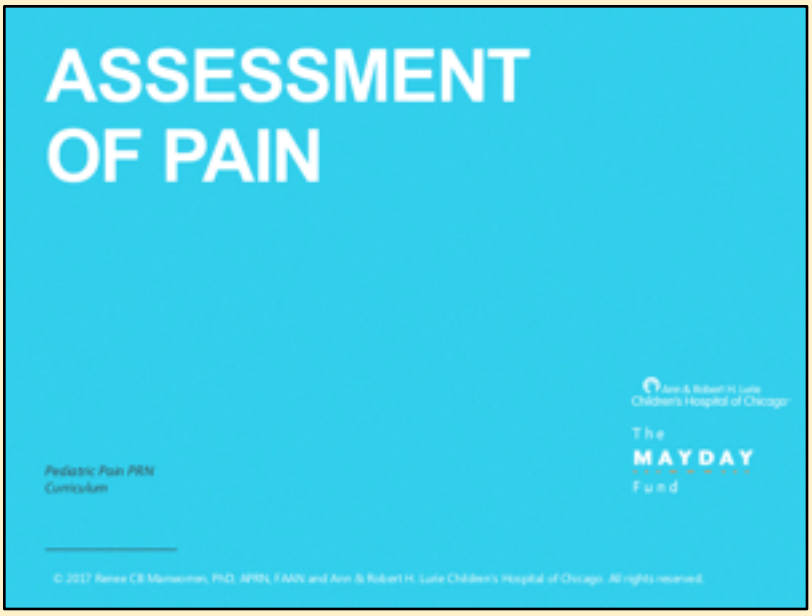
PRN Program: Assessment of Pain



Materials:
- Flip chart or whiteboard & Markers
- Send participant guide at least 1 week in advance

Room Setup:
- In tables of 4 or 6-8 depending on number of participants
- Display slide as participants walk in
- This session is 45 minutes

Welcome and Introductions: *Introduce facilitator if necessary*

READ: The learning objectives for this content are to:
- Critically evaluate pain assessment tools for reliability, validity, feasibility and utility for communicating pediatric patients' pain experiences
- Formulate processes and policies to ensure the organization's pain assessment and care planning for pediatric patients is sensitive to children's pain and acknowledges the sensory, cognitive and affective experience of pain and behavioral responses as influenced by social, cultural, spiritual and regulatory context.
- Engage in pain assessment demonstrate evidence-based processes, modeling assessment principles, and how to use valid and reliable tools that are appropriate for the developmental level, cognitive ability, language, and care needs of pediatric patients cared for in your clinical area.

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<u>ASK</u>: Why do you think it is important to screen for and assess pain in children?
Select participants willing to share their answers to this question.
Write on flipchart or board ***[Limit to 1 minute]***

<u>READ:</u> *these Key points (****if not included by participants):***

- Pain assessment and treatment is a fundamental human right.
- Pain assessment is fundamental for assuring quality pain care.

<u>ASK</u>: When and how do you screen children for pain?
Select participants willing to share their answers to this question.
Write on flipchart or board ***[Limit to 2 minutes]***

<u>ASK</u>: What are the consequences of unrelieved pain?
Select participants willing to share answers and turn to next slide
Write on flipchart or board ***[Limit to 1 minute]***

[5 MINUTES of 45 minute session is complete]

