
CARE OF PATIENTS WITH CHRONIC/PERSISTENT PAIN IN THE EMERGENCY SETTING

Description

Chronic/persistent pain continues to be a common reason why patients seek medical care.¹ The National Center for Health Statistics reports that 29% of emergency department (ED) admissions have some type of pain component associated with seeking medical intervention.² Although emergency settings are rapidly becoming an adjunct for primary care for many patients,² research has shown that the ED is not an ideal setting for long-term care due to inconsistencies of continuity and coordination of care and follow-up.^{2,3} Treatment of patients with chronic/persistent pain has become an increasing concern for the ED community following a Joint Commission *Sentinel Event Alert*⁴ regarding safe use of opioids in hospitals. Approach to the care of this patient population requires ongoing assessment and follow-up with intervention strategies such as pharmacological therapy, cognitive therapy, and behavioral therapy implemented by experts in the specialty of pain control.⁵ The Institute of Medicine has referred to pain relief as a “national public health challenge” and recommends additional research with improved data collection as well as redesigned educational programs for healthcare professionals.⁶

ENA Position

It is the position of the Emergency Nurses Association that:

1. Pain is what the patient says it is and when the patient says it is occurring.¹
2. Education regarding the care of patients with chronic/persistent pain is essential for emergency nurses in order to provide optimal safe and quality care.
3. Emergency nurses support the use of evidence-based assessment tools appropriate for selected patient populations with chronic/persistent pain.
4. Emergency nurses collaborate with healthcare interprofessionals, which may include, but are not limited to physicians, risk management, case management, pain management specialists, and alternative care providers, in the development of treatment guidelines for the management of the chronic pain patient in the emergency setting.
5. Thorough documentation is an essential form of effective communication and one of the building blocks for safe and therapeutic care of patients with chronic/persistent pain.
6. Emergency nurses care for chronic/persistent pain patients in a manner consistent with the emergency nursing code of ethics, which emphasizes human dignity and respect.⁷

Background

Chronic pain has been defined as pain that persists beyond the normal expected healing time.⁸ It is a process that can develop as a result of acute pain left untreated or undertreated. Chronic pain is caused by increased central nervous system activity in response to painful stimulation, under treatment of acute pain may cause long-term recruitment of pain fibers that can lead to permanent changes in the nervous system, resulting in chronic pain.^{9,10} Aggressive treatment of acute pain may facilitate the prevention of chronic/persistent pain.⁵ Challenges associated with treating chronic/persistent pain include:

- Exacerbating factors of an environmental, psychosocial, and behavioral nature^{8,10}
- Associated comorbidities^{8,10}
- Pharmacological treatment choices that deliver limited relief, need to be repeated in short intervals, and can be associated with gastrointestinal, cardiovascular and other side effects¹¹
- Mistakenly labeling patients as “drug seekers” as a result of patient behaviors consistent with pseudo addiction such as a stated preferences for specific opioids and/or the patient’s consistent pain ratings at the severe or overwhelming level.⁵

Safe and therapeutic care of patients with chronic/persistent pain requires effective communication and consistent care, best coordinated by primary chronic pain management healthcare providers.⁵ Emergency nurses can improve pain management safety by using appropriate assessment tools to avoid underestimating pain.¹⁰

“The American Chronic Pain Association notes that not everyone responds in the same manner to the same dosage of medication, and that an individual should be managed based on the benefits, cost, potential side effects, and concomitant medical problems.”¹²

References

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