NURSING CARE PLAN **Acute Pain**

ASSESSMENT DATA

Nursing Assessment

Mr. C. is a 57-year-old businessman who was admitted to the surgical unit for treatment of a possible strangulated inguinal hernia. Two days ago he had a partial bowel resection. Postoperative orders include NPO, intravenous infusion of D51/2 NS at 125 cc/hr left arm, nasogastric tube to low intermittent suction. Mr. C. is in a dorsal recumbent (supine) position and is attempting to draw up his legs. He appears restless and is complaining of abdominal pain (7 on a scale of 0–10).

Physical Examination

Height: 188 cm (6′ 3″)
Weight: 90.0 kg (200 lb)
Temperature: 37°C (98.6°F)
Pulse: 90 BPM
Respirations: 24/minute
Blood pressure: 158/82 mm Hg
Skin pale and moist, pupils dilated. Midline abdominal incision, sutures dry and intact.

Diagnostic Data

Chest x-ray and urinalysis negative, WBC 12,000

NURSING DIAGNOSIS

Acute Pain related to tissue injury secondary to surgical intervention (as evidenced by restlessness; pallor; elevated pulse, respirations, and systolic blood pressure; dilated pupils; and report of 7/10 abdominal pain)

DESIRED OUTCOMES*

Pain Control [1605] as evidenced by often demonstrating ability to

- Use analgesics appropriately
- Use nonanalgesic relief measures
- Report uncontrolled symptoms to health care professional

Pain Level [2102] As evidenced by mild to no

- Reported pain
- Protective body positioning
- Restlessness
- Pupil dilation
- Perspiration
- Change in BP, HR, R from normal baseline data

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NURSING INTERVENTIONS*/SELECTED ACTIVITIES	*RATIONALE*
Pain Management [1400]	
Perform a comprehensive assessment of pain to include location, characteristics, onset, duration, frequency, quality, intensity or severity, and precipitating factors of pain.	*Pain is a subjective experience and must be described by the client in order to plan effective treatment.*
Consider cultural influences on pain response (e.g., cultural beliefs about pain may result in a stoic attitude).	*Each person experiences and expresses pain in an individual manner using a variety of sociocultural adaptation techniques.*
Reduce or eliminate factors that precipitate or increase Mr. C.'s pain experience (e.g., fear, fatigue, monotony, and lack of knowledge).	*Personal factors can influence pain and pain tolerance. Factors that may be precipitating or augmenting pain should be reduced or eliminated to enhance the overall pain management program.*
Teach the use of nonpharmacologic techniques (e.g., relaxation, guided imagery, music therapy, distraction, and massage) before, after, and if possible during painful activities; before pain occurs or increases; and along with other pain relief measures.	*The use of noninvasive pain relief measures can increase the release of endorphins and enhance the therapeutic effects of pain relief medications.*
Provide Mr. C. optimal pain relief with prescribed analgesics.	*Each client has a right to expect maximum pain relief. Optimal pain relief using analgesics includes determining the preferred route, drug, dosage, and frequency for each individual. Medications ordered on a prn basis should be offered to the client at the interval when the next dose is available.*
Medicate before an activity to increase participation, but evaluate the hazard of sedation.	*Turning and ambulation activities will be enhanced if pain is controlled or tolerable. Assessing level of sedation should precede the activity to ensure necessary safety precautions are put in place.*
Evaluate the effectiveness of the pain control measures used through ongoing assessment of Mr. C.'s pain experience.	*Research shows that the most common reason for unrelieved pain is failure to routinely assess pain and pain relief. Many clients silently tolerate pain if not specifically asked about it.*
Analgesic Administration [2210]	
Check the medical order for drug, dose, and frequency of analgesic prescribed.	*Ensures that the nurse has the right drug, right route, right dosage, right client, right frequency.*
Determine analgesic selections (narcotic, nonnarcotic, or NSAID) based on type and severity of pain.	*Various types of pain (e.g., acute, chronic, neuropathic, nociceptive) require different analgesic approaches. Some types of pain respond to nonopioid drugs alone, while others can be relieved by combining a low-dose opioid with a nonopioid.*
Institute safety precautions as appropriate if Mr. C. receives narcotic analgesics.	*Side effects of opioid narcotics include drowsiness and sedation.*
Instruct Mr. C. to request prn pain medication before the pain is severe.	*Severe pain is more difficult to control and increases the client's anxiety and fatigue. The preventive approach to pain management can reduce the total 24-hour analgesic dose.*
Evaluate the effectiveness of analgesic at regular, frequent intervals after each administration and especially after the initial doses, also observing for any signs and symptoms of untoward effects (e.g., respiratory depression, nausea and vomiting, dry mouth, and constipation).	*The analgesic dose may not be adequate to raise the client's pain threshold or may be causing intolerable or dangerous side effects or both. Ongoing evaluation will assist in making necessary adjustments for effective pain management.*
Document Mr. C.'s response to analgesics and any untoward effects.	*Documentation facilitates pain management by communicating effective and noneffective pain management strategies to the entire health care team.*
Implement actions to decrease untoward effects of analgesics (e.g., constipation and gastric irritation).	*Constipation is a common side effect of opioid narcotics, and a treatment plan to prevent occurrence should be instituted at the beginning of analgesic therapy. For Mr. C., constipation could result from his primary condition or his analgesia. Assess for overall GI functioning, possible complications of surgery (e.g., ileus), as well as opioid-induced constipation or NSAID-induced gastritis.*

