
Post-operative Pain Management Needs Assessment

**Dartmouth-Hitchcock Medical Center
Lebanon, New Hampshire**

**Developed by:
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Hematology/Oncology Clinical Nurse Specialist**

Dartmouth-Hitchcock Medical Center

Pain Management Demonstration Project

**Post-operative Pain Management
Needs Assessment**

The Dartmouth Demonstration Project for Improving Post-operative Pain Relief has been charged with improving pain relief at DHMC.

The project team aim is to improve the appropriateness, effectiveness, knowledge, and timeliness of post-op pain management in adults.

There is evidence that RNs post-op pain management knowledge and skills could be enhanced with formal education and ongoing practice evaluation. In order to develop a specific educational plan we are conducting a needs assessment.

We would like to thank you in advance for your active support of this project.

Lisa McCabe, PACU CNS

Ingrid Mroz, ICU, CNS

**Please complete by June 12, 1995 and return to
the Post-op Pain Needs Assessment box
on your unit.**

Demographics

1. Title (check one): RN LPN
2. Education (check one): Diploma Associate degree BSN Masters
3. Years in nursing: 0-5 6-10 11-15 16-20 21 or more
4. Current specialty/department: ICU CT ICU PACU ICCU
 4W 3W 3E 5W
 SD/PAT Birthing Pavilion
5. Years of experience caring for post-operative patients:
 0-5 6-10 11-15 16-20 21 or more

yes no not sure

6. Does your unit have a written standard for pain assessment?
7. Does your unit have written standards for pain treatment?
8. Does your unit have a specific orientation to pain assessment?
9. Does your unit have a specific orientation to pain treatment?
10. Does your unit have inservices about pain assessment?
11. Does your unit have inservices about pain treatment?

12. Which of the following patient responses influence your decisions to initiate interventions for pain relief?
Please rate each of the following:

	No Influence	Small Influence	Moderate Influence	Great Influence
A. Facial expression	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Sleeping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Vital Signs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. Increased motor movement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
E. Decreased motor movement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
F. Patient report of pain using a pain measurement tool	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
G. Family report of patients discomfort	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

13. To what degree were the following resources available to you to help you to manage post-operative pain?

	Not Available	Inadequately Available	Adequately Available
A. Continuing education			
A1. Anatomy/physiology of pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
A2. Monitoring and emergency measures	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
A3. Non-pharmacological interventions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
A4. Pharmacological interventions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Equianalgesic dosing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Acute Pain Service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

D. Clinical Nurse Specialists

1

2

3

14. How have the following resources influenced your clinical practice?

	No Influence	Small Influence	Moderate Influence	Great Influence
A. Acute Pain Service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Clinical Nurse Specialist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Other _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

15. To what degree has a recent experience with pain: self, family influenced your nursing decisions about pain management?

	No Influence	Small Influence	Moderate Influence	Great Influence
A. Personal experience with pain: self	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Personal experience with pain: family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

16. To what degree do the following inhibit you from administering narcotic analgesics?

	No Influence	Small Influence	Moderate Influence	Great Influence
A. Too busy with other patients or duties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Reluctance of physician to order narcotic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Fear of opioid addiction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. Lack of information related to pain management				
1) knowledge of drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2) assessment skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Select ONE answer for the following questions.

a.

b.

c.

d.

17. The goal of giving narcotic analgesics during the first 48 hours post-operative is to:

1

2

3

4

- A. relieve the pain completely
- B. relieve as much pain as possible
- C. relieve enough pain for the patient to function
- D. relieve pain to a level at which the patient can just tolerate it

a. b. c. d.

