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Abstract

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Pain rating scales in triage: study in patients with and without communication difficulties

Roberta Piredda ¹¹. Nursing Degree, University of Cagliari, Cagliari, ITA**Corresponding author:** Roberta Piredda, roby.99@tiscali.it**Categories:** Pain Management**Keywords:** triage, pain rating scale**How to cite this abstract**

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Abstract

Pain represents a subjective and multidimensional experience involving both physical and psychological repercussions. Law 38/2010 (1) highlights the importance of pain as a fifth vital parameter, which can be described by the patient himself through the use of several validated scales, unlike the other parameters (e.g., heart rate, blood pressure) usually measured by professionals. An obligation to report the level of pain in the patient's medical record is introduced in Article 7 of the standard, as also highlighted in the nurse's code of ethics. In emergency rooms, about 80 percent of admissions occur because the patient experiences pain, so its correct and quick assessment already in Triage is essential. Even the latest Intrahospital Triage Guidelines from the Ministry of Health (2) indicate that pain is an aspect to be considered when assigning the priority code and during patient reassessment. This needs special attention in those who have communication difficulties and cannot independently report the level and other characteristics of pain. The aim of this work was to identify differences between pain levels measured with three different scales (3) within the context of ER triage and to assess the pain of people with communication difficulties using a specific scale. During the period of June-July 2022, a data collection was conducted in an ER triage in Sardinia. The survey was conducted through a purpose-built pain assessment form. The three unidimensional self-report scales used in patients who did not present communicative and/or cognitive difficulties were the Visual Analogue Scale (VAS), Color Rating Scale (CAS) and Numeric Rating Scale (NRS), administered to patients at time T0 (during the first assessment in Triage), time T1 (after 30 minutes) and time T2 (after 60 minutes). The Pain Assessment IN Advanced Dementia (PAINAD) scale, a multidimensional type instrument used for patients with marked cognitive impairment or uncooperative impairment, was used to assess the sub-sample with communication and/or cognitive difficulties. The sample studied consisted of 514 patients, the majority being women (51%). The selected subjects range in age from 17 to 99 years. 82% of the sample (n=421) reported experiencing pain in Triage, while in 3% (n=15) it could not be detected initially, as these subjects had communication difficulties. Analyzing the mean of the three scales at the different assessment times, it can be seen that the scales appear in general agreement, except for time T0 from the CAS scale where a higher value can be seen, and interchangeable, with patient-reported pain values attributable to the moderate type (NRS 4-6). The PAINAD scale shows much lower averages (mean at T0: 3.4), compared to the other scales (mean at T0: 6.33 VAS, 8.78 CAS, 6.15 NRS) at all times of pain assessment; in fact, it can be seen that its mean values are almost halved compared to those that emerged with the self-assessment scales. Considering the values obtained, it can be stated that the patients for whom the PAINAD scale was used had mild pain, unlike the average moderate-severe pain reported by the general sample. The gap between the values of the averages could result from a greater accuracy and reliability of the self-assessment instruments and from a possible overestimation of pain by the patient in self-reporting it, perhaps associated with a more rapid uptake in the treatment area of the ER. In conclusion, initial evaluations have shown that all of the rating scales used are suitable for the Triage setting in terms of accuracy and speed of administration. Further analysis and in-depth studies are underway to better evaluate what emerged, in order to hypothesize strategies that will improve the approach of professionals toward the patient's pain, to allow a real comprehensive care throughout the patient's entire journey in the emergency department.

(1) Italian Law No. 38 of March 15, 2010, "Provisions to ensure access to palliative care and pain therapy." Official Gazette No. 65, March 19, 2010.

(2) National Guidelines on Intrahospital Triage (2019). Available from: https://www.salute.gov.it/imgs/C_17_publicazioni_3145_allegato.pdf. Last accessed October 28, 2022.

(3) Bahreini, M., Jalili, M., & Moradi-Lakeh, M. (2015). A comparison of three self-report pain scales in adults with acute pain. The Journal of emergency medicine, 48(1), 10-18.