WHAT'S NEXT? THE PAIN NURSES' MANAGEMENT FOLLOWS

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Mrs. Lee's story

Her knee pain began in 2008, when she was 60 and just retired. She was a widow and pessimistic who had worked as clerical work in a company for over 40 years. She thought her a punishment. Her insomnia condition deteriorated in the first few months just after her retiring life. Accompanying her were anxiety, nervousness, high blood pressure, as well as pain and knee joint swelling and stiffness.

Our first visit was the day before she was going to undergo total knee replacement in 2016 at one of major hospitals in Hong Kong. I performed the pre-operative visit to introduce the pain management for her perioperative phase. Besides, I also coordinated with ward nurses and her doctor in-charge about the analgesic protocol for her joint replacement. In order to provide the suitable pain management to her, the multimodal protocol was divided into 3 phases: pre-operative, intra-articular injection with mode of anaesthesia and the post-operative multimodal pain management.

Communications with patient

The first impression I gathered from Mrs. Lee was nervousness and worrisome. To get the mutual rapport was the first step to break the barrier to deliver our nursing care. She shared with me about her anxiety; belief and management of post operatively care. Her pain was always at a level of 8-9 out of 10 on the severity level. She needed more care, understanding and be more informed to relieve her uncertainly. I listened and addressed her needs, view and concerns with communication skills to optimal nurse-patient relationship. Our goals are to provide the suitable care and regard the patient as a partner in their own care . An acronym SURETY, which stands for 'Sit at an angle', 'Uncross legs and arms', 'Relax', 'Eye contact', 'Touch', and 'Your intuition' to enhance our memory to provide better communication. Nurse needs to be aware and sensitive to patient's respond include verbal and non-verbal cues.

Pain after total joint replacement can be can be multifactorial which includes

acute tissue trauma, pain and referred pain. Biological, psychological and social factors play a significant role in the pain experience. There is a pivot to promote the understanding of pain management and psychological support to enhance early ambulation and decrease the post-operative complications and to increase her satisfaction and to increase her sense of control.

To make pain visible and measurable, Joint Commission on Accreditation of Healthcare Organization (JCAHO) acknowledges the importance of postoperative pain and has developed guidelines and regulatory standards for the pain assessment as the “fifth” vital sign.

Effective pain management includes thorough assessment. Pain should be anticipated wherever possible and appropriate assessment taken. The development of an evidence-based pain management involves the collaboration of the whole team of healthcare providers during the pre-operative, peri-operative and post-operative period.

The perioperative team includes anesthesiologists, surgeons, operating theatre (OT) nurse and pain team members concern regarding her expectation and managed with multiple strategies. Familiar and comforting measures that has been utilized in OT, like placing the warming devices and using learning materials to introduce the OT routine work to smooth her distress.

Pain Management

Effective pain management includes pharmacological and non pharmacological interventions to reduce the pain and regain the mobility. Multidisciplinary team care approach is required to establish individual rehabilitation care plan peri-operatively. Reinforce her to maintain the learnt strengthening exercise from physiotherapist is crucial.

Intravenous Patient Controlled Analgesia (IV PCA) morphine is commonly used for post-operative pain control because the dose can usually be adjusted to meet the patient’s need. However, it induces central nervous system and gastrointestinal side effects like dizziness, nausea, vomiting and respiratory depression. Multi-modal analgesia refers to a combination of two or more analgesic modalities are recommended. The technique involves the use of smaller doses of opioids in combination with non-opioid analgesics. By combining analgesic modalities with

different mechanisms of action, the side effects of each individual agent can be reduced. This is especially the case for opioid analgesics. The opioid-sparing capacity of non-opioid analgesics can be advantageously used by such a combination.

What's next

No matter how the technology maybe improved, barriers and myths must be removed to achieving quality pain management. The delivery of pain management is still a person-to-person care, demanding empathy from the healthcare providers and trust from the patients. The important to deliver the pain concept and management to other professionals and patients is recommended. Core curriculum of pain management for undergraduate nurses, and professional communication skills training programme is highly recommended.

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