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Tool for pain assessment

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Advocate for our patients

I recently read the article “Culturally Competent Nursing Care: A Challenge for the 21st Century” (August 2004:48-52). I thought the author made some very pertinent points and I am glad they have been brought up for discussion. Cultural diversity is growing within the United States and we as nurses are being called upon to be sensitive to a variety of ethnic groups.

I have found that interactions with family members are particularly important. Family is highly valued within many ethnic groups, and large families are not uncommon. This can pose a problem in the ICU setting. For instance, it is common practice within many ICUs to limit the number of visitors to 1 or 2 at a time. However, many ethnicities have large families and it is often important for all of them to be present. This is especially true during end of life. It is our responsibility as nurses to advocate for our patients during these times and find the best way to allow the

presence of family while maintaining the integrity of the unit for other patients. This may mean designating a waiting room or reasonably relaxing visiting hours. We also need to be aware of the importance of including everyone in family meetings and important decision making.

The author also mentioned some common pitfalls, such as the tendency to stereotype. I can see how this is easy to do, especially when there are so many small variations within a culture. Though recognition of these subcultures is important, many problems can be avoided by simply treating everyone with respect and caring. When in doubt, remember it is reasonable and encouraged to ask family members specific questions regarding their practices and desires. It will open the door to communication and learning, as well as create a feeling of comfort for the patient and family.

Heather Peers, RN, BSN
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The author replies:

I appreciate the positive response of this reader to my article. The topic of cultural diversity in healthcare is too multifaceted and involved to be covered in-depth by one magazine article. This reader made salient points, which contribute to the discussion of provision of culturally competent nursing care to the diverse client population in the United States today.

Deborah Flowers, RN, PhD
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Tool for pain assessment

In response to the Ask the Experts column in the October issue (October 2004:68-73) on pain and sedation assessment in nonresponsive patients in the intensive care unit, I would like to make readers aware of another tool that can be used for pain assessment. This tool is currently being implemented in at least 14 health-care systems in the United States and Canada. Accurate pain assessment has been a major focus in our burn-trauma intensive care unit over the last several years. In response to this concern, we initially began using the FLACC, a child-based scale, that was recommended to us by an accrediting agency as the best available tool for pain assessment of nonverbal patients. The nursing staff was very dissatisfied with this tool and felt that it was not appropriate for sedated, nonresponsive adult patients receiving mechanical ventilation. A review of the literature was conducted and the Adult Nonverbal Pain Scale (NVPS) was developed. The NVPS is a 10-point scale with 5 categories that are scored on a 0-, 1-, or 2-point system. The original categories for the NVPS were based on the FLACC and included face (expression/grimacing), activity, guarding, physiology I, and physiology II.¹ A study was conducted to determine the reliability and validity of the scale, and all categories performed well. Physiology II was the weakest performer, and was revised to include a respiratory component with ventilator compliance as an indicator, based on a study by Payen et al.² The original NVPS scale can be viewed online at

Adult nonverbal pain scale University of Rochester Medical Center

Categories	0	1	2
Face	No particular expression or smile.	Occasional grimace, tearing, frowning, wrinkled forehead.	Frequent grimace, tearing, frowning, wrinkled forehead.
Activity (movement)	Lying quietly, normal position.	Seeking attention through movement or slow, cautious movement.	Restless, excessive activity and/or withdrawal reflexes.
Guarding	Lying quietly, no positioning of hands over areas of body.	Splinting areas of the body, tense.	Rigid, stiff.
Physiology (vital signs)	Stable vital signs	Change in any of the following: * SBP > 20 mm Hg. * HR > 20/minute.	Change in any of the following: * SBP > 30 mm Hg. * HR > 25/minute.
Respiratory	Baseline RR/SpO ₂ Compliant with ventilator	RR > 10 above baseline, or 5% ↓SpO ₂ mild asynchrony with ventilator	RR > 20 above baseline, or 10% ↓SpO ₂ severe asynchrony with ventilator

Abbreviations: HR, heart rate; RR, respiratory rate; SBP, systolic blood pressure; SpO₂, pulse oximetry. Instructions: Each of the 5 categories is scored from 0-2, which results in a total score between 0 and 10. Document total score by adding numbers from each of the 5 categories. Scores of 0-2 indicate no pain, 3-6 moderate pain, and 7-10 severe pain. Document assessment every 4 hours on nursing flow-sheet and complete assessment before and after intervention to maximize patient comfort. Sepsis, hypovolemia, hypoxia need to be excluded before interventions.

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www.aacn.org under the 2004 NTI poster presentations.³ The Table shows the revised scale, which is in the process of being tested.

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Revised quality indicator

I read with interest Juanita Reigle's excellent answer regarding the use of

angiotensin-receptor blockers (ARBs) in patients with heart failure (Ask the Experts, December 2004:67-69). As she correctly notes, "the prescription of an ACE inhibitor at hospital discharge is used by various regulatory agencies as a quality indicator." On the basis of the studies she cites and others, effective for hospital discharges after January 1, 2005, both the Joint Commission on Accreditation of Healthcare Organizations and the Centers for Medicare & Medicaid Services will revise this quality indicator to also include the use of ARBs. See CMS.gov for details.

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