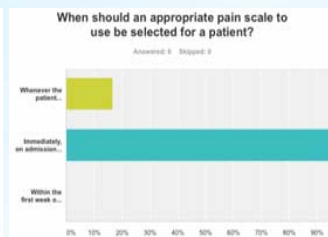
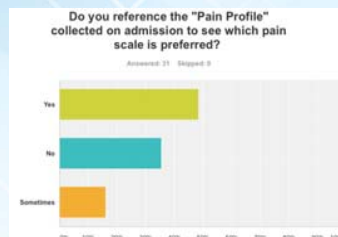
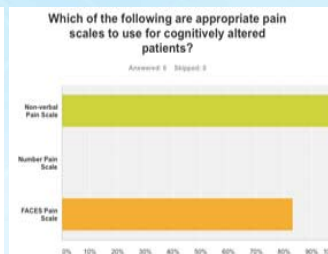
- Pre-survey was given to RNs working on units caring for cognitively altered patients to determine knowledge deficits in properly assessing pain in this population.
- Tip sheet was distributed to RNs to educate on how to adequately assess pain in cognitively impaired patients, including current literature to support this practice.
- Post-survey/test was then given to help determine if education was successful in making RNs aware of appropriate pain scales to be used.

Results

Survey 1



Survey 2



Outcomes/Future Recommendation

- Initially:
 - RNs surveyed that they utilize multiple pain scales to assess pain in cognitively altered population including: number, non-verbal, FACES, and rFLACC pain scales
 - RNs surveyed that the “Pain Profile” assessment tool in EPIC was utilized about 50% of the time
- After education was implemented:
 - 100% of responses from RNs included only the non-verbal and FACES pain scales
 - 83% of RNs utilized “Pain Profile” in EPIC upon admission
 - 100% of RNs felt they had a better understanding of how to assess pain appropriately in this population and which pain scales to utilize
- Future recommendation:
 - Annual and/or unit education for RNs regarding specific pain assessment scales available for the cognitively altered patient population

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