ANNEXURE A

DATA COLLECTION SHEET (NURSES)

1.0 NURSES DEMOGRAPHIC DATA

1.1	Research Code	
1.2	Professional Qualification	
1.3	Shift	**Day** / **Night**
1.3	Years of Nursing Experience	
1.4	Period Working in ICU	**Years** / **Months**

2.0 PARAMETERS USED FOR ASSESSING PAIN

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
2.1 Raised blood pressure (BP) is an indicator of pain in unconscious patients					
2.2 Pyrexia is an indicator of pain in unconscious patients					
2.3 Increased respiratory rate could be associated with pain in unconscious patients					
2.4 Patients who are sedated require less analgesia than those not sedated					
2.5 Dilated pupils may be indicative of pain in unconscious patients					
2.6 Increased heart rate is an indicator of pain in unconscious patients					
2.7 Smaller doses of analgesia frequently are more effective than large doses less frequent					
2.8 Patients with Glasgow Coma Scale of less than 4/10 require analgesia less often					
2.9 Haemodynamically unstable patients should not be given analgesia					
2.10 Pain should be assessed every time before administration of analgesia					

ANNEXURE B

DATA COLLECTION SHEET (PATIENTS)

1.0 PATIENT DEMOGRAPHIC DATA

1.1	Research Code	
1.2	Date and Time of Admission	
1.3	Gender	Male / Female
1.4	Age	18-36 37-57 58-78 > 79
1.5	Diagnosis on Admission	
1.6	Type of Analgesia Prescribed	
1.7	Dosage of Analgesia Prescribed	
1.8	Amount of Analgesia Given in 24 hours	
1.9	Route of Administration	

2.0 RECORD REVIEW FIRST 24 HOUR PERIOD

2.1 Haemodynamic. Parameters

	1hr	2hr	3hr	4hr	5hr	6hr	7hr	8hr	9hr	10hr	11hr	12hr	13hr	14hr	15hr	16hr	17hr	18hr	19hr	20hr	21hr	22hr	23hr	24hr
Heart Rate																								
Blood Pressure																								
Mean Arterial Pressure																								
Temperature																								

2.2 Neurological Status

	1hr	2hr	3hr	4hr	5hr	6hr	7hr	8hr	9hr	10hr	11hr	12hr	13hr	14hr	15hr	16hr	17hr	18hr	19hr	20hr	21hr	22hr	23hr	24hr
Hours																								
Glasgow Coma Scale																								
Pupil Size																								

2.3 Respiratory Parameters

	1hr	2hr	3hr	4hr	5hr	6hr	7hr	8hr	9hr	10hr	11hr	12hr	13hr	14hr	15hr	16hr	17hr	18hr	19hr	20hr	21hr	22hr	23hr	24hr
Respiratory Rate																								
Mode of Ventilation																								

2.4 Dosage and Type of Analgesia

	1hr	2hr	3hr	4hr	5hr	6hr	7hr	8hr	9hr	10hr	11hr	12hr	13hr	14hr	15hr	16hr	17hr	18hr	19hr	20hr	21hr	22hr	23hr	24hr
Type of Analgesia																								
Dosage of Analgesia																								

2.5 Other Types of Medication

	1hr	2hr	3hr	4hr	5hr	6hr	7hr	8hr	9hr	10hr	11hr	12hr	13hr	14hr	15hr	16hr	17hr	18hr	19hr	20hr	21hr	22hr	23hr	24hr
Sedation																								
Paralysis																								

3.0 RECORD REVIEW SECOND 24 HOUR PERIOD

3.1 Haemodynamic. Parameters

	1hr	2hr	3hr	4hr	5hr	6hr	7hr	8hr	9hr	10hr	11hr	12hr	13hr	14hr	15hr	16hr	17hr	18hr	19hr	20hr	21hr	22hr	23hr	24hr
Heart Rate																								
Blood Pressure																								
Mean Arterial Pressure																								
Temperature																								

3.2 Neurological Status

	1hr	2hr	3hr	4hr	5hr	6hr	7hr	8hr	9hr	10hr	11hr	12hr	13hr	14hr	15hr	16hr	17hr	18hr	19hr	20hr	21hr	22hr	23hr	24hr
Hours																								
Glasgow Coma Scale																								
Pupil Size																								

3.3 Respiratory Parameters

	1hr	2hr	3hr	4hr	5hr	6hr	7hr	8hr	9hr	10hr	11hr	12hr	13hr	14hr	15hr	16hr	17hr	18hr	19hr	20hr	21hr	22hr	23hr	24hr
Respiratory Rate																								
Mode of Ventilation																								