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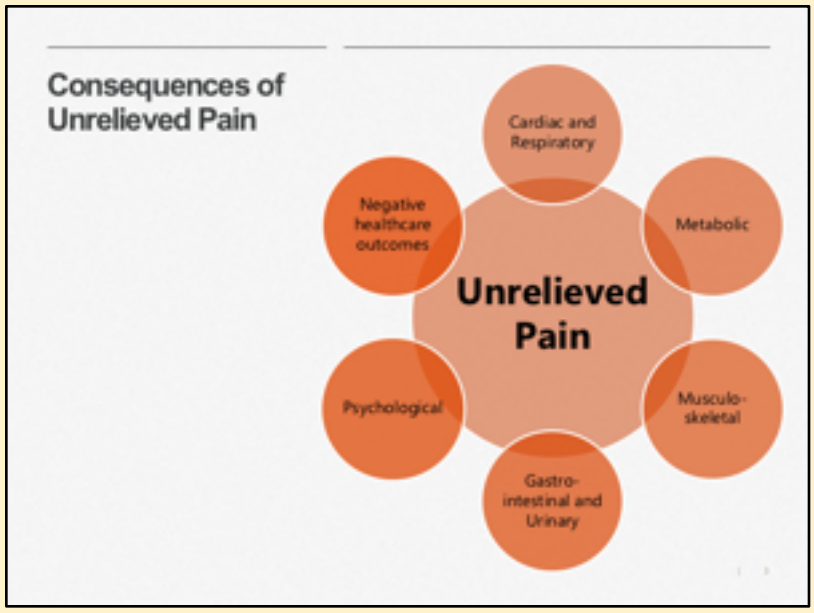

READ: *these Key points (**if not included by participants**):*

Acute and Chronic pain have potential negative physical consequences:

- Alter breathing patterns
- Increase metabolic rate through increased stress hormones (e.g., cortisol, adrenaline, catecholamines)
- Cause muscle tension, spasm and fatigue
- Slow gastrointestinal and urinary systems

Acute and Chronic pain also have potential negative psychological consequences:

- May change how the nervous system and brain perceives pain
- When poorly controlled, can contribute to negative healthcare outcomes and to the development of chronic pain

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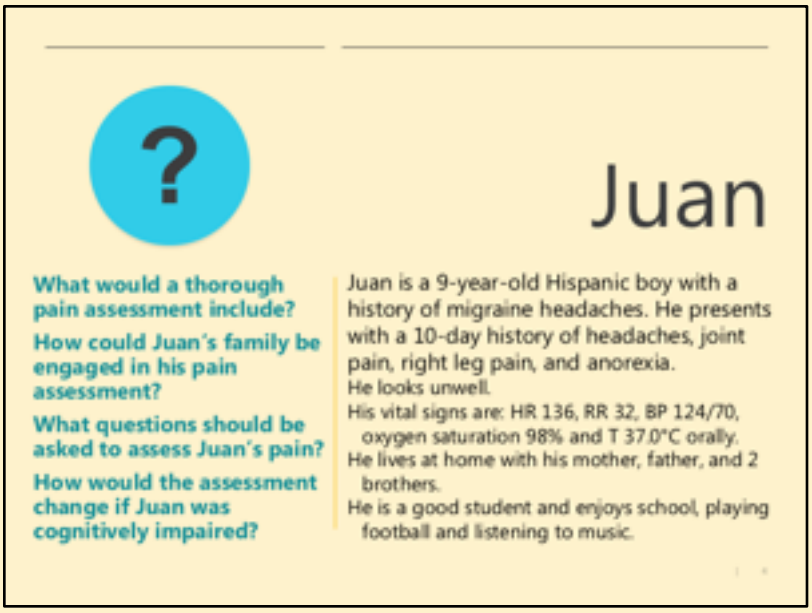

READ: This is a 10 minute case, with your **table** discuss your answers to the questions on the slide, and be prepared to share them with the group.

[Give groups 5 minutes to discuss case and 1 minute to share answers to each question]

Select a participant to share their groups' answers.

READ: *these Key points (**if not included by participants**):*

- A thorough assessment of Juan's pain involves taking a **history** of his current and prior pain experiences. Standardized validated questions guide history taking.
- Current pain should be assessed with a **valid** developmentally-appropriate pain assessment tool. For Juan, a self-report tool like a FACES scale or perhaps a NRS or a multidimensional pain tool (e.g. APPT) would be good choices.
- Assess for potential **cultural influences** of pain beliefs and treatments.
- Juan's **family members** know him best and can recognize subtle changes in his manner or behavior. Be sure to engage them to assess his pain and potential contextual influences. Ask Juan's family if they have noticed any changes in his mood, physical activity level, engagement in schoolwork, social interactions, or sleep patterns.
- With **cognitively impaired children** it is important to try to obtain self-report using a developmentally appropriate pain tool or even a yes or no. If non-verbal, obtain a pain history from the parents about behaviors they consider indicative of pain. Then use a behavioral tool that has been validated in this population, such as the NCCPC-R or the r-FLACC, both of which require the inclusion of unique pain behaviors for each patient.