18. The recommended route of administration of opioid analgesics to patients with brief, severe pain of sudden onset, e.g. trauma or post-operative pain is 1 2 3 4

- A. intravenous
- B. intramuscular
- C. subcutaneous
- D. oral

19. Which of the following IV doses of morphine would be equivalent to 30 mg of oral morphine? (see equianalgesic dosing chart) 1 2 3 4

- A. Morphine 5mg IV
- B. Morphine 10mg IV
- C. Morphine 30mg IV
- D. Morphine 60mg IV

20. Analgesics for post-operative pain should initially be given 1 2 3 4

- A. around the clock on a fixed schedule x 48 hours
- B. only when the patient asks for the medication
- C. only when the nurse determines that the patient has moderate or greater discomfort
- D. only as ordered by the surgery resident

21. The most accurate judge of the intensity of the patient's pain is 1 2 3 4

- A. the treating physician
- B. the patient's primary nurse
- C. the patient
- D. the patient's spouse or family

22. How likely is it that opioid addiction will occur as a result of treating pain with opioid analgesics? 1 2 3 4

- A. <1%
- B. 5%
- C. 25%
- D. 50%

a. b. c. d.

23. The most likely explanation for why a patient with pain would request increased doses of pain medication is 1 2 3 4

1. The patient is experiencing increased pain
2. The patient is experiencing increased anxiety or depression
3. The patient is requesting more staff attention
4. The patient's requests are related to addiction

Agree Disagree

24. The most common side effect of morphine is respiratory distress. 1 2

25. I worry that a patient might become addicted to the analgesics I give. 1 2

26. An analgesic ordered prn may be given around the clock based on nurse's assessment and does not require further MD approval. 1 2

27. Midazolam (Versed) provides rapid pain relief. 1 2

28. In equipotent doses fentanyl is more sedating than morphine. 1 2

29. When a patient receives intraspinal morphine at the end of surgery IV morphine will usually need to be limited for 12-18 hours. 1 2

30. There is a ceiling on the analgesia dose; that is, beyond a certain dose, increasing the dose will NOT increase pain relief. 1 2

31. Observable changes in vital signs must be relied upon to verify a patient's statement that he has severe pain. 1 2

32. Cutaneous stimulat~~in~~ techniques that may reduce the intensity of pain include the application of hot and cold compresses. 1 2

33. When cutaneous stimulation such as cold or massage is used for pain relief, it must be used in the area of pain. 1 2

34. Giving aspirin, acetaminophen or nonj-steroidal anti-inflammatory agents, along with other narcotics is a logical method of increasing pain relief. 1 2

35. Research shows that promethazine (Phenergan) is a reliable potentiator of narcotic analgesia. 1 2

36. Sleep or sedation can be equated with pain relief. 1 2

37. The potency of pain relief measures selected for the patient should be determined based on the type of surgery rather than on the patients report of pain intensity. 1 2

	Agree	Disagree
38. Observable changes in vital signs must be relied upon to verify a patient's statement that he has severe pain.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
39. If the patient can be distracted from his pain this usually means that he does NOT have high pain intensity.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
40. Patients may sleep in spite of severe pain.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
41. Comparable stimuli in different people produce the same intensity of pain.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
42. Non-drug interventions (e.g. heat, music, imagery, etc.) are very effective for mild-moderate pain control but are rarely helpful for more severe pain.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
43. Respiratory depression rarely occurs in patients who have been receiving opioids over a period of months.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
44. Patients with a history of substance abuse should not be given opioids for pain because they are at high risk for repeated addiction.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
45. Elderly patients cannot tolerate strong medications such as opioids for pain.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
46. Based on one's religious beliefs a patient may think that cultural pain and suffering is necessary.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
47. After the initial recommended dose of opioid analgesic, subsequent doses are adjusted in accordance with the individual patient's response.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
48. Imagery, hypnosis, acupressure and acupuncture are alternative methods that can assist in managing a patient's pain.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
49. Allowing patients to administer their own pain medication is superior way to provide analgesia.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
50. If a patient is a clockwatcher and asks for his/her medication each time he/she knows it's due, after several days of this behavior, he/she may be addicted.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
51. If the patient can be distracted from his/her pain, this usually means that he/she does NOT have as high intensity of pain as he/she thinks.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
52. Painful or noxious stimuli in different people will produce comparably different intensities of pain that last different periods.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
53. Elderly patients require less pain medication to make them comfortable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
54. A pain rating scale is appropriate for patients to use to rate their pain.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

