

## ASSESSMENT OF PAIN IN THE A&E DEPARTMENT

Ian M. Govier. *Pain Assessment and Evaluation in the Accident and Emergency Department* Bachelor of Nursing Dissertation, University of Wales, 1992.

When designing a new document for patients requiring hospital admission from the accident and emergency department (A&E), it was agreed that further consideration should be given to the degree of pain each patient was experiencing, as had been highlighted in another study<sup>1</sup>. This included the introduction of a pain assessment tool in the form of a numerical rating scale (scored from 0-10). It was intended to assist in the assessment and evaluation of the patient's report of pain before, and following, administration of analgesia.

I conducted an evaluation 12 months after the pain assessment tool was introduced. Two groups were studied, each of 20 patients who had sustained femoral neck fractures; one group was studied before the introduction of the pain assessment tool and the second group a year later.

The time taken for patients to receive analgesia was calculated and formed the basis for comparison between the two groups. Further data collection included the time taken for nursing staff to assess the patient's pain and implement and evaluate pain-relieving interventions, and whether the patient's pain assessment score influenced the type, dosage and route of analgesia.

The waiting time for analgesia decreased significantly with the use of the pain assessment tool, from a mean of 58.3 minutes to 34.4 minutes. It took about 20 minutes before pain was assessed in the second group, then about 10 minutes before they received pain-relieving medication. Use of the tool also highlighted the importance and value of a systematic approach to pain assessment and evaluation.

All patients in the first group received analgesia via the intramuscular route, with pethidine given in 90% of cases. In the second group, 30% received analgesia intravenously (all those with scores greater than eight). Pethidine was given to 80%.

Patients reporting high pain scores were often given analgesia similar to those who had lower scores, suggesting that medical staff might not have been informed of patients' pain scores by nursing staff. It is therefore essential that both nurse and doctor discuss patients' needs for analgesia and admin-

ister pain-relieving measures accordingly.

The study recommended that the pain assessment tool in use in the A&E department should continue as an essential aid to patients, nurses and other health-care professionals. The possibility was raised of including verbal descriptions to define the numerical scores: for example, no pain, slight pain, moderate pain, severe pain, agonising pain.

The A&E department in the study operates a triage system, allowing all patients to be assessed immediately upon their arrival. This should enable patients to receive analgesia (if required) often within minutes of arrival in the department. Nurses also need to be aware of the timing of pain evaluation, however.

Patients receiving intravenous analgesia should have their pain evaluated 5-10 minutes following administration, and those receiving intramuscular analgesia 20-30 minutes later.

It was also recommended that a similar pain assessment tool be extended to other acute clinical areas, thus providing greater continuity of pain assessment and control of pain following the patient's transfer out of the A&E department.

The pain assessment tool discussed and completed with the patients allows for systematic assessment of pain and provides a record of pain and its relief. It also demonstrates to patients that their pain is being taken seriously and allows the effectiveness of pain-relieving measures to be monitored.

### REFERENCE

<sup>1</sup>Shepherd, E.L. Assessing pain relief. (Short Report) *Nursing Times* 1989; 85: 10, 55.

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### Immediate pain assessment means less of a wait for analgesia