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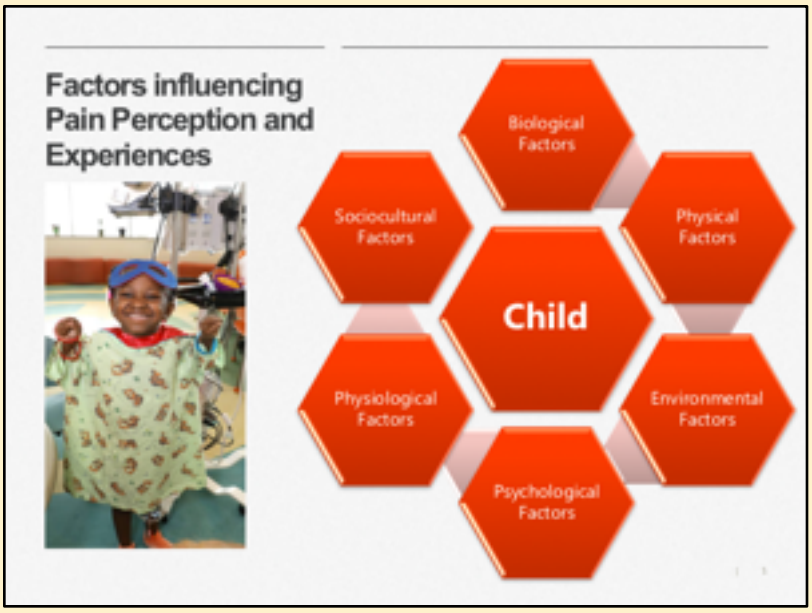

READ:

- Many factors influence a child's perception of pain and the ways they will behave when they are in pain.
- An evaluation of a child in pain should consider these factors within a developmental context.

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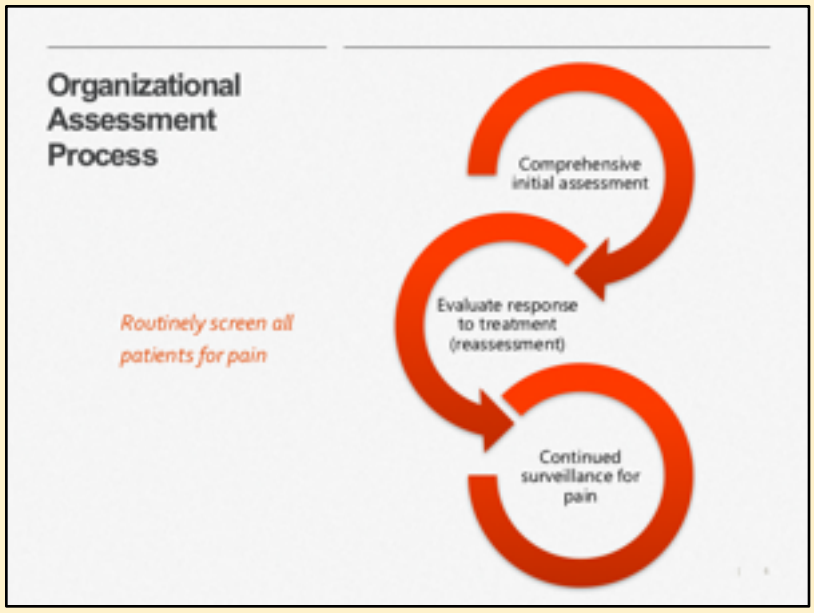

READ:

- When pain is identified, a thorough assessment is required to also identify the potential causes of pain and to guide in development of a pain management treatment plan.
- Essential elements of the initial assessment include a physical exam, imaging, laboratory, diagnostic, and psychological tests as appropriate.
- Treatment plan effectiveness is evaluated through subsequent assessments (reassessment).
- This process is cyclical. Continued surveillance for pain is necessary to address new sites and sources of pain.
- Documentation of assessments is critical for communication.