59. Your assessment, above, is made two hours after he received morphine 2 mg IV. Half hourly pain ratings following the injection ranged from 6 to 8 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. He has identified 2 as an acceptable level of pain relief. His physician's order for analgesia is "morphine IV 1-3 mg q1h PRN pain relief." Check the action you will take at this time:

- a1) Administer no morphine at this time.
- b2) Administer morphine 1 mg IV now.
- c3) Administer morphine 2 mg IV now.
- d4) Administer morphine 3 mg IV now.

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Lisa McCabe, PACU CNS

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**Please complete by June 12, 1995 and return to
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on your unit.**

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 4W 3W 3E 5W
 SD/PAT Birthing Pavilion
5. Years of experience caring for post-operative patients:
 0-5 6-10 11-15 16-20 21 or more

- | | yes | no | not sure |
|---|--------------------------|--------------------------|--------------------------|
| 6. Does your unit have a written standard for pain assessment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your unit have written standards for pain treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your unit have a specific orientation to pain assessment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does your unit have a specific orientation to pain treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your unit have inservices about pain assessment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your unit have inservices about pain treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Which of the following patient responses influence your decisions to initiate interventions for pain relief?
Please rate each of the following:

- | | No Influence | Small Influence | Moderate Influence | Great Influence |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Facial expression | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| B. Sleeping | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| C. Vital Signs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| D. Increased motor movement | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| E. Decreased motor movement | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| F. Patient report of pain using a pain measurement tool | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| G. Family report of patients discomfort | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

13. To what degree were the following resources available to you to help you to manage post-operative pain?

- | | Not Available | Inadequately Available | Adequately Available |
|---------------------------------------|----------------------------|----------------------------|----------------------------|
| A. Continuing education | | | |
| A1. Anatomy/physiology of pain | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| A2. Monitoring and emergency measures | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| A3. Non-pharmacological interventions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| A4. Pharmacological interventions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| B. Equianalgesic dosing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| C. Acute Pain Service | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| D. Clinical Nurse Specialists | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

14. How have the following resources influenced your clinical practice?

	No Influence	Small Influence	Moderate Influence	Great Influence
A. Acute Pain Service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Clinical Nurse Specialist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Other _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

15. To what degree has a recent experience with pain: self, family influenced your nursing decisions about pain management?

	No Influence	Small Influence	Moderate Influence	Great Influence
A. Personal experience with pain: self	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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16. To what degree do the following inhibit you from administering narcotic analgesics?

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B. Reluctance of physician to order narcotic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Fear of opioid addiction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. Lack of information related to pain management				
3) knowledge of drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4) assessment skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Select ONE answer for the following questions.

	a.	b.	c.	d.
17. The goal of giving narcotic analgesics during the first 48 hours post-operative is to:	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A. relieve the pain completely				
B. relieve as much pain as possible				
C. relieve enough pain for the patient to function				
D. relieve pain to a level at which the patient can just tolerate it				

- | | a. | b. | c. | d. |
|---|---------------------------------------|---------------------------------------|---------------------------------------|----------------------------|
| 18. The recommended route of administration of opioid analgesics to patients with brief, <u>severe pain of sudden onset</u> , e.g. trauma or post-operative pain is | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| A. intravenous | | | | |
| B. intramuscular | | | | |
| C. subcutaneous | | | | |
| D. oral | | | | |
| 19. Which of the following IV doses of morphine would be equivalent to 30 mg of oral morphine?
(see equianalgesic dosing chart) | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| A. Morphine 5mg IV | | | | |
| B. Morphine 10mg IV | | | | |
| C. Morphine 30mg IV | | | | |
| D. Morphine 60mg IV | | | | |
| 20. Analgesics for post-operative pain should initially be given | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| A. around the clock on a fixed schedule x 48 hours | | | | |
| B. only when the patient asks for the medication | | | | |
| C. only when the nurse determines that the patient | | | | |
| D. has moderate or greater discomfort | | | | |
| E. only as ordered by the surgery resident | | | | |
| 21. The most accurate judge of the intensity of the patient's pain is | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| A. the treating physician | | | | |
| B. the patient's primary nurse | | | | |
| C. the patient | | | | |
| D. the patient's spouse or family | | | | |
| 22. How likely is it that opioid addiction will occur as a result of treating pain with opioid analgesics? | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| A. <1% | | | | |
| B. 5% | | | | |
| C. 25% | | | | |
| D. 50% | | | | |

