Abstract

To deliver optimum patient care, nurses must be equipped with skills, knowledge and attitudes towards pain, pain assessment and management. These skills must be guided by best available evidences to prevent any type of harm to the patients. Pain assessment is an integral part of pain management (Hall-Lord, 2006). In the above case study, the patient complains of pain in his chest and neck. The complicacy of non-self-reporting pain, even though absent and as per patient self-reporting he is experiencing pain, there are certain challenges for a nurse to assess pain.

The patient condition shows no change from the previous status where he was recorded GCS 13 E3, V3 and M6. The above pain rating on GCS scale implies the patient responds to voice, uttering of words may be inappropriate and some abnormal flexion’s can be observed on painful stimuli. But the motor response rating implies he is fine with the motor response as 6 demonstrates the patient obeys the normal orders (lankova, 2006). On contrary to this, the patient complains of consistent pain in his right side chest and back. These contradicting views self-reported and evidence based literature act as a challenge for the nurse to assess the pain for the patient.

In such cases, it is essential to apply the evidence based strategy than any other pain measuring scale. The following strategy will be maintained for obtaining data about Mr. Brown pain

To get a self-report from the patient, which in the contemporary scenario behaves as the single most reliable factor to start with (Herr K, 2004)
**Assessment Cover Sheet & Feedback Form**

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**Feedback**

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**Assessment Notes**

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**Conclusion**

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**Assessor's Signature**

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**Date**

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PART A

Answer 1: To deliver optimum patient care, nurses must be equipped with skills, knowledge and attitudes towards pain, pain assessment and management. These skills must be guided by best available evidences to prevent any type of harm to the patients. Pain assessment is an integral part of pain management (Hall-Lord, 2006). In the above case study, the patient complains of pain in his chest and neck. The complicacy of non-self-reporting pain, even though absent and as per patient self-reporting he is experiencing pain, there are certain challenges for a nurse to assess pain.

The patient condition shows no change from the previous status where he was recorded GCS 13 E3, V3 and M6. The above pain rating on GCS scale implies the patient responds to voice, uttering of words may be inappropriate and some abnormal flexion’s can be observed on painful stimuli. But the motor response rating implies he is fine with the motor response as 6 demonstrates the patient obeys the normal orders (lankova, 2006). On contrary to this, the patient complains of consistent pain in his right side chest and back. These contradicting views self-reported and evidence based literature act as a challenge for the nurse to assess the pain for the patient.

In such cases, it is essential to apply the evidence based strategy than any other pain measuring scale. The following strategy will be maintained for obtaining data about Mr. Brown pain

- To get a self-report from the patient, which in the contemporary scenario behaves as the single most reliable factor to start with (Herr K, 2004)
- Going through patient medical history for pain assessment forms another important part, since every small change at the physical level may induce pain at certain points (Wilson, 2007).

- Consideration of recently applied medical interventions since any procedures applied might be causing pain.

- Taking data from her wife, to understand the pathophysiology of pain, pain behavior (if she has previously seen such pain in his husband during hospital admission or home based treatment).

- At times physiologic conditions are underestimated, but they can be the least indicators for pain so this need to be evaluated in Mr. Brown case.

- Patient behavior at times provides valuable clues for pain identification such as changing positions, sitting positions can enumerate where the pain is occurring, frequency of pain and severity of pain (Pasero C, 2002).

So these strategies will be maintained to assess the pain in Mr. Brown.

**Answer 2.** There can be different reasons for back and chest pain- The pain can be due to infection in the pleura, which can result in rubbing of two linings of lungs inside and outside thus causing pain at different points at chest. The rationale is the pleura inflammation can be caused by pneumothorax, lungs collapse, and pneumonia, which has been already diagnosed in Mr. Brown.
Answer 3. Opiates are in general used to treat pain or manage the pain in patients who do not respond to non-steroidal anti-inflammatory drugs. As evidence suggests in patients with end stage cardiac or respiratory disorders sustained release low dose morphine can beneficial in reducing pain as well as shortness of breath (Parshall, et al., 2011). Thus, this therapy is justified in the above case study.

Answer 4. Going through the patient medical history the following assessments are to be made for Mr. Brown prior to morphine 2.5-5mg administration intravenously. The patient must be assessed for head injuries, severe renal issues or problems if he has or not, increased intracranial pressure, severe liver problems, etc. Even a small dosage of morphine administration may lead to abnormal cerebral circulation (Naqvi F, 2009). The patient will be assessed for any type of medical allergies to morphine like drugs or previously used medications that contains morphine like products. If the patient has COPD, asthma or serious respiratory disorder the morphine must be administered with proper consultation. To assess the side effects, the following assessments will be carried out –

Breathing pattern observation. (Shallow and slow breathing is generally expected).
Assess the patient for any type of seizure and convulsions
Assessment of cognitive and motor skills in the patient.
Urine input and output as urination abnormality can be seen, a patient must be assessed for bleeding (nose, mouth, rectum, vagina) etc.
While the above assessments will be carried out for heavy side effects of morphine, the lesser known side effects are headache, dizziness, nausea and vomiting, weight loss, diarrhea etc.

PART 7

Answer 1. In a case of end of life decision which is taken by hospital authority the nurse’s role comes under ethical committee scanner as well as ethical guidelines scanner. Since, the nurse has spent almost every day from the day of admission knowing that the patient doesn’t have much time with him the nurse must showcase that they are positive about his case and he is responding well from his condition (D. M. Westphal and S. A. McKee, 2009). His needs must be addressed in order to fulfill all his wishes. The environment must be kept positive in order to give the patient enough strength mentally to face the discomfort he is having. Making a patient’s life much better (quality wise) at the end stage of life should be the goal of nurse.

Answer 2. In the above case, it is essential to convince Mrs. Brown for DNR order given by the doctor. Mrs. Brown must be made to understand that the prognosis in case of Mr. Brown was very poor starting from the day of admission, while all sorts of biochemical and biophysical tests have been done, he is not able to participate in the disease recovery process. So in order to follow ethical approach and guidelines, Mrs. Brown must be intimated the decision taken by the doctor and what are its implications for her and other family members. Being a nurse, trust and empathy must be shown to Mrs. Brown in order to convince as well as give her emotional support (S. Fry
Mrs. Brown could be allowed to take daily care of her husband in order to have some sort of satisfaction. While the approach in these situations are very debatable, but with no option left and extreme poor prognosis, this decision seems to be best fitting the ethical and professional code of conduct benchmark (K. T. Kirchhoff, 2000).
REFERENCES


Faculty Comments:

The work has appropriate answers as expected. Short and crisp answers have been framed with a clear demarcation of the asked questions. The work would have been better with little more efforts in referencing.