[20 MINUTES of 45 minute session is complete]

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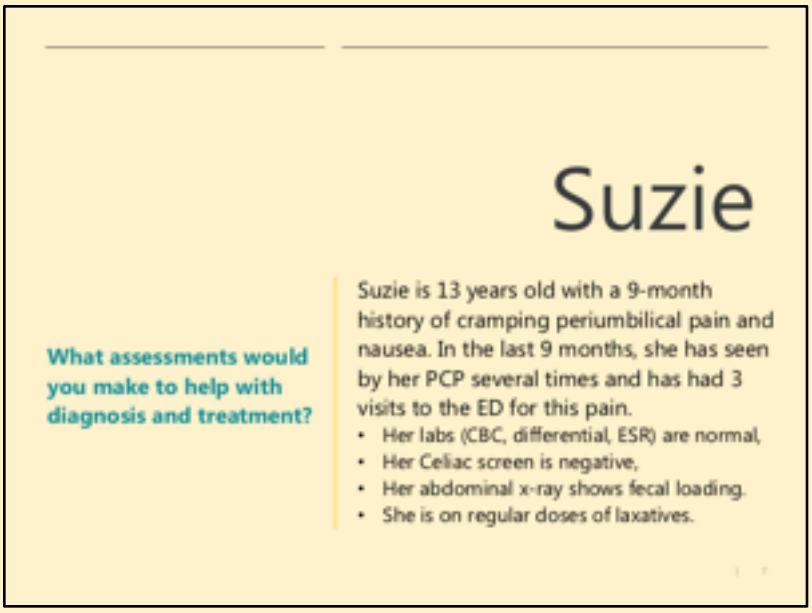

READ:

Suzie reports that she can't go to school because she feels she can't make it to the bathroom in time and she is too tired because she does not sleep at night due to pain.

Select a participant willing to share his/her answer to the question.

[Limit to 2 minute]

READ:** these Key points (**if not included by participants):

- **Initial evaluation** should begin with a history of the child's current pain, including a careful description of the pain. Detailed sensory characteristics, intensity, location, quality, duration, variability, predictability, exacerbating and alleviating factors, and impact of pain on daily life (e.g., sleeping, eating, social and physical activities, family & peer interactions) should be included in this evaluation.
- It is important to look for **'red flags'** such as pain away from the umbilicus, fever, weight loss, significant emesis, blood in stool, jaundice or organomegaly.
- In addition to pain, assess associated **functional disability** including impact of pain on daily life (e.g. sleep, school, diet, social and physical activities).

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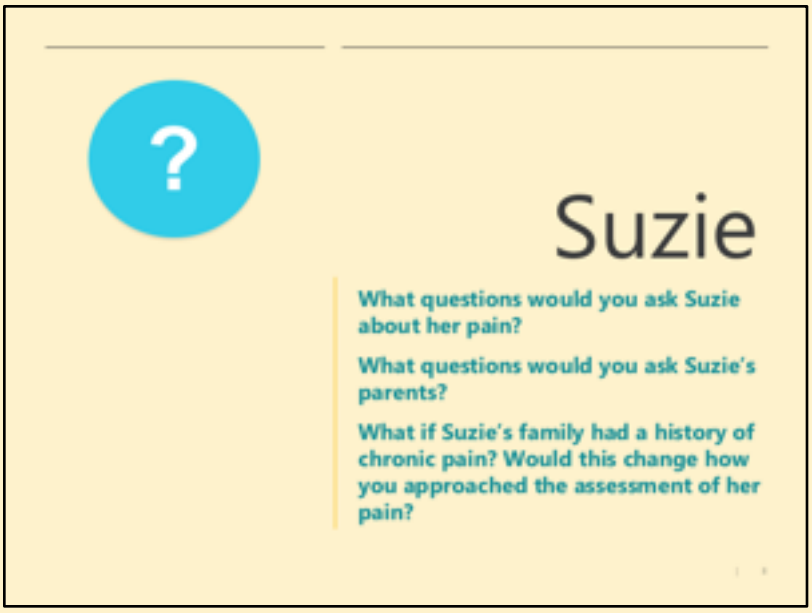

