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Pain assessment and management in the critically ill unconscious patient in the adult intensive care units

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

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A research report submitted to the
Faculty of Health Sciences, University of the Witwatersrand, Johannesburg
in partial fulfilment of the requirements for the degree
of
Master of Science in Nursing

Johannesburg, 2009

DECLARATION

I, Bridget Senanu Ofori declare that this research is my own work. It is being submitted for the degree of Master of Science (Nursing) in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree in any other University.

Signature: _____

Bridget Senanu Ofori

_____ day of _____ 2009

Protocol Number **M040514**

DEDICATION

This work is dedicated to my little angel Setornam and dear husband Selasee for all the months you had to be without a mother and a wife and to my mother, brother and the rest of my family for their continuous support and sacrifices.

ACKNOWLEDGEMENTS

To God be the glory for the great things He has done.

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To my family and friends for their continuous support and encouragement.

ABSTRACT

Critically ill patients are particularly vulnerable to pain as a result of the severity of their disease conditions, diagnostic and treatment interventions but pain management is not considered a priority in the Intensive Care Unit (ICU) team (Holden, 1991: Walsh & Ford, 1992). Pain causes complications in the ICU patient, which increases their ICU stay and cost of ICU treatment (Pooler-Lunse & Price, 1992).

The purpose of this study was to describe the parameters identified by ICU nurses that can be used to assess pain in the critically ill unconscious patient in the adult Intensive Care Units and whether these parameters are considered by the ICU nurses when managing the unconscious patients' pain.

The objectives of the study were to describe the parameters identified by ICU nurses that can be used for assessing pain in unconscious patients and to determine whether these parameters were considered by ICU nurses when managing the unconscious patient's pain.

A non-experimental, descriptive, prospective, comparative, two part design was used for the study. The sample comprised of ICU nurses (n = 40) in four adult ICU's and the unconscious patients (n = 40) they nursed. Part one involved the nurses' responses to a self administered Likert-type questionnaire about parameters that could be indicative of pain in the unconscious patient and part two involved a prospective record review of the unconscious patients ICU charts. A comparison was then done between these two parts to determine if the parameters identified by ICU nurses that could be indicative of pain in the unconscious patient, were considered in their management of the unconscious patients pain. Descriptive statistics were used to analyse data.

Of the responses elicited from the questionnaire, ICU nurses agreed that raised blood pressure, pyrexia, increased respiratory rate, dilated pupils and increased heart rate could all be indicative of pain in the unconscious patient but these did not influence their management of the unconscious patient's pain.

TABLE OF CONTENTS

		Page
DECLARATION		ii
DEDICATION		iii
ACKNOWLEDGEMENTS		iv
ABSTRACT		v
TABLE OF CONTENTS		vi
LIST OF FIGURES		xi
LIST OF TABLES		xii
CHAPTER 1: OVERVIEW OF THE STUDY		
1.0	INTRODUCTION	1
1.1	BACKGROUND TO THE STUDY	1
1.2	PROBLEM STATEMENT	3
1.3	PURPOSE OF THE STUDY	4
1.4	RESEARCH HYPOTHESIS	5
1.5	RESEARCH OBJECTIVES	5
1.6	SIGNIFICANCE OF THE STUDY	5
1.7	RESEARCHER'S ASSUMPTIONS	6
1.7.1	Meta-theoretical Assumptions	6
1.7.2	Theoretical Assumptions	8
1.7.3	Methodological Assumptions	11
1.8	OVERVIEW OF RESEARCH METHODOLOGY	12
1.8.1	Research Design	12

1.8.2	Research Method	13
1.8.2.1	Target population	13
1.8.2.2	Sample and sampling method	13
1.8.2.3	Data collection	14
1.8.2.4	Data analysis	14
1.9	ETHICAL CONSIDERATIONS	15
1.10	VALIDITY AND RELIABILITY OF THE STUDY	16
1.11	PLAN OF THE STUDY	17
1.12	SUMMARY	17