3.4 Dosage and Type of Analgesia

	1hr	2hr	3hr	4hr	5hr	6hr	7hr	8hr	9hr	10hr	11hr	12hr	13hr	14hr	15hr	16hr	17hr	18hr	19hr	20hr	21hr	22hr	23hr	24hr
Type of Analgesia																								
Dosage of Analgesia																								

3.5 Other Types of Medication

	1hr	2hr	3hr	4hr	5hr	6hr	7hr	8hr	9hr	10hr	11hr	12hr	13hr	14hr	15hr	16hr	17hr	18hr	19hr	20hr	21hr	22hr	23hr	24hr
Sedation																								
Paralysis																								

ANNEXURE C

PAIN ASSESSMENT AND MANAGEMENT IN THE CRITICALLY ILL UNCONSCIOUS PATIENT IN THE ADULT INTENSIVE CARE UNITs

NURSES' INFORMATION LETTER

Dear _____
(Nurse's name)

My name is Bridget Senanu Ofori, I am an Intensive care nursing student, and I am currently registered for an MSc (Nursing) degree at the University of the Witwatersrand, Department of Nursing Education. I intend to describe the parameters that intensive care nurses use in the assessment of pain in the unconscious patient in the adult intensive care setting. May I ask you to consider participating in this study? As an intensive care nurse, I would be interested in your viewpoints as an 'expert' or experienced intensive care nurse or nurse manager.

Should you agree to participate, I will ask you to complete a biographical questionnaire and evaluation on the parameters used for assessing pain in unconscious patients, using the provided Likert rating scale. I will schedule an appointment at a date at time convenient to you. The required procedures should take no longer than 10 minutes to complete.

Participation in the study is entirely voluntary. You may choose not to participate or withdraw from the study at any time. Anonymity and confidentiality is guaranteed as research codes will be used.

I appreciate that you will derive no direct benefits from participating. However, I hope that the completed study will clarify the roles and responsibilities of intensive care nurses in managing unconscious patients' pain in the adult intensive care units.

I have applied to the Faculty of Medicine Post Graduate Committee and to the Ethics Committee of the University of the Witwatersrand to conduct the study. In addition, I have also applied to the management of Johannesburg Hospital for permission to conduct the study.

Thank you for taking the time to read this information letter.

However, should you require any more information; you are welcome to contact me at the telephone numbers listed below.

Yours sincerely,

Briget Senanu Ofori
(MSc Nursing Student)
Cell Number: 082 620 3146

ANNEXURE C

PAIN ASSESSMENT AND MANAGEMENT IN THE CRITICALLY ILL UNCONSCIOUS PATIENT IN THE ADULT INTENSIVE CARE UNITs

NURSES' CONSENT FORM

I _____ (nurse's name) give permission to be included in the study.

I have read and understood the contents of the information sheet and I have been given the opportunity to ask questions I might have regarding the procedure, data collected and my consent to my being included in the study.

_____ _____

Date Signature

_____ (Witness)

ANNEXURE D

PAIN ASSESSMENT AND MANAGEMENT IN THE CRITICALLY ILL UNCONSCIOUS PATIENT IN THE ADULT INTENSIVE CARE UNITS

PATIENT/RELATIVE INFORMATION SHEET

Dear _____
(Potential participant's relative)

My name is Bridget Senanu Ofori, I am an Intensive care nursing student, and I am currently registered for an advanced nursing degree at the University of the Witwatersrand, Department of Nursing Education. I hope to conduct a research project, under supervision and would like to ask you to consent to my including your family member in my sample of patients that I hope to study whilst they are in the intensive care unit.

The aim of the study is to describe the parameters used by intensive care nurses in an adult intensive care unit in assessing unconscious patients' pain and whether these parameters are taken into consideration when managing pain and whether prescriptions and protocols are adhered to by in the pain management. Should you agree to participate I will ask you to allow me to access the patient's records and charts for a period of 48 hours after the patient's admission to the intensive care unit. I will collect information about the patients pulse, blood pressure, level of consciousness, breathing patterns and ventilator settings and record the amount of pain medication from the intensive care charts.

Participation in this study is entirely voluntary. You may choose not to participate or withdraw from the study at any time, which will have no effects on the services that you or your relative may receive from this institution or the health care providers. I will also contact your relative in the recovery period to give permission for the information obtained to be included in the study. Your relative has the right not to participate or to withdraw from the study at any time, should they so feel the need to. This will not affect their treatment in anyway.

