

TOPIC: IN SUPPORT OF BEHAVIORAL PAIN SCALE USE WITH VENTILATED PATIENTS DURING INVASIVE AND NONINVASIVE PROCEDURES IN THE INTENSIVE CARE UNIT

SUBMITTED BY: Oregon Student Nurses Association Board of Directors

AUTHORS: Jane Ko, Elizabeth Robinson, Tyler Smith, Caitlin Reid

WHEREAS, according to American College of Critical Care Medicine, it is the critically ill patient's right to have adequate analgesia and pain management); and

WHEREAS, according to the Nursing Code of Ethics, the nurse is held accountable for the patient's rights and physical, emotional, social, and spiritual needs by actively participating in appropriate assessments and interventions to minimize unnecessary pain and treatment; and

WHEREAS, mechanically ventilated (MV) patients report experiences of distress related to being present and absent, weird dreams, loss of control, fighting or being tied down, being scared and almost dying due to ineffective sedation and pain management; and

WHEREAS, a study conducted in 44 ICU's revealed that 44% of patients who are MV did not receive proper pre- and post-procedure pain assessments; and

WHEREAS, it is reported that nurses traditionally underrate patient pain by 35-55%, and in one sample, 64% of patients received no medication before or while involved in a painful procedure; and

WHEREAS, the Behavioral Pain Scale (BPS) is the most reputable in validity, feasibility and inter-rater reliability in comparison to other pain tools using the significant criterion of facial expression, upper limb movements, and

compliance with mechanical ventilation to assess pain levels in critically ill ventilated patients; and

WHEREAS, the BPS scores are accurate 73% of the time during patient positioning, after controlling for sedatives and analgesics, proving the validity of this tool to detect patient pain and indicates the need for pain management intervention; and

WHEREAS, in 2006, Chanques et al (2006) examined the outcomes of the BPS on 230 ICU patients and found the pre- and post-implementation scores revealed a 21% decrease in pain reported (63% to 42%); and

WHEREAS, MacLaren et al found that 158 MV patients consistently assessed with the BPS led to appropriate long-term pain management, resulting in lower pain levels and decreased sedation length and cost when compared to patients not being assessed with the BPS; therefore be it

RESOLVED, that critical care associations and alliances collaborate with hospitals and organizations in standardizing pain management protocols, highly encourage the use of the BPS as a valid and reliable pain assessment tool/algorithm, and urge once daily interruption of sedative and opioid infusions as recommended practices; and be it further

RESOLVED, that pain awareness and education be stressed among patient care staff to uphold quality of care and that pain management be coupled with pre- and post-procedure assessments; and be it further

RESOLVED, that the World Health Organization establish guidelines on medication needs for fragile patients including those medically ventilated during invasive and noninvasive procedures; and be it further

RESOLVED, that the Oregon SNA educate students regarding the effective use of the BPS on MV patients during invasive and noninvasive procedures using e-blasts, Facebook, OSNA Newsletter, and OSNA website; and be it further

RESOLVED, that the Oregon SNA send a copy of this resolution to the American Association of Colleges of Nursing, the American Hospital Association, the American Medical Association, the American Nurses Association, the American Organization of Nurse Executives, the Commission of Collegiate Nursing Education, the National Council of State Board of Nursing, the National League of Nursing, the National League of Nursing Accrediting Commission, the National Student Nurses Association, the University of Health Consortium, the World Health Organization, all individual State Boards of Nursing, and any other organizations deemed appropriate by the Oregon SNA Board of Directors