

Pain Management and Assessment Standards

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At some point in life, individuals are subjected to pain. There are two main types of pain: chronic and acute pain. Acute pain is subject to subsiding as one regains a healthy body state. However, chronic pain is persistent and, therefore, has been classified as nonmalignant and cancer-related pain (Hall & Gregory, 2016). These types include low [back pain](#) and peripheral neuropathy.

Controlling the pain in a human body is an essential requirement since one is able to perform well when he or she is relieved of pain. Inadequately managed pain has the effect of leading to adverse psychological and physical outcomes for an individual and the involved family as well. Consequently, unrelieved pain has the possibility of activating the pituitary-adrenal axis. The results are adverse since the immune systems are suppressed, leading to postsurgical infection and poor healing of wounds.

Some of the common psychological responses include depression and anxiety. According to research conducted by Kirksey, Meglory & Sefcik, failure to escape from pain might lead to a sense of hopelessness and helplessness in the affected patient; the outcome is unfavorable since the patient can be predisposed to a more chronic condition (depression) (Kirksey, Meglory & Sefcik, 2015). A great number of patients experiencing inadequate [pain management](#) tend not to seek medical care related to other help problems. Poor pain management can lead clinicians to complications with the legal authorities. There are current standards set by the Joint Commission, and the association necessitated pain be promptly addressed and managed (Kirksey, Meglory & Sefcik, 2015).

Dangerous outcomes of unrelieved pain

Pain is the main cause of stress: pain cause the endocrine system to have reactions which make it release excess hormones, this damages the fat, proteins, carbohydrates and poor use of glucose and other harmful effects (Hall & Gregory, 2016). When the above processes occur, the reaction might combine with inflammatory processes, which result in weight loss, fever, shock, increased respiratory, and death. The recovery period of a patient is affected by prolonged stress response. Other effects include chronic pain in the future, blood pressure, oxygen demand, increased heart rate, and cardiac workload (Hall & Gregory, 2016).

Pain assessment

An assessment is necessary to provide proper pain management. Anderson reports that a lack of pain assessment builds a barrier to proper pain control of pain. Regardless of the availability of many recommendations about pain assessment, some do not apply to acute assessments. Nurses who work with hospitalized patients suffering from acute pain are advised to select appropriate assessment elements depending on the present medical circumstances. Pain assessment should be practiced using the standard format, mostly every two hours. The parameters for assessing pain must be in compliance with the respective hospital or unit procedures and policies. Pain reassessment is advised so that the patient's needs are met. The above must be done after every intervention to evaluate the effect and determine whether there is a need for modification. The reassessment must also follow a specified time frame directed by the hospital's policy and procedures (Hall & Gregory, 2016). The nurse is entitled to identify the attitudes of the patient, beliefs, knowledge level, and previous experiences with pain. The family's expectations regarding control of pain uncover other issues that must be addressed before the surgery.

Patient satisfaction with pain management is not a better way of determining the quality of pain control. The fact that it is difficult to interpret the patient satisfaction findings makes it not a favorable form of patient satisfaction indicator. Commercial patient satisfaction surveys serve as the best way to monitor patients' satisfaction with care. Other forms of assessing patient satisfaction include the use of generic health status surveys and the use of Medical Outcomes Study Short Form-36. The surveys are characterized by questions concerning pain experienced by the participants once a review of conduct concerning the pain experienced can be used to measure the quality of pain care.

Some of the pain assessment tools include the visual analog scale and the numeric rating scale (NRS). Another simpler tool is verbal rating scales, which help classify pain in mild, moderate, and severe levels. Patients suffering from advanced dementia necessitate interactive observation so as to determine the presence of pain in the patient's body. Other tools, such as PAIN-AD, are also used. The joint commission also necessitates the use of pain standard tools. The commission requires hospitals to make use of similar assessment tools in all departments. The prescribed tools provided by the commission are the Wong-Baker FACES scale, NRS, and the verbal descriptor scale. The tool to use has to be an agreement between the patient and the healthcare worker. The action makes it possible for the patient to familiarize with the assessment tool. There is also a need for the nurse to take note of the patient's age, cognitive status, and preference before selecting a scale.

Pain reassessment and management

Pain reassessment is essential after the patient has undergone an assessment. The main reasons that demand pain reassessment after an intervention cannot be underrated. According to the Joint Commission's proposed pain assessment methods discussed above, it is possible to note the

emphasis placed on the need to recognize pain management. The commission argues that individuals or institutions must not ascertain pain management as the elimination of pain and discomfort; instead, it means aiding and reducing pain management. Wadensten, Fröjd, Swenne, Gordh, & Gunningberg (2011) studied the effectiveness of pain programs in various clinics. Regardless of the nursing interventions, a huge number of patients experience pain that makes them dissatisfied with the manner in which management programs are managed. Apart from pain intervention and reassessment, there is a need for effective communication between the nurses and the patients. When communication is present, patients tend to develop satisfaction with the pain management.

The intervention aimed at reassessing the state of a patient's pain after an assessment is inevitable. Nurses must also document their reassessment details in the Electronic Medical System (EMS), referred to as EPIC (Schroeder et al., 2016). By making use of this process, the value of the document rate for the nurses should rise from the baseline to 75%. There is a need for nurses to heed pain reassessment since patients' pain remains a vital component of their health and satisfaction. Through good use of scheduled pain reassessment time frames, the pain of patients can be appropriately managed and addressed. When pain is properly managed, there is a possibility of a rise in patient satisfaction. The results are higher marks for the designated hospital as of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and, in turn, demand for high reimbursement. Also, reassessment reduces the length of stay for patients. Patients suffering from pain need to be treated with care since a large number tend to suffer from mobility, which calls for complications. Increased lack of concentration from the nurses makes a recovery inefficient, and in the long-term, it is prolonged stay and complications. Chronic issues are also present in patients who do not have their pain reassessed; the effect can be detrimental to the patients' worth of existence (Lin et al., 2014). Pain reconsideration remains a vital aspect of pain administration. Patients must be considered in every aspect of clinical healthcare; a patient remains a valuable aspect of the nursing practice. With the appropriate pain reassessment, the quality of healthcare will be improved. When the process is put into writing, a chance for improvement is created. Patients are obliged to ensure that the pain of each patient is reassessed after a specified time and with specialized interventions.

To sum up, a discussion of the Joint Commission management standards in regard to pain management and reassessment makes it possible for nurses and other healthcare providers to provide reliable services to patients. The various tools highlighted above enable health workers to discern concrete and reliable information concerning the quality of patient satisfaction. The need to reassess the patients' condition s makes avails room for making decisions regarding the perception of the patient about the quality of services. Patients feel satisfied when nurses or other healthcare providers engage them in the information-sharing process. The use of the suggested tools is also a valuable approach to attending to patients. Hospitals need to have a consistent way of assessing pain among their patients. The above is achieved through the employment of the Joint Commission's suggested tools.

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