CHAPTER 2: LITERATURE REVIEW

2.1	INTRODUCTION	18
2.2	DEFINITION OF PAIN	18
2.3	CLINICAL CONDITIONS IN ICU ASSOCIATED WITH PAIN	19
2.4	PAIN ASSESSMENT AND MANAGEMENT IN ICU PATIENTS	21
2.4.1	Pain Assessment in ICU Patients	21
2.4.1.1	Pain assessment tools for ICU patients	25
2.4.1.2	Nurses versus patients assessment of pain	27
2.4.2	Pain Management in ICU Patients	29
2.4.2.1	Pharmacological management	31
2.4.2.2	Non-pharmacological interventions	34
2.4.2.3	Gate’s theory of pain management	35
2.5	PAIN MANAGEMENT AND SEDATION	35
2.6	PAIN MANAGEMENT AND SEDATION PROTOCOLS	37
2.7	PAIN IN UNCONSCIOUS PATIENTS	39

2.8	BARRIERS TO PAIN ASSESSMENT AND MANAGEMENT IN ICU	42
2.9	CONSEQUENCES OF POORLY MANAGED PAIN	45
2.10	DOCUMENTATION OF PAIN ASSESSMENT AND MANAGEMENT	46
2.11	SUMMARY	49

CHAPTER 3: RESEARCH DESIGN AND RESEARCH METHODS

3.1	INTRODUCTION	51
3.2	RESEARCH DESIGN	52
3.3	RESEARCH METHOD	53
3.3.1	Research Setting	53
3.3.2	Target Population	53
3.3.3	Sample and Sampling Method	55
3.3.4	Data Collection	57
3.3.4.1	Procedure	57
3.3.4.2	Instrument	58
3.3.4.3	Pilot study	60
3.3.5	Data Analysis	61
3.4	ETHICAL CONSIDERATIONS	62
3.5	VALIDITY AND RELIABILITY OF THE STUDY	64
3.6	SUMMARY	66

CHAPTER 4: DATA ANALYSIS AND RESULTS

4.1	INTRODUCTION	67
4.2	APPROACH TO DATA ANALYSIS	67

4.3	RESULTS AND FINDINGS	69
4.3.1	Questionnaire Section One: Nurses Demographic Data	69
4.3.2	Questionnaire Section Two: Parameters Used For Pain Assessment	74
4.3.3	Questionnaire Section One: Patients Demographic Data	80
4.3.4	Questionnaire Section Two: Patients Record Review	86
4.3.5	Comparative Section	88
4.4	SUMMARY	96

CHAPTER 5: SUMMARY, MAIN FINDINGS, LIMITATIONS AND RECOMMENDATIONS

5.1	INTRODUCTION	97
5.2	SUMMARY OF THE STUDY	97
5.3	MAIN FINDINGS	98
5.4	LIMITATIONS OF THE STUDY	100
5.5	RECOMMENDATIONS ARISING FROM THE STUDY	102
5.5.1	Recommendations for Clinical Practice	103
5.5.2	Recommendations for Intensive Care Nursing Education	105
5.5.3	Recommendations for Further Research	106
5.6	CONCLUSIONS	107

LIST OF REFERENCES 108

ANNEXURES

ANNEXURE A	Data Collection Sheet (Nurses)	122
ANNEXURE B	Data Collection Sheet (Patients)	124

ANNEXURE C	Nurses Information Letter and Consent Form	127
ANNEXURE D	Patient / relative Information Letter and Consent Form	129
ANNEXURE E	Request for Permission to Conduct Research (Hospital Management)	132
ANNEXURE F	Request for Permission to Conduct Research (Nursing Services)	133
ANNEXURE G	Ethical Clearance Certificate	134
ANNEXURE H	Hospital Clearance Certificate	135

LIST OF FIGURES

Figure		Page
4.1	Professional Qualifications	71
4.2	Shift Worked Day / Night	72
4.3	Years of Nursing Experience	73
4.4	Period working in ICU	74
4.5	Gender of Patients	81
4.6	Types of Analgesia	83

LIST OF TABLES

Table		Page
4.1	Parameters used by ICU nurses for assessing pain	75
4.2	Analgesia (Morphine)	84
4.3	Analgesia (DF 118)	85
4.4	Analgesia (Panado)	85
4.5	Nurse Participants Responses	89
4.6	Patient Events	89
4.7	Pain Management Categories	92
4.8	Professional Qualifications versus Pain Management by Categories	94
4.9	Shift versus Management of Patients	95