

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

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of
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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.

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