ASK: What questions would you ask Suzie about her pain?

Select a participant willing to share his or her answer to the question.

[Limit to 1 minute]

ASK: What questions would you ask Suzie's parents?

Select a participant willing to share his or her answer to the question.

[Limit to 1 minute]

READ: Use the "ABCs of pain assessment" to walk through this case:

A. Ask and assess pain regularly and systematically
B. Believe reports of pain
C. Choose treatments based on thorough pain assessment
D. Deliver pain treatments in a timely, coordinated manner
E. Evaluate treatment efficacy

ASK: What if Suzie's family had a history of chronic pain? Would this change how you approached assessment of her pain?

Select a participant willing to share their answer to the question.

[Limit to 1 minute]

[25 MINUTES of 45 minute session is complete]

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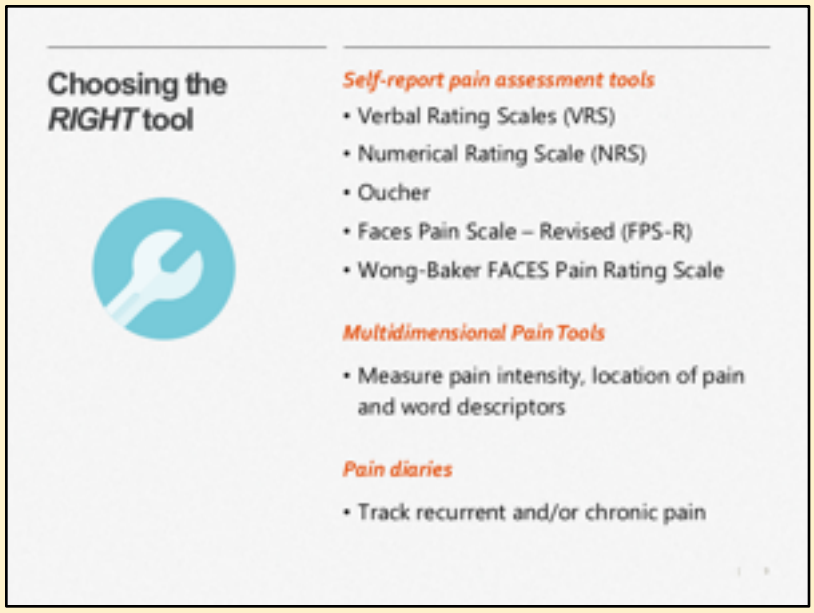

ASK: Which tools do you usually use or are you familiar with?

Select participants willing to share their answer to the question.

[Limit to 2 minute]

READ: Tools used to assess pain should be:

- **Reliable**
- **Valid**
- **Responsive**
- **Feasible**
- **Practical**

ASK: When should each tool be used?

Select participants willing to share their answer to the question.

[Limit to 2 minute]

[30 MINUTES of 45 minute session is complete]

PRN Program: Assessment of Pain

READ: Anticipate and treat pain caused by procedures.

