

PAIN ASSESSMENT IN NON-VERBAL PATIENTS IN CRITICAL CARE

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Background: It is recommended patient's self-report of pain should be obtained as often as possible as the "gold standard". Unfortunately, in critical care, many factors can alter verbal communication with patients, making pain assessment more difficult. Scientific advances in understanding pain mechanisms, multidimensional methods of pain assessment, and analgesic pharmacology have improved pain management strategies. However, pain assessment for nonverbal patients in critical care continues to present a challenge for clinicians and researchers.

Purpose: The general purpose of this study was to validate a pain scale using psychometric methods. The specific purpose of this study was to compare the reliability and validity of the Pain Assessment in Advanced Dementia (PAINAD) Scale and the Critical-Care Pain Observation Tool (CPOT) scales in critical care patients.

Design and Sample: A descriptive, comparative, prospective design was used in this study. A convenience sample of 100 adult, nonverbal critical care adult patients of varying medical diagnoses who required pain evaluation were assessed with the PAINAD and CPOT scales.

Methods: Data were collected over a 6-month period in all critical areas at Froedtert Hospital. Observations of pain assessments for nonverbal patients who required pain evaluation were recorded on the PAINAD and the CPOT at the same time.

Results: Internal consistency reliability for the PAINAD was .80. Internal consistency reliability for the CPOT was .72. The results of this study indicate that there was no difference in PAINAD or CPOT scores for assessing pain in nonverbal patients in critical care.

Implications: The lower reliability of CPOT requires further investigation before recommendations can be made about using this tool. Further research in the area of pain assessment for nonverbal patients in critical care is needed.