

Problem & PURPOSE

- ❑ Unidimensional pain scales measuring only pain intensity remain the standard practice for pain assessment and management in various healthcare settings
- ❑ Inadequate pain management can exacerbate existing health conditions and worsen healthcare outcomes

PURPOSE: To determine the feasibility of implementing an alternate pain assessment tool for post-surgical patients in the post-anesthesia care unit (PACU)

Available Knowledge & Rationale

- ❑ Adequate pain assessments should merge pain perspective, pain intensity, and its effect on functionality
- ❑ Pain scales most utilized in practice include:
 - ✓ Numerical Rating Scale (NRS)
 - ✓ FACES
 - ✓ Self-Report
 - ✓ Critical Care Pain Observation Tool (CPOT)
 - ✓ Pain Assessment in Advanced Dementia (PAINAD)
- ❑ Challenges of the NRS:
 - ✓ Unable to recognize differing perspectives
 - ✓ Difficult to differentiate chronic and acute pain
- ❑ Functional pain scales as a *potential* solution:
 - ✓ Clinical Aligned Pain Assessment Tool (CAPA)
 - ✓ ABC's of Pain Scale
 - ✓ **Defense and Veterans Pain Rating Scale (DVPRS)**
- ❑ Functional pain scale benefits:
 - ✓ Multidimensional
 - ✓ Decrease prescription pain medication needs
 - ✓ Improve communication between patients and providers
 - ✓ Increase patient and staff satisfaction

Methods

- ❑ Context
 - ✓ Non-profit, urban, specialty hospital in the Midwest caring for primarily GYN and OB patients
 - ✓ Implemented in PACU and Phase II amongst 10-12 PACU staff RN's
- ❑ Intervention
 - ✓ E-mail recruitment and education sent two weeks prior to implementation
 - ✓ 1-week implementation period
 - Current pain scale practices used to assess and treat
 - Choice to simultaneously assess pain using DVPRS
 - ✓ 9-question survey sent following implementation
- ❑ Study of Intervention
 - ✓ Paper forms during implementation
 - ✓ Comparative data via Excel
 - ✓ Satisfaction survey with link and consent