- Review the patient's clinical condition. Are there any problems or diagnoses that commonly cause pain? If so, assume pain is present and treat accordingly.
- Try to obtain a self-report from all patients, even a simple "yes or no." It may be possible to obtain a self-report from critically ill patients and those with intellectual disabilities
- Rule out other conditions such as constipation or infection.
- Be sure the patient is dry, warm or cool enough, positioned in a comfortable way, and that other basic needs are met.
- Be vigilant for subtle behavioral changes; remember that behavioral changes do not translate to pain intensity, but should raise suspicion of the presence of pain.
- Ask others (surrogate reporting) if the child is in pain. Those who know a patient best can help identify specific behaviors that indicate pain for this individual.
- If pain is likely, attempt an analgesic trial and look for changes in behavior or other signs of improvement.

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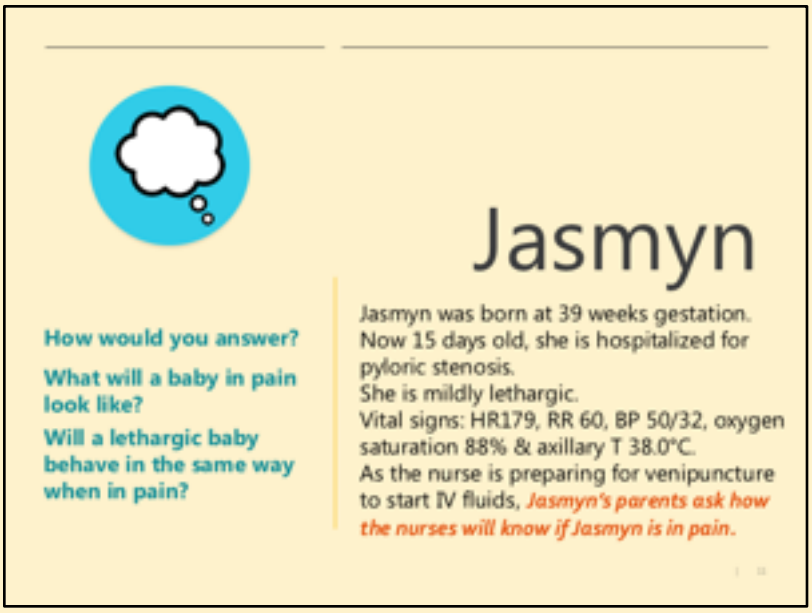

READ: *Jasmyn's parents ask how the nurses will know if Jasmyn is in pain.*

This is a 5 minute case, with your **table** discuss your answers to the questions on the slide

Select a participant willing to share your groups' answers.

[*Give groups 4 minutes to discuss case &*
*1 minute to share answers to each question****]***

READ: *these Key points (****if not included by participants):***

- Infants cannot express their pain verbally, so behavioral and physiological tools are used to assess pain. A baby in pain may display several pain behaviors. Facial activity (e.g. brow bulge, eye squeeze) has been the most comprehensively studied and is the most reliable and consistent pain behavior. Sleeplessness and cry can also be indicators of infant pain. These responses may be less obvious in a lethargic infant, making consideration in this context (e.g. sepsis requiring painful procedures) important to Jasmyn's assessment.
- Healthcare providers often default to physiological indicators, such as increased heart rate, heart rate variability, decreased oxygen saturation and changes in respiratory pattern. Physiological indicators must be considered in the context of a **multidimensional** pain assessment, as they are not sensitive or specific for pain and they are **not by themselves valid measures** of pain.

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READ: When assessing pain in children younger than 3 years or over 3 who are unable to report pain, consider:

- underlying condition/process (impact on neurological or musculoskeletal system, progressive or stable)
- developmental level (cognition, communication & motor function)
- usual behavior & health condition (baseline & pain experiences)
- usual means of communication (verbal, non-verbal, pain behaviors)
- caregiver's opinion and past experiences with patient
- impact of concurrent illnesses (social, emotional, physical)
- differential diagnosis (all possible sources of distress & pain).

ASK: Which tool would you use for baby Jasmyn?

Select a participant willing to share his or her answer to the question.

[Limit to 1 minute]

ADD:** this Key point (**if not included by participants):

Since Jasmyn is only 2 weeks old, assessment tools for neonates, like FLACC, NIPS or NPASS (*from neonatal material*) would also be appropriate.