NURSING CARE PLAN **Acute Pain** *continued*

NURSING INTERVENTIONS/SELECTED ACTIVITIES*	*RATIONALE*
Simple Relaxation Therapy [6040]	
Consider Mr. C.'s willingness and ability to participate, preference, past experiences, and contraindications before selecting a specific relaxation strategy.	*The client must feel comfortable trying a different approach to pain management. To avoid ineffective strategies, the client should be involved in the planning process.*
Elicit behaviors that are conditioned to produce relaxation, such as deep breathing, yawning, abdominal breathing, or peaceful imaging.	*Relaxation techniques help reduce skeletal muscle tension, which will reduce the intensity of the pain.*
Create a quiet, nondisruptive environment with dim lights and comfortable temperature when possible.	*Comfort and a quiet atmosphere promote a relaxed feeling and permit the client to focus on the relaxation technique rather than external distraction.*
Individualize the content of the relaxation intervention (e.g., by asking for suggestions about what Mr. C. enjoys or finds relaxing).	*Each person may find different images or approaches to relaxation more helpful than others. The nurse should have a variety of relaxation scripts or audiovisual aids to help clients find the best one for them.*
Demonstrate and practice the relaxation technique with Mr. C.	*Return demonstrations by the participant provide an opportunity for the nurse to evaluate the effectiveness of teaching sessions.*
Evaluate and document his response to relaxation therapy.	*Conveys to the health care team effective strategies in reducing or eliminating pain.*

EVALUATION

Outcomes partially met. The client verbalizes pain and discomfort, requesting analgesics at onset of pain. States "the pain is a 2" (on a scale of 0–10) 30 minutes after a parenteral analgesic administration. Requests analgesic 30 minutes before ambulation. States willingness to try relaxation techniques; however, has not attempted to do so.

The NOC # for desired outcomes and the NIC # for nursing interventions are listed in brackets following the appropriate outcome or intervention. Outcomes, indicators, interventions, and activities selected are only a sample of those suggested by NOC and NIC and should be further individualized for each client.

APPLYING CRITICAL THINKING

1. Is there any other assessment data you would want to gather to help plan Mr. C.'s pain management?
2. Mr. C. does not have a PCA. What nursing interventions are important?
3. What kind of data would you gather prior to having a discussion with the primary care provider about options for improving pain control in this client?

See Critical Thinking Possibilities in Appendix A. ∞