

UTILIZATION OF A FUNCTIONAL PAIN ASSESSMENT SCALE

Brittany J. Rice BSN, RN
Lehigh Valley Health Network, Brittany.Rice@lvhn.org

Athena Barwick BSN, RN
Lehigh Valley Health Network, Athena.Barwick@lvhn.org

Miranda E. Schaeffer BSN, RN
Lehigh Valley Health Network, Miranda.Schaeffer@lvhn.org

Kristin L. Torres BSN, RN
Lehigh Valley Health Network, Kristin.Torres@lvhn.org

Nicole A. Parry BSN, RN
Lehigh Valley Health Network, Nicole.Parry@lvhn.org

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UTILIZATION OF A FUNCTIONAL PAIN ASSESSMENT SCALE

Brittany Rice, BSN, RN, Athena Barwick, BSN, RN, Miranda Schaeffer, BSN, RN, Kristin Torres, BSN, RN, and Nicole Parry, BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND

- Pain management is a patient right that needs to be correctly assessed in order to be correctly treated (Booker et al., 2016).
- Certain populations struggle in communicating their pain using the numeric pain scale
 - Some patients overestimate their pain scores while others underestimate their pain scores
- LVHN current pain rating scales do not consider a patient's ability to do ADLs.
- Most current pain tools only focus on the intensity of the pain and not the functional impact of pain (Halm et al., 2019)

PICO

In a medical-surgical patient population, how does the functional pain scale compare to the numeric and faces pain scales on the patient's ability to accurately rate their perceived pain score?

- P: Medical-surgical patient population
- I: Functional pain assessment
- C: Numeric and Faces pain scales
- O: Rate perceived pain using a scale

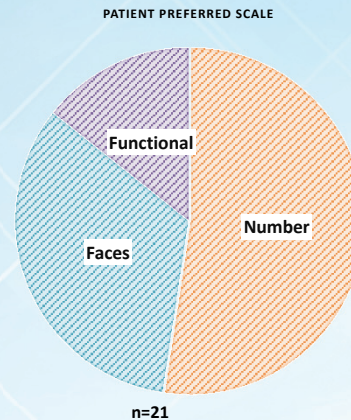
EVIDENCE

- In one study, results showed patients preferred the functional pain scale (FPS) because they felt it was easier to "gauge" their pain levels (Halm et al., 2019)
- The functional pain scale was found to be reliable and valid (Arnstein et al., 2017).
- The functional pain scale correlates pain intensity with the extent that pain interferes with functioning (Arnstein et al., 2017)

IMPLEMENTATION

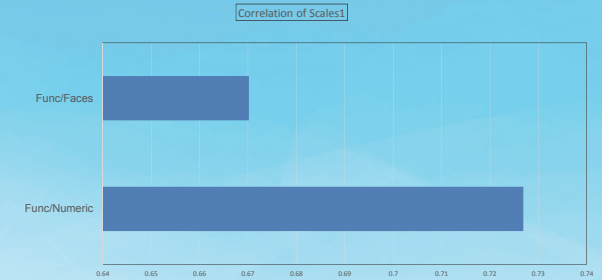
- Created a trifold that had included the numeric, faces, and functional pain assessment scales
- Trifold with the 3 tools were provided to patients determined to be alert and oriented on the units TTU and 7A
- Trial took place over a two week period
- 5 RN Nurse Residents asked inclusive patients to rate pain using each scale individually
- Data was tracked in an excel spreadsheet that included the following metrics:
 - Date/Time
 - Age
 - Diagnosis
 - Acute vs. chronic pain
 - Pain rating with each scale
 - Medications pre-and-post assessment
 - Preferred pain scale per patient

OUTCOMES



- A total of 21 patients were included in the trial
- Over half of the patients were 40 years old or older.
- A majority of the patient's were suffering from acute pain, in comparison to chronic pain (26 out of 32 pain assessments=79%)
- Majority selected the number scale as their preferred pain rating scale.

OUTCOMES



Pearson's correlational equation showed a positive correlation for both the functional and number scales and the functional and faces scale; however, the functional and number scale had a higher correlation.

BARRIERS/ NEXT STEPS

- **Barriers:**
 - Multiple confused patients on the unit at the time of trial made the population sample lower than preferred
 - Language barriers made it difficult for oriented patients to participate in the project
 - Lengthy assessment using 3-scales caused patients to lose interest
 - Night assessments difficult due to patients sleeping
 - Length of assessment in regards to nurse assignments and workload acuity made the trial difficult to complete
- **Next step:**
 - Re-evaluate patient population
 - Consider only one population to complete another trial on a larger scale: acute vs. chronic pain

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