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Observational study about the assessment and management of acute pain in the emergency department

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Abstract

Introduction: In taking care of patients in the emergency department (ED), it is important to assess the pain and initiate early antalgic treatment. Management time often increases and can affect the optimal management of the patient and his/her pain. This study analyzes the pharmacological management of pain, patients' length of stay in the ED, and their satisfaction with pain treatment and caring.

Methods: In a sample of patients who arrived in an Italian emergency department from August and October 2022, pain intensity was measured using the PAINAD (Pain Assessment IN Advanced Dementia) rating scale in patients with cognitive impairment or communication difficulties and the NRS (Numeric Rating Scale) in all other patients. The assessments were conducted at three different times: triage (T0), at 30 minutes (T1) and at 60 minutes (T2) from triage. The administration of analgesic therapy and the time spent in the emergency department were also recorded. Patient satisfaction was assessed via five-point Likert scales. Analyses were conducted using SPSS software.

Results: A total of 400 patients aged 14-100 years were enrolled in the study. Among them, 204 were females (51%). Among 400 patients, 212 (53%) referred pain. Among them, patients who reported pain through NRS scale were 201 (95%) and those for whom pain could not be detected with NRS scale were 11 (5%). Patients evaluated with NRS mainly reported punctal pain (n=38, 19%) and gravative pain (n=30, 15%). Among patients with pain, 59.4% (n=126) had severe pain, 37.2% (n=79) moderate pain, and 3.3% (n=7) mild pain.

At T0 the mean level of pain reported by patients was 6.6 with NRS and 6.64 with PAINAD, at T1 it was 6.5 with NRS and 6.55 with PAINAD, at T2 it was 6.61 with NRS and 6.82 with PAINAD. Only 12 patients (6%), including 8 with severe pain and 4 with moderate pain, took analgesic therapy by T2.

In patients evaluated with NRS (n=201), 52% (n=105) refferred to be dissatisfied with the reduction of their pain, 43% (n=86) were neither satisfied-nor dissatisfied, 1% (n=1) were very dissatisfied, and only 4% (n=9) were satisfied.

Fifty-three percent (n=108) referred to be neither satisfied/nor dissatisfied with received caring in ED, 43% (n=87) were dissatisfied, and 3% (n=6) were satisfied.

Finally, patients with pain (n=212) had an average time to stay in ED of 10 hours 9 minutes, while patients without pain (n=188) had an average ED time of 9 hours, 18 minutes.

Conclusions The study results show that most patients with pain reported a severe level of pain. Across the three study times, the level of pain was unchanged, showing that take in charge of patients occurs with much delay or no pain-reducing intervention is performed.
Almost all patients report dissatisfaction or refer a stable condition (neither satisfied/nor dissatisfied) about pain reduction. Regarding satisfaction with caring, almost all patients report dissatisfaction or neutrality.
In conclusion, the present survey suggests that in the ED studied, a nursing model of acute pain management is still poorly applied despite the guidance of the Joint Commission on Accreditation of Healthcare Organization. Organizational interventions are desirable to reduce waiting time and improve patient satisfaction.