Introducing the Clinically Aligned Pain Assessment
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Introduction: The Clinically Aligned Pain Assessment (CAPA) is an innovative way of assessing pain by engaging patients in a brief conversation about their comfort, change in comfort, pain control, functionality, and sleep.

Identification of the Problem: According to the Joint Commission (TJC) and the American Society for Pain Management Nursing (ASPMN) the use of the commonly used numeric rating scale (NRS) can lead to opioid overdose and ineffective treatment.

Purpose of the Study: To compare post-surgical patients' perceptions of the effectiveness of two pain assessment tools, CAPA and NRS.

Methodology: An IRB approved, prospective observational study was conducted. Patients undergoing elective spinal surgery who stayed at least one night in the hospital (n=40) were included. Nurses trained in the use of CAPA, assessed patients' pain levels first with CAPA then NRS. Patients completed a survey on discharge comparing their perception of CAPA and NRS.

Results: Patient survey results show no significant difference between the numerical scale and the CAPA tool in ease of use by patients ($p>.05$). In addition, there was no significant difference between patients perception of nurse response between the two tools, ($p>.05$). However, there was a statistically significant difference in patient comfort level with the two tools. ($p=.018$)

Discussion: CAPA, compared to NRS, was similarly easy for patients to use and similar in RN response.However, patients reported more comfort with use of CAPA.Changing a nurses' longstanding practice and asking nurses on another department to cooperate with a research study were limitations to this study.

Conclusion: CAPA shows promise as an alternative to simply having patients assign a number to a complex situation, like pain.

Implications for Perianesthesia Nurses and Future Research: Patients emerging from anesthesia, often find the NRS difficult to use.Pain management standards for safe and effective pain management start with CAPA conversations, giving the nurse a way of documenting it. Future research to evaluate how CAPA effects pain management and patient/nurse satisfaction. To address the limitations of this study, a similar study is being conducted in our ambulatory setting. Preliminary findings will be available for discussion.