

Evidence-Based Patient Preference for Pain Assessment Among Hospitalized Older Adults

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Purpose

To provide evidence-based pain assessment matching patient preferences for older adults on a cardiac/cardiac surgery step-down unit

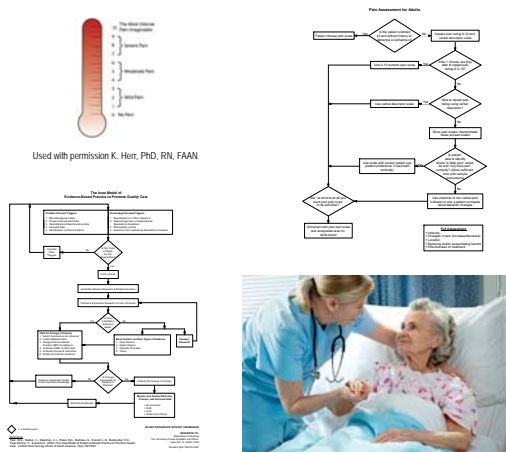
Process

Iowa Model of Evidence-Based Practice to Promote Quality Care (Titler, et al., 2001)

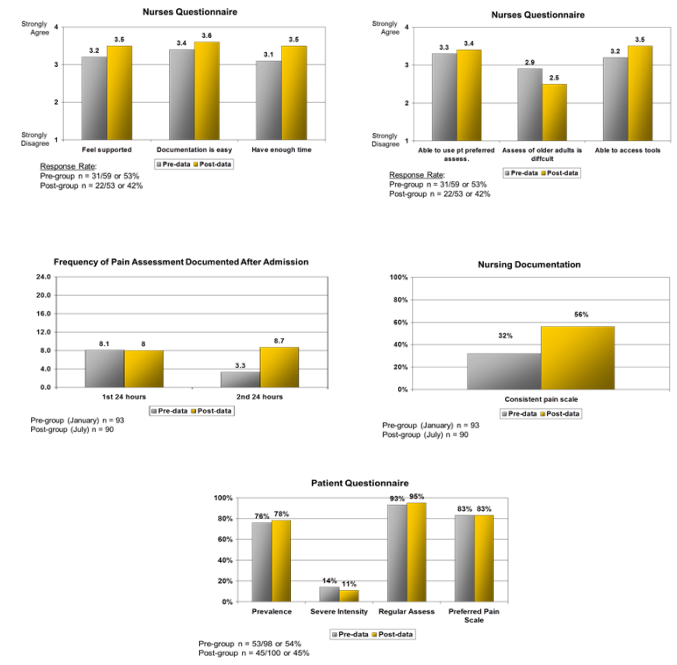
Synthesis of Evidence

- Hospitalized older adults often experience moderate to severe pain; their pain is under treated, and interferes with their recovery (Gianni et al., 2010; Gregory & Haigh, 2008; Haller et al., 2011; Sawyer et al., 2010).
- Practice recommendations include assessment as an important step in pain management (Gordon et al., 2005; Hadjistavropoulos et al., 2007; Herr et al., 2006; RNAO, 2007).
- Nurses often are not aware of patient preferences for even basic care such as pain management (Florin et al., 2006).
- Understanding patient preferences and actively involving patients in decisions are important for improving patient satisfaction with pain control. Patient preferences vary and must be assessed (Florin et al., 2008).
- Both cognitively intact and cognitively impaired older adults are able to self-report pain (Shega et al., 2010; Ware et al., 2006).
- Several tools have been evaluated for use with older adults: Numeric Rating Scale (NRS), Verbal Descriptor Scale (VDS), Faces Pain Scale (FPS), Faces Pain Scales-Revised (FPS-R) and the Iowa Pain Thermometer (IPT) (Flaherty, 2008; Ware et al., 2006).
- Despite valid, reliable and feasible pain scales, med-surg nurses don't consistently use them and assess pain less frequently than recommended (Coker et al., 2010; Haller et al., 2011; Michaels et al., 2007). Even when assessed, pain may not be documented consistently, making trending and treatment difficult (Haller et al., 2011).
- Nurse's pain assessment improves after EBP implementation (Abdalahim et al., 2011; Haller et al., 2011; Zhang et al., 2008), as do other pain management practices (Haller et al., 2011; Hansson et al., 2006) and nursing knowledge (Abdalahim et al., 2011; Mezey et al., 2009; Sawyer et al., 2010).

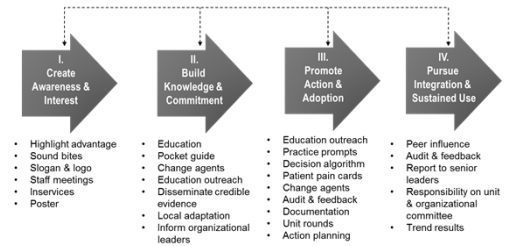
Practice Change: Choosing a Pain Assessment Tool



Evaluation



Implementation Strategies Used



Cullen, L. & Adams, S. (2012). Planning for Implementation of Evidence-Based Practice. *Journal of Nursing Administration*, 42(4), 222-230.

Conclusion and Next Steps

- EBP improved nurse's pain assessment processes.
- Despite these gains, patient perceptions were largely unchanged.
- Next steps include reinfusion and expanded evidence-based pain management to improve patient satisfaction with pain control.