Evidence-Based Patient Preference for Pain Assessment Among Hospitalized Older Adults
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Purpose
To provide evidence-based pain assessment matching patient preferences for older adults on a cardiac/cardiac surgery step-down unit

Process
Iowa Model of Evidence-Based Practice to Promote Quality Care (Titter, et al., 2001)

Synthesis of Evidence
Hospitalized older adults often experience moderate to severe pain; their pain is under treated, and interferes with their recovery (Gianni et. al., 2010; Gregory & Haigh, 2008; Haller et. al., 2011; Sawyer et. al., 2010). Practice recommendations include assessment as an important step in pain management (Gordon et. al., 2005; Hadjistavropoulos et. al., 2007; Herr et. al., 2006; RNAO, 2007).
Nurses often are not aware of patient preferences for even basic care such as pain management. (Florin et. al., 2006). Understanding patient preferences and actively involving patients in decisions is important for improving patient satisfaction with pain control. Patient preferences vary and must be assessed (Florin et. al., 2006).
Both cognitively intact and cognitively impaired older adults are able to self-report pain (Shega et. al., 2010; Ware et. al., 2006).
Several tools have been evaluated for use with older adults: Numeric Rating Scale (NRS), Verbal Descriptor Scale (VDS), Faces Pain Scale (FPS), Faces Pain Scales-Revised (FPS-R) and the Iowa Pain Thermometer (IPT) (Flaherty, 2008; Ware et. al., 2006).
Despite valid, reliable and feasible pain scales, med-surg nurses don’t consistently use them and assess pain less frequently than recommended (Coker et. al., 2010; Haller et. al., 2011; Michaels et. al., 2007). Even when assessed, pain may not be documented consistently, making trending and treatment difficult (Haller et. al., 2011).
Nurse’s pain assessment improves after EBP implementation (Abdalrahim et. al., 2011; Haller et. al., 2011; Zhang et. al., 2008), as do other pain management practices (Haller et. al., 2011; Hansson et. al., 2006) and nursing knowledge (Abdalrahim et. al., 2011; Mezey et. al., 2009; Sawyer et. al., 2010).

Implementation Strategies Used

Practice Change: Choosing a Pain Assessment Tool

Evaluation

Implementation Strategies Used

Conclusion and Next Steps

- EBP improved nurse’s pain assessment processes.
- Despite these gains, patient perceptions were largely unchanged.
- Next steps include reinforcement and expanded evidence-based pain management to improve patient satisfaction with pain control.