	Agree	Disagree
36. Sleep or sedation can be equated with pain relief.	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
37. The potency of pain relief measures selected for the patient should be determined based on the type of surgery rather than on the <u>patients report of pain intensity</u> .	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
38. Observable changes in vital signs must be relied upon to verify a patient's statement that he has severe pain.	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
39. If the patient can be distracted from his pain this usually means that he does NOT have high pain intensity.	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
40. Patients may sleep in spite of severe pain.	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
41. Comparable stimuli in different people produce the same intensity of pain.	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
42. Non-drug interventions (e.g. heat, music, imagery, etc.) are very effective for mild-moderate pain control but are rarely helpful for more severe pain.	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
43. Respiratory depression rarely occurs in patients who have been receiving opioids over a period of months.	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
44. Patients with a history of substance abuse should not be given opioids for pain because they are at high risk for repeated addiction.	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
45. Elderly patients cannot tolerate strong medications such as opioids for pain.	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
46. Based on one's religious beliefs a patient may think that cultural pain and suffering is necessary.	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
47. After the initial recommended dose of opioid analgesic, subsequent doses are adjusted in accordance with the individual patient's response.	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
48. Imagery, hypnosis, acupressure and acupuncture are alternative methods that can assist in managing a patient's pain.	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
49. Allowing patients to administer their own pain medication is superior way to provide analgesia.	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
50. If a patient is a clockwatcher and asks for his/her medication each time he/she knows it's due, after several days of this behavior, he/she may be addicted.	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2

- | | Agree | Disagree |
|--|---------------------------------------|---------------------------------------|
| 51. If the patient can be distracted from his/her pain, this usually means that he/she does NOT have as high intensity of pain as he/she thinks. | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 |
| 52. Painful or noxious stimuli in different people will produce comparably different intensities of pain that last different periods. | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 53. Elderly patients require less pain medication to make them comfortable. | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 |
| 54. A pain rating scale is appropriate for patients to use to rate their pain. | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 55. The patient with pain should be encouraged to endure as much pain as possible before resorting to a pain relief measure. | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 |

Case Studies

Directions: Please select one answer for each question.

Patient A: Andrew is 25 years old and this is his first day following abdominal surgery. As you enter his room, he smiles at you and continues talking and joking with his visitor. Your assessment reveals the following information: BP = 120/80; HR = 80; R = 18; on a scale of 0 to 10 (0 = no pain/discomfort, 10 = worst pain/discomfort) he rates his pain as 8.

56. On the patient's record you must mark his pain on the scale below. Circle the number that represents your assessment of Andrew's pain.

0	1	2	3	4	5	6	7	⑧	9	10

No pain/discomfort								Worst pain/discomfort		

57. Your assessment, above, is made two hours after he received morphine 2 mg IV. Half hourly pain ratings following the injection ranged from 6 to 8 and he had no clinically significant respiratory depression, sedation, or other untoward side effects. He has identified 2 as an acceptable level of pain relief. His physician's order for analgesia is "morphine IV 1-3 mg q1h PRN pain relief." Check the action you will take at this time:

- _____ a1) Administer no morphine at this time.
- _____ b2) Administer morphine 1 mg IV now.
- _____ c3) Administer morphine 2 mg IV now.
- X d4) Administer morphine 3 mg IV now.

