When Your Patient Can't Say

Developing a Neonatal Pain Assessment and Management Program

OUCH!

[illegible]

Background: Pain Assessment and Management in the NICU

- Neonatal nurses have a special challenge when it comes to pain assessment and management.
  - Neonates can't tell us they hurt.
  - Parents can't tell us when their baby is hurting either – We're all just getting to know this new person!
- Historically, pharmacologic pain management has been limited in NICUs.
  - Clinicians concerned about side effects.
  - Belief that neonates did not feel pain.
- Nurses with decades of NICU experience have more complicated issues.
  - They've been practicing for 20-30 years without formal pain scoring and, for many years, without pharmacologic pain management.
  - Instilling we now score and manage pain associated with various NICU procedures sets into question their practice – their career.

Why Should We Do This?

[illegible]

JCAHO Standard PL4.10 (2004)

[illegible]

Baseline Data: Pain Assessments

[illegible]

Incorporating Descriptive Pain Assessment and Management into Practice in Team Approach

[illegible]

Process Used to Select and Implement Pain Assessment Program

[illegible]

Focus on a Painful Procedure: Circumcision

[illegible]

APPROACH TO EDUCATION

1. Education on Pain Assessment and Management

[illegible]

2. Ongoing Education for Existing Staff

[illegible]

Conclusions

- Pain Assessment is not popular or easy for NICU staff.
- It is the right thing to do for our patients and necessary to meet organizational and regulatory standards.
- The best tool for use in an NICU is not yet available. We continue to watch for a more usable tool.
- Acknowledging staff nurse resistance to scoring and focusing on clinical relevance of pain scores will help us progress to a higher level of practice.
- We've come a LONG way in this process and continue to strive for more!