

Nursing management of pain in emergency patients

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Abstract

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Abstract

INTRODUCTION: Pain is the most frequent reason for admission to the emergency department, so accurate assessment and timely treatment is one of the main goals for better pain management by competent personnel. The Joint Commission on Accreditation of Healthcare Organization and national guidelines for pain management in emergency rooms stipulate that all users should be evaluated for pain and receive appropriate treatment accordingly.

PURPOSE: To know nurses' attitudes about patient pain management in triage, whether pain intensity is assessed, and whether there is a difference in the actions implemented by nurses for patients to whom pain intensity is assessed and for those to whom it is not assessed at all.

METHODS: The prospective observational study was conducted during the months of March to June 2021 on a sample of 498 patients accessing a second-level DEA in Sardinia, Italy. A questionnaire consisting of 15 questions investigating demographic aspects, color code, site of pain, nursing staff perception and assessment of pain, pathology diagnosed at discharge, waiting time, and patient satisfaction was used.

RESULTS: Pain assessment occurs in 90% of patients while pain intensity assessment is not performed in 88% of cases. However, the results show that not assessing pain intensity at triage does not generate significant differences in its nursing management behavior in terms of pain referral to the physician (χ^2 (df=2) = 5.89, p=0.053), correlation of pain to the diagnosed pathology (χ^2 (df=2) = 3.28, p=0.351) and patient's liking of the treatment received (χ^2 (df=3) = 0.506, p=0.918). In contrast, significant differences were found for medication administration (χ^2 (df=2) = 8.710, p=0.013), but not for the type of medication used (χ^2 (df=3) = 3.152, p=0.369). The time between triage acceptance and drug administration differed by the criticality code assigned (χ^2 (df=18) = 34.69, p=0.010), as did the time between triage acceptance and the physician's decision on treatment (χ^2 (df=24) = 226.77, p=0.000).

CONCLUSION: Failure to assess pain intensity does not affect its nursing management in the emergency department, but it does affect the analgesic therapy to be implemented. The use of rating scales to be used for all patients without discretion and subjective conditioning by professionals is desirable. In addition, the development and use of analgesia protocols in which the role of the nurse becomes central would make pain management more effective and timely.