Nov 17th, 10:00 AM - 11:30 AM

SENSITIVITY OF PAIN ASSESSMENT FOR CRITICALLY ILL, NONVERBAL ADULTS

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Background & Significance

• Patient’s self-report is a “gold standard” in assessing pain, yet it is not always possible in critically ill, nonverbal adults. In such cases, the use of reliable behavioral pain assessment tools is paramount to patient outcomes.

• The literature presented conflicting information regarding behavioral pain assessment tools and their sensitivity in assessing pain in critically ill, nonverbal adults.

Problem and Purpose of Study

The purpose of the integrated literature review is to challenge and extend existing knowledge about CPOT and BPS effectiveness in accessing critically ill, nonverbal adult patients.

Research Questions

1) What clinical guidelines, regarding the use of CPOT and BPS pain assessment tools, yield optimal results for assessing pain in critically ill non-verbal patients?
2) What are the main barriers in CPOT and BPS application for clinical practice?
3) Do CPOT and BPS applications assess pain in critically ill, nonverbal adults?

Nursing Implications

Nurses’ perspectives regarding pain assessment and pain assessment tools used for critically ill, nonverbal adults remain mostly unexplored. This barrier is particularly relevant for critical care nurses, as they spend most of their time at the patient’s bedside and have a unique role in contributing to ongoing clinical research that focuses on patient advocacy, pain assessment, and pain management.

Limitations

• Articles lacked a theoretical framework to guide the studies.
• Four articles had inadequate sample sizes (n<60), with narrow medical populations.
• Short-term studies (lasting between 3-6 months), limited to one type of ICU setting.
• Nociceptive procedures were mostly limited to turning and endotracheal suctioning.
• 10 articles were used for the completion of this integrative literature review.

Conceptual Model

• The Biopsychosocial Model (BPS) developed by George L. Engel (1977) was utilized to guide the study.

• Assumes that illness, wellness and health are caused by a complex interaction of biological, psychological, and sociocultural factors.

• BPS model rejected biomedical model as dogma.

• Different aspects of the BPS model were elaborated throughout the literature review as it related to main ideas such as current clinical guidelines, sensitivity of CPOT and BPS assessment tools, and the identification of barriers in CPOT and BPS application. This is where strategies of educating nurses and other health care workers are of utmost importance as it improves patient care outcomes.

Data Analysis

• Current clinical guidelines indicated that BPS and CPOT are the most valid and reliable behavioral pain assessment tools for monitoring pain in critically ill, nonverbal patients. These scales have a particular value in assessing medical, postoperative, and trauma (except for head injury) patients.

• Unfortunately, CPOT and BPS behavioral scales are translated in only a handful of languages and can present barriers when used in languages other than French and English.

Results

In the case of critically ill, nonverbal adults, current clinical guidelines recommend the use of CPOT and BPS assessment tools as they are shown to be the most valid, reliable, and sensitive. This was evident in the integrated literature review as the majority of studies (90%) found that both, CPOT and BPS, showed fair to good sensitivity. Major themes in regards to barriers for proper pain assessment with behavioral pain assessment tools were:

• Lack of training/experience in using CPOT and BPS assessment tools
• Pain scale subjectivity
• Sedation, analgesic, and consciousness effects on CPOT and BPS scores
• Confusion with CPOT and BPS scale properties and domains

Future Study/Conclusion

This integrative literature review indicated that CPOT and BPS are sensitive and thus valid for use in clinical settings. While this means that we are headed in the right direction in assessing pain in critically ill, nonverbal patients, further research is needed in regards to:

• Effects that pharmacotherapeutic agents and consciousness have on CPOT and BPS scores
• Determination of the most effective way to educate train, and utilize these subjective scales
• Reevaluation of conflicting research on the use of behavioral scales among brain injury patients

Future research should place more emphasis on the BPS Model, focusing on improving pain assessment tools and methods in order to provide optimal care to critically ill, nonverbal patients.

Acknowledgement

I would like to thank Science Librarian C. Parker for assistance with literature research, Dr. K. Amer for all the comments and pearls of wisdom that greatly improved the manuscript, and my family for keeping my spirits high through this creative process.