- ❑ Measures
 - ✓ DVPRS
 - ✓ Post-intervention survey

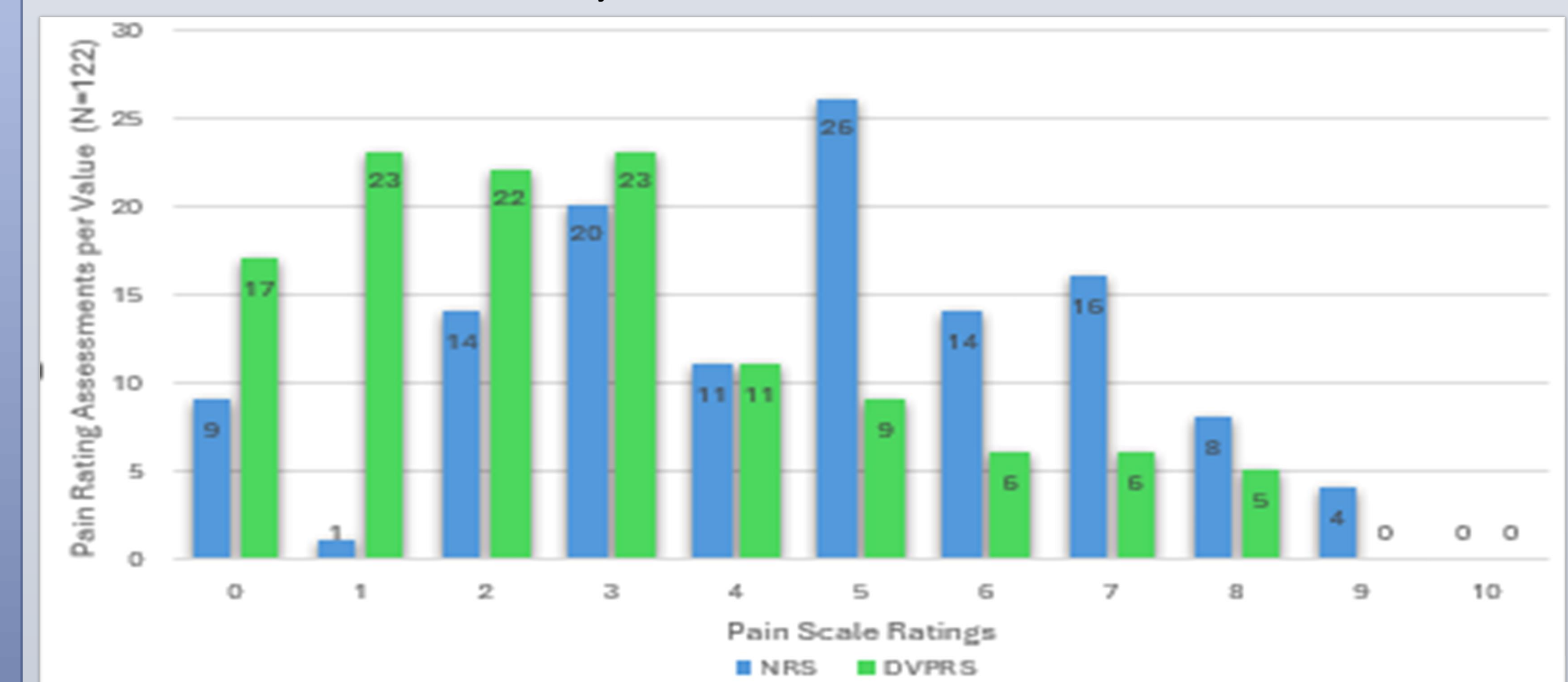
Data Analysis

- ❑ Results analyzed based on 3 categories:
 - ✓ PACU
 - ✓ Phase II
 - ✓ Both PACU and Phase II
- ❑ Survey responses analyzed using descriptive statistics
- ❑ Histograms to compare data between the DVPRS and NRS

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International Association for the Study of Pain (2021). *Making sense of pain assessment after surgery*. <https://www.iasp-pain.org/publications/relief-news/articles/making-sense-of-pain-assessment-after-surgery/>
Lapkin, S., Ellwood, L., Diwan, A., & Fernandez, R. (2021). Reliability, validity, and responsiveness of multidimensional pain assessment tools used in postoperative adult patients: A systematic review of measurement properties. *JBI Evidence Synthesis*, 19(2), 284–307. <https://doi.org/10.1111/jbi.12470>
Polomano, R. C., Galloway, K. T., Kent, M. L., Brandon-Edwards, H., Kwon, K. N., Morales, C., & Buckenmaier, C. (2016). Psychometric testing of the Defense and Veterans Pain Rating Scale (DVPRS): A new pain scale for military population. *Pain Medicine*, 17(8), 1505–1519. <https://doi.org/10.1093/pm/pnw145>

Results

- ❑ Eleven nurse participants assessed 55 patients and completed 122 patient assessments
- ❑ Seven nurse participants completed the satisfaction survey
- ❑ NRS pain rating scores ($M = 4.57$, $SD = 2.28$) compared to DVPRS pain rating scores ($M = 2.81$, $SD = 2.19$)
- ❑ Survey results
 - ✓ Easy to use, understand, interpret
 - ✓ Easy to explain and educate
 - ✓ Adequately captured a patient's pain rating
 - ✓ How likely to recommend DVPRS over NRS



Discussion

- ❑ Appears that the DVPRS resulted in lower pain ratings
- ❑ Staff satisfaction when using the DVPRS is higher than with the NRS
- ❑ Study focused on nurses as participants while previous research focused on patients as participants

Conclusions

It is a feasible option to implement an alternate pain assessment tool in the PACU and a variety of other settings