Answers

CHAPTER 10
NURSING CARE OF PATIENTS IN PAIN

AUDIO CASE STUDY

Wilma Gets a Lesson in Pain Control

1. Acute pain lasts less than 3 months. Pain lasting more than 3 months would be considered chronic.
2. WHAT'S UP? Where is it? How does it feel? Aggravating and alleviating factors; Timing; Severity; Useful other data; Patient's perception.
3. With opioids, check vital signs first, especially respiratory rate. If opioids will be given for more than one or two doses, implement measures to prevent constipation. Tell the patient to expect some initial drowsiness and to avoid driving until the effects of the medication are known. Give NSAIDs with food or a snack, and report stomach pain or signs of gastrointestinal bleeding.
4. NSAIDs reduce inflammation; acetaminophen and opioids do not.

VOCABULARY

Sample sentences will vary for the Vocabulary problems.

1. (**4**)
2. (**3**)
3. (**6**)
4. (**1**)
5. (**9**)
6. (**8**)
7. (**10**)
8. (**5**)
9. (**2**)
10. (**7**)

CULTURALLY RESPONSIVE CARE

1. (**1**) is correct. Spirituality is a key area to monitor in providing culturally responsive care. Traditional healing methods should be incorporated as much as possible.
2. Teach him how to identify if his mother is having pain and show him how to help make her more comfortable by talking and helping her to relax.
3. (**3**) is correct. Language is a cultural expression that includes both verbal and nonverbal cues. Some patients may not use the word *pain* to describe discomfort.

CRITICAL THINKING AND CLINICAL JUDGMENT

1. Using the **WHAT'S UP?** format, you would assess where her pain is, how it feels, what makes it better or worse, when it began, how severe it is on a scale of 0 to 10, related symptoms, and her perception of the pain and what will relieve it.
2. Morphine is an opioid that works by binding to opioid receptors in the central nervous system. Even though the registered nurse gives the medication, you are in a position to observe for therapeutic and side effects.
3. Because you can expect Ms. Murphy to be in pain on her operative day, it is most beneficial to administer her analgesic every 4 hours, before pain begins to recur (as long as her level of sedation and respiratory rate are within safe parameters). This will help her walk and cough and prevent postoperative complications. Often postoperative analgesics are administered via a patient-controlled analgesia pump.
4. Common side effects of opioids include drowsiness, nausea, and constipation. Respiratory depression and constricted pupils are signs of overdose.
5. If the morphine has been effective, Ms. Murphy will be able to ambulate and cough with minimal difficulty and will rate her pain at a level that is acceptable to her.
6. According to the equianalgesic chart, the 30 mg of oral codeine in Tylenol #3 would be equal to about 2.5 mg of intravenous morphine, a much smaller dose than she has been receiving. The health-care provider should be contacted for a more appropriate order.
7. Relaxation, distraction, back rubs, music, and imagery might all be effective in addition to the morphine. She has already been using distraction as she visits with her family.
8. **S**: Ms. Murphy is painful since her emergency appendectomy yesterday. I gave her acetaminophen with codeine this morning, but it was not effective.
   B: She was on morphine yesterday, and it was effective, but the provider wants her to start using the acetaminophen with codeine. I want to get her pain under control, so I obtained a one-time order to give her the morphine. The RN gave it at 0900.
   A: I think we can start to wean her to acetaminophen with codeine when we get her pain controlled.
   R: I'd like to give her scheduled doses of acetaminophen with codeine for the rest of the day, to see if we can keep her pain controlled. Can you give her the next dose at 1300? I can also teach her some relaxation exercises when I get back from lunch.

REVIEW QUESTIONS

*The correct answers are in **boldface.***

1. (**4**) is correct. Pain is whatever the experiencing person says it is, occurring whenever the experiencing person says it does. (1, 2, 3) may all be true in some situations but are not general definitions of pain and do not guide nursing care.
2. (**3**) is correct. *Suffering* is the term used to describe the sense of threat that can accompany pain. (1, 2, 4) may all be present