

# The Impact of a Non-pharmacological Pain Management Check List.

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# The Impact of a Non-pharmacological Pain Management Check List

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## Background

- Observation for the improvement of pain management utilizing non-pharmacological pain interventions
- Potential complications from not meeting patient's comfort/acceptable pain level
- Patient's lack of knowledge regarding non-pharmacological interventions
- Ability to increase HCAHPS ratings by meeting patient's comfort/acceptable pain level
  - The pre intervention data showed below from MRR, both units pain was controlled.
  - However, it was important to examine further because patients on both unit experience pain often.
- New Joint Commission standards for pain assessment and pain management specifically look for the use of non-pharmacological interventions. (Joint Commission, 2017)

## PICO Question

In the hospitalized medical-surgical patient experiencing pain, does a nursing checklist for non-pharmacological pain interventions versus no nursing checklist for non-pharmacological pain interventions better control the patient's pain by achieving their stated Comfort/Acceptable Pain Level?

### PICO

- **P** - Hospitalized medical-surgical patient experiencing pain
- **I** - Nursing checklist for non-pharmacological pain interventions
- **C** - No nursing checklist for non-pharmacological pain interventions
- **O** - Better control the patient's pain by achieving their stated Comfort/Acceptable Pain Level

## Evidence

- Pain is often undertreated (Bauer)
- Gaps in routine patient pain scores and actual pain control exist (Akkaya, 2009)
- Studies show that many non-pharmacological pain control methods are effective
- Poor pain control may lead to decreased mobilization, DVTs, PEs, pneumonia, atelectasis, urinary retention, bowel obstruction, and prolonged hospitalization. (Agency for Health Care Policy and Research 1992)

## Implementation Plan/ Methods

- Inclusion Criteria: Nurses who work on 7A Neuroscience and 5A Transitional Trauma Unit were educated on the use of a non-pharmacological intervention checklist
- Education provided to nurses via: TLC, non-pharmacological pain management checklist, and also communicated to nurses during daily unit safety huddles.
- Pain management checklist:
  - outlines non-pharmacological interventions
  - offered every four hours while awake and as needed
- Data collected both pre and post education and use of the pain management check list will be collected
  - Pre-data: May and June Medical Record Review (MRR) audits of Pain Intervention Effectiveness, achievement of pain goal, and documented use of non-pharmacological interventions.
  - Implementation:
    - 2 weeks of data collection
    - July 16, 2017-July 29, 2017
  - Post-data: Chart audits for pain intervention effectiveness and documentation of non-pharmacological interventions during trial period.

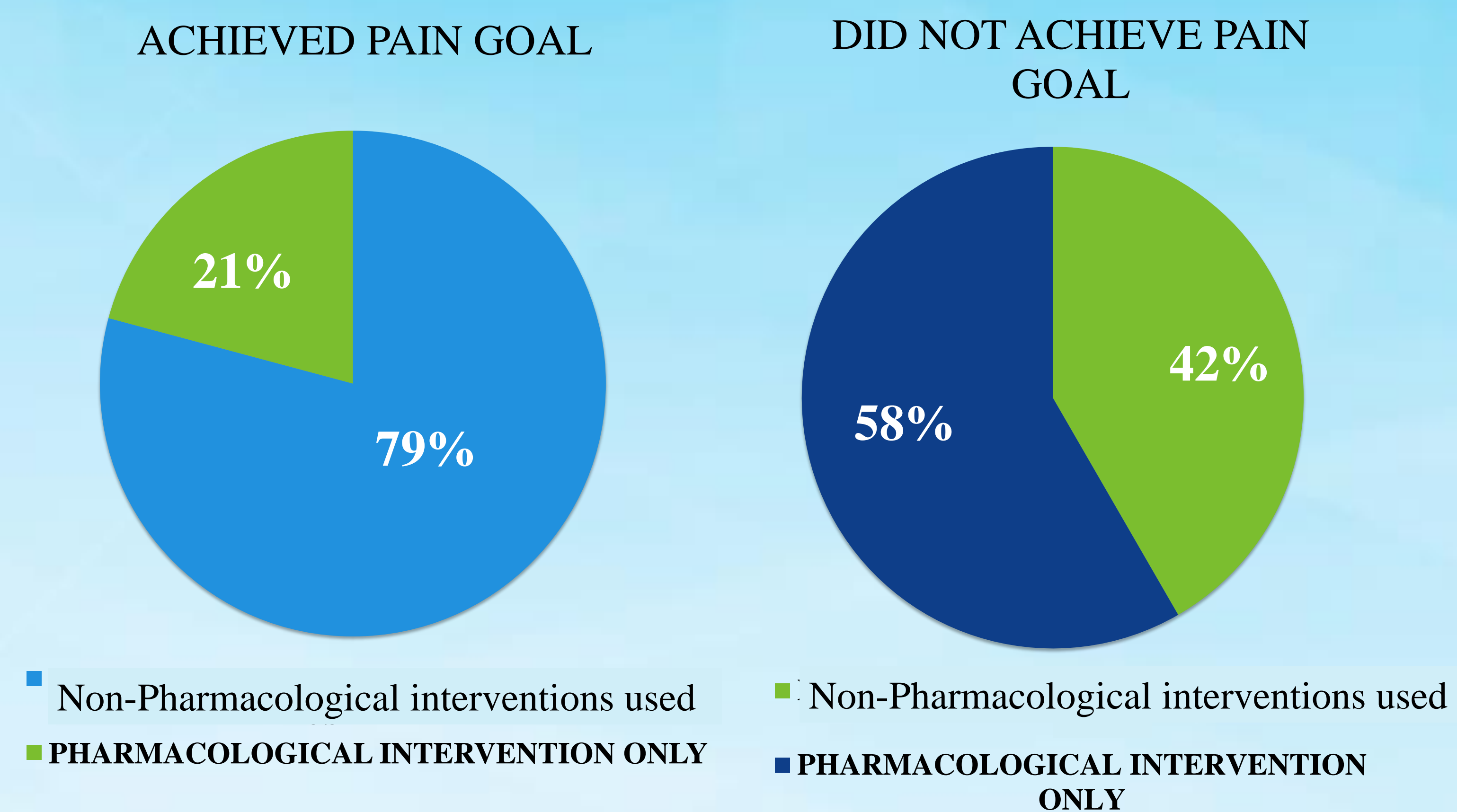
### NON-PHARMACOLOGICAL CHECKLIST

Promote Family Presence
Distraction (Television, Music, Telephone)
Decrease Lighting and Noise, Earplugs, Face Mask
Elevate Extremity (if applicable)
Repositioning
Cold Therapy (Ice Pack)
Hot Therapy (Heating Pad)
Breathing Techniques
OOB to Chair
Guided Imagery
Massage
Ambulation
Pet Therapy

	Pre- Data MRR Chart Audits			
	May		June	
	TTU	7A	TTU	7A
Number of Charts Audited	9	6	8	5
% Patients Who Achieved Pain Goal	100 %	83 %	88 %	100 %

## Outcomes

- Out of the charts audited, post data showed a total of 36 patients reported having pain. Out of those 36 patients with pain, the post-education data supported that nurses that implemented the non-pharmacological interventions—like those used in the checklist—met patient's pain goals more effectively than when non-pharmacological interventions were not used.



## Conclusions/Next Steps

- Use of non-pharmacological interventions helped patients achieve pain goal more often.
- Nurses did not consistently utilize and/or document non-pharmacological interventions used to manage pain.
- Further studies and teaching regarding non-pharmacological interventions should be implemented on inpatient units to improve the success of meeting patient's pain goals.

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