I appreciate that you or your relative will derive no direct benefit from participating in the study. However, I hope that the completed study will clarify the responsibilities of intensive care nursing in managing unconscious patients' pain. No reports of this study will identify you or your relative in any way. Results of the study will be given to you should you so wish.

The appropriate people and research committees of the University of the Witwatersrand, and Johannesburg Hospital have approved the study and its procedures.

Thank you for taking the time to read this information letter. Should you have any further questions regarding the study or your rights as a study participant, I can be reached at 082 620 3146 (cell).

ANNEXURE D

PAIN ASSESSMENT AND MANAGEMENT IN THE CRITICALLY ILL UNCONSCIOUS PATIENT IN THE ADULT INTENSIVE CARE UNITs

CONSENT FORM (PATIENT'S RELATIVE)

I, _____ (name) the _____(relationship)

of the patient give permission to be included in the study.

I have read and understood the content of the information sheet and I have been given the opportunity to ask questions I might have regarding the procedure and my consent to my / my relative being included in the study.

_____ _____

Date Signature

_____ (Witness)

ANNEXURE D

PAIN ASSESSMENT AND MANAGEMENT IN THE CRITICALLY ILL UNCONSCIOUS PATIENT IN THE ADULT INTENSIVE CARE UNITS

RETROSPECTIVE PATIENT'S CONSENT

I _____ (name of the patient) understand that my relative

_____ (name of relative), has given consent to my being included in the study

and hereby consent for the information obtained to be used in the study.

I have read and understood the content of the information sheet and I have been given the opportunity to ask questions I might have regarding the procedure and my consent to my / my relative being included in the study.

_____ _____

Date Signature

_____ (Witness)

ANNEXURE E

Bridget Senanu Ofori
University of the Witwatersrand
Department of Nursing Education
Faculty of Health Sciences
7 York Road, Parktown. 2193
Johannesburg

Mr. S. Pillay
Chief Executive Officer
Johannesburg Hospital
Private Bag X39
Johannesburg
2004

Dear Mr. Pillay,

Re: <u>Research at the Johannesburg Hospital</u>

I am a Master of Science (Nursing) student at the Faculty of health Sciences, University of the Witwatersrand who is required as part of my course to conduct a clinical research under supervision. The title of my research is "*Pain Assessment and Management in the Critically Ill Unconscious Patient in the Adult Intensive Care Uni*ts"

Pain management is of great importance in the ICU since the ICU patients are very vulnerable to pain due to the severity of their condition. Inadequate pain management leads to complications, which increase the patients' days in the ICU. Nurses thus need adequate knowledge about pain and its effective management.

I want to assure you that the name of the institution, the personnel and patients involved in the study will not be divulged in the report. Informed written consent will be obtained from all the research participants. A copy of the report will be available to you if so requested.

I hereby apply for permission to undertake the research at Johannesburg Hospital, Adult Intensive Care Units, once my proposed study has been approved by the Committee for Research on Human Subjects of the University of the Witwatersrand.

Yours sincerely,

_____

Bridget S. Ofori
(MSc Nursing Student)

ANNEXURE F

Bridget Senanu Ofori
University of the Witwatersrand
Department of Nursing Education
Faculty of Health Sciences
7 York Road, Parktown. 2193
Johannesburg

The Deputy Director Nursing Services
Johannesburg Hospital
Private Bag X39
Johannesburg
2004

Dear Mrs. Lange,

Re: <u>Research at the Johannesburg Hospital</u>

I am a Master of Science (Nursing) student at the Faculty of health Sciences, University of the Witwatersrand who is required as part of my course to conduct a clinical research under supervision. The title of my research is "*Pain Assessment and Management in the Critically Ill Unconscious Patient in the Adult Intensive Care Units*".

Pain management is of great importance in the ICU since the ICU patients are very vulnerable to pain due to the severity of their condition. Inadequate pain management leads to complications, which increase the patients' days in the ICU. Nurses thus need adequate knowledge about pain and its effective management.

I want to assure you that the name of the institution, the personnel and patients involved in the study will not be divulged in the report. Informed written consent will be obtained from all the research participants. A copy of the report will be available to you if so requested.

I hereby apply for permission to undertake the research at Johannesburg Hospital, Adult Intensive Care Units, once my proposed study has been approved by the Committee for Research on Human Subjects of the University of the Witwatersrand.

Yours sincerely,

Bridget S. Ofori
(MSc Nursing Student)

ANNEXURE G

ETHICAL CLEARANCE CERTIFICATE

ANNEXURE H

PERMISSION TO CONDUCT RESEARCH