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ASK:

Given the pediatric pain assessment information reviewed, what needs to change in your current pain assessment policy?

Select participants willing to share their answers to this question.

Write on flipchart or board

[42 MINUTES of 45 minute session is complete]

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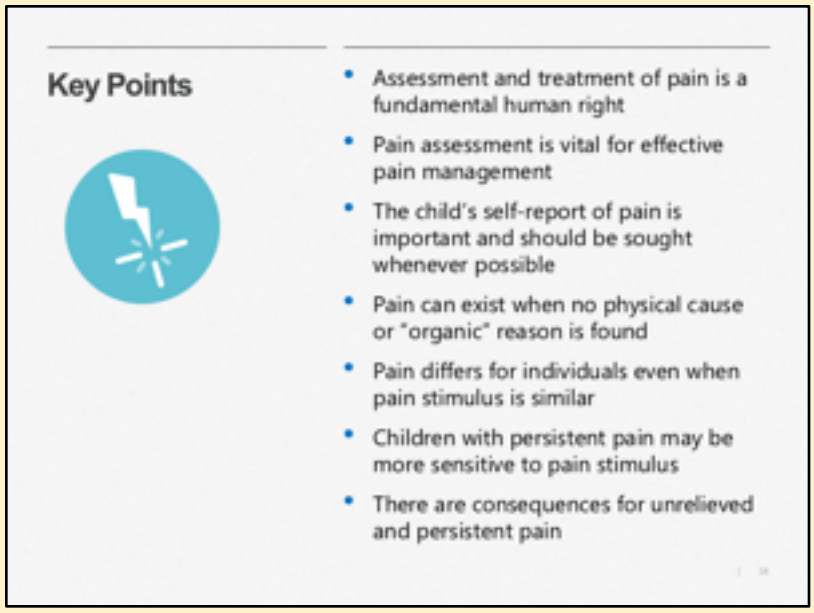

READ:

- Assessment and treatment of pain is a fundamental human right
- Pain assessment is vital for effective pain management
- The child's self-report of pain is important and should be sought whenever possible
- Pain can exist when no physical cause or "organic" reason is found
- Pain differs for individuals even when pain stimulus is similar
- Children with persistent pain may be more sensitive to pain stimulus
- There are consequences for unrelieved and persistent pain

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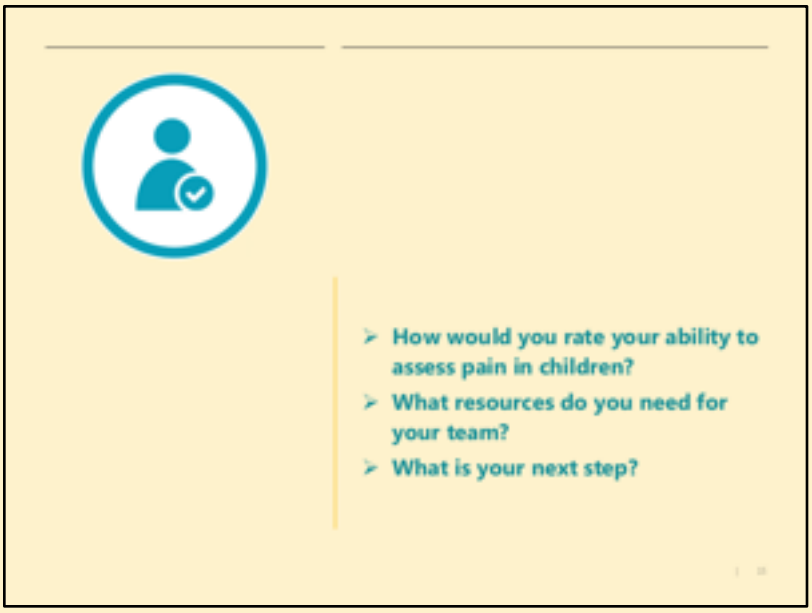

ASK: Are there any questions?

[45 MINUTES SESSION COMPLETE]