THE ASSESSMENT OF PEDIATRIC POST-OPERATIVE PAIN AND ITS TRANSLATION INTO PRACTICE

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Introduction: The American Pain Society created a policy statement in 1995 coining the phrase “pain-the fifth vital sign”. Since 2000, there have been guidelines published that emphasize the need for improved identification and management of pain in children.

Identification of the problem: Despite the advancements in the assessment and management of pediatric pain, it is estimated that pediatric patients are under medicated for pain relief.

Purpose of the study: To determine if there was a difference in the frequency with which PACU nurses and nurses on a pediatric unit assessed, reassessed, and intervened for patients experiencing post operative pain, before and after they received an computer-based educational module.

Methodology: A pre-test /post-test design was use to determine the frequency with which nurses from the PACU and Pediatric unit, assessed, reassessed, and provided treatment for post operative pediatric patients. A retrospective chart audit of 46 patients was done to determine the frequency of which the pain levels were assessed and whether a specific pain tool was used. Nurses then completed a self-learning computer-based educational module which was developed by the research team. Two months later, 46 charts were retrospectively reviewed to determine if there was a change in the practice.

Results: PACU nurses improved in the use of appropriate pain tools with pediatric pain assessment as well as reassessing pain after the administration pain medication. PACU nurses required improvement in assessing pain frequency and use of pain score in their documentation. Significant improvements were seen in all areas of assessment of pediatric pain on the general pediatric unit.

Conclusion: Overall the learning module was effective in increasing nurses’ compliance with the assessment of pediatric pain. The frequency in which PACU nurses are required to document pain assessments may decrease their compliance when compared to nurses in an inpatient setting.

Implications for perianesthesia nurses and future research: Implement monthly chart reviews with peer coaching to enhance nurse assessment and compliance with pain standards. Conduct a large stratified random sample with toddler, school age and infant patients to determine adherence to pediatric pain management.