

# Nursing Care Plan

## A Client with Chronic Pain



Susan Akers, age 37, is currently being seen at an outpatient clinic for chronic nonmalignant pain. She works at a local paper factory. She has a 3-year history of neck and shoulder pain that usually is accompanied by headaches. She believes the pain is related to lifting objects at work, but it is now precipitated by activities of daily living. Susan is absent from work approximately three times a month and states that the absences are due to her pain and headaches. She has been seeking care in the local emergency department on the average of twice monthly for injections for pain. She does not regularly use medications but does take Darvocet-N 100 and Valium as needed (usually two to three times a day). Ms. Akers is divorced and has two children. She states that she has several friends in the area, but her parents and siblings live in another part of the United States.

### ASSESSMENT

During the nursing history, Susan rates her pain during an acute episode as a 7 on a 1 to 10 scale. She states that lifting objects and moving her hands and arms above shoulder level precipitates

sharp pain. The pain never really goes away, but it does decrease with upper extremity rest.

She says that when she lifts a lot at work, she has difficulty sleeping that night. She takes two Darvocet-N 100 tablets every 4 hours when the pain is severe, but does not get complete relief.

### DIAGNOSIS

- *Chronic pain* related to muscle inflammation

### EXPECTED OUTCOMES

- Return for follow-up visits with a journal of activities and pain experiences.
- After 3 to 5 days on regularly scheduled doses of pain medication, report a decrease in the level of pain from 7 to 3 or 4 on a 1 to 10 scale.
- Decrease number of absences from work.
- Modify activities at work and at home, especially when pain is intense.

(continued)



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### PLANNING AND IMPLEMENTATION

- Encourage discussion of pain, and acknowledge belief in Susan's report of pain.
- Consult with a physician for a nonnarcotic analgesic with a minimum of side effects, and instruct in maintaining regular dosing schedules.
- For episodes of acute pain, take narcotic analgesics as soon as the pain begins and every 4 hours, while continuing the dosage of nonnarcotic analgesic.
- Teach one relaxation technique that is personally useful.
- Explore distraction techniques such as listening to music, watching comedies, or reading.
- Provide clinic phone number and instruct to call if pain is unrelieved with narcotic and nonnarcotic analgesics.

### EVALUATION

Susan returns for scheduled follow-up visits with a completed journal of her activities and associated pain. She reports that

taking oral narcotic analgesics has relieved her pain and that within 3 weeks nonnarcotic analgesics brought her pain under control. She also reports that her supervisor has reassigned her to a position that requires no lifting. She now rates her pain at 2 or 3 on a 1 to 10 scale. She has missed only 1 day of work in the last 3 months and reports that her children and friends have helped with her household tasks when she has requested they do so.

### Critical Thinking in the Nursing Process

1. Describe three factors that support the statement, "Pain is a personal experience."
2. Susan asks you how often she should take her pain medications. You tell her to (a) take them on a regular basis or (b) wait until she experiences pain. Which action would you choose, and why?
3. Develop a care plan for Susan for the nursing diagnosis of *risk for constipation*. Why is this necessary?

See Evaluating Your Response in Appendix C.