

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

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**Practice Change: Choosing a Pain** 

#### 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 (Abdalrahim 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 (Abdalrahim et. al., 2011; Mezey et.al., 2009; Sawyer et. al., 2010).





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### 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.

## Evaluation



Response Rate: Pre-group n = 31/59 or 53% Post-group n = 22/53 or 42% 🛙 Pre-data 🖬 Post-data