

Management of Pain and Pain-Related Symptoms in Hospitalized Veterans with Cancer.

McMillan SC, Tittle M, Hagan S, Laughlin. J. Cancer Nursing 2000; 23(5):327-336.

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Abstract:

Unrelieved pain continues to be a problem among hospitalized patients with cancer. The purpose of this study was to evaluate pain management outcomes in a group of veterans with cancer receiving inpatient care. The sample consisted of 90 veterans with cancer hospitalized in one of two large veteran's medical centers in the southeastern United States. Daily pain was assessed by administering the visual analog scale (VAS) for pain three times in a 24-hour period and averaging these three scores. The Brief Pain Inventory (BPI) and Constipation Assessment Scale (CAS) were administered once. The charts were audited using the Chart Audit for Pain (CAP). The sample was predominantly male (93.3%) and white (82.8%). The length of time since diagnosis ranged from newly diagnosed during this hospitalization to 16 years. Average daily pain was 32.9 on the VAS and 4 on the PBI. However, approximately one-fourth of the patients reported average daily pain above the midpoint (VAS > 50), and some patients reported average daily pain to be as high as 98. Fewer than half of charts (42%) showed evidence that a pain rating scale were used. Other assessment data also were very limited. Patients reported that pain interfered with all activities on the BPI, with highest interference scores for walking and sleep (mean, 5.5). Although 80% of the patients reported some problem with constipation, the chart audit indicated that this was recorded in only 11 patient records. No patient records indicated a problem with sedation. The findings indicate that limited attempts were made to manage pain using nonpharmacologic methods. In addition, only one of the nine charts reporting these attempts showed evidence that results from the attempt were evaluated. It may be concluded that pain management continues to be less than ideal in these veterans' hospitals. Study results indicate that nurses are not documenting careful assessment of pain, not documenting evaluation of approaches to pain management, and not attending to the constipation that is inevitable when opioids are administered. Continued emphasis on nursing education related to pain management is needed. Future research should be undertaken to evaluate these outcomes.

Comments:

Strengths/uniqueness: A well described approach to a comprehensive assessment of pain in cancer patients in an acute care setting. A useful model for palliative care consult teams in similar settings to consider using to audit pain assessment.

Weaknesses: The VAS and BPI (with the exception of the interference subscale) are a unidimensional pain assessment. The authors imply that increased pharmacological management will resolve all of the uncontrolled pain experienced by patients in this study. Given the complexity and multi-dimensional aspects of expression of total suffering in some patients' complaint of pain, this is over simplistic.

Relevance to Palliative Care: This report certainly indicates the ongoing need to better assess, document, educate and manage pain in the acute care setting. The statement that "the desired outcome of a pain free state for every patient was not being met" should be interpreted with caution to avoid unrealistic expectations of pain management and/or palliative care consulting teams.