Why Pain Management Is Needed Across the Ages

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Pain is one of the most common problems in hospitalized patients and is associated with many adverse consequences if not properly managed. The adverse consequences include decreased moving ability, increase hospital stay, and pulmonary complications. In this article, three articles are reviewed to determine the effectiveness of evidence-based interventions for the management of pain.

The first study included in this article was conducted with the main aim to determine the effectiveness of the implementationof evidence-basedguidelines for pain management in hospitalized patients.It was a cross-sectional study that was conducted in two hospitals in Sweden between 2009 and 2010. The sample size of this study comprises of 306 patients. The patients were asked about pain intensity while moving and rest and the effect of pain on their sleep. Clinical and demographic data such as diagnosis, age, and sex were obtained from the review of the medical record. The validated verbal Descriptor Scale and Numerical Rating Scale were used for the self-rating of the intensity of pain. Interventions based on evidence-based guidelines such as education of staff and assigning of responsibility of pain management to nurses were implemented. In 2012, a follow-up survey was conducted in which some questions were answered by patients. In a follow-up survey, 293 patients took part. As compared to the baseline survey, the follow-up survey showed significant differences in the prescription of more analgesics and the use of validated instruments for a rating of pain. In a follow-up survey, a significant increase was seen in the prescription of paracetamol. Paracetamol was prescribed to 56% of the patient regularly as compared to 42% at baseline. The results of this study also showed a significant increase in strong opioid use (38% at baseline and 55% at follow-up). In this study, 29% of the patients at baseline reported severe pain at rest and this figure decreases to 24% at follow-up. In both the baseline and follow-up survey, 41% of the patients showed severe pain during movement. Approximately 39% of the patient showed disturbed sleep at baseline and follow-up surveys (Andersson et al., 2017).

The purpose of the second article chosen for this study was to increase the knowledge of nurses concerning the complications, intervention, and manifestation related to unmanaged pain and to develop, evaluate and implement evidence-based algorithms to improve the satisfaction of pain with pain. This study also evaluates the satisfaction of nurses regarding pain management using the scores of HCAHPS before and after the algorithm and education program implementation. This study utilizes a prospective pre-post algorithm and survey design. The scores of pre and posttest were analyzed by using an independent t-test. The sample size consists of 23 nurses who participated in pre and post educational surveys. In the second posttest, 11 nurses have participated. Results have shown that the use of non-pharmacological pain intervention increased sleep time from 57% to 64% and the use of earplugs from 65% to 70%. The HCAHPS pain scores significantly increased after the implementation of the pain management algorithm and education program with an average of 62% (DeVore, Clontz, Ren, Cairns, & Beach, 2017).

The main purpose of the third study included in this article was to determine the impact of therapeutic virtual reality for pain management in hospitalized patients. This study comprises of a randomized, prospective trial in patients. In the experimental group, patients were given a library of 21 experiences of virtual reality experiences. In the control, group patients were allowed to viewed specialized television training programs to promote wellness and health. The pre and post pain scores were immediately compared after the initial intervention, after 48 hours and after 72 hours. The sample size consists of 120 participants (61 virtual reality and 59 control). Descriptive statistics for clinical and demographic characteristics such as sex, age, ethnicity, baseline pain score and reason for hospitalization were determined. Bivariate analysis was carried out to determine the significant difference between the experimental and control groups. Chi test for categorical variables and t-test for continuous variables were used. The results showed that patients in the virtual reality group were more satisfied and contended with their experience of audiovisual as compare to the patient in the control group. No significant difference was found in opioid quantity consumed between the group in pre and post-intervention. Virtual reality intervention significantly reduces pain in the experimental group and reported as the most effective intervention for the management of severe pain (Spiegel et al., 2019).

**Conclusion**

This article has determined the different evidence-based interventions in the management of pain in hospitalized patients. The results of three different studies showed that evidence-based intervention programs are important in pain management in hospitalized patients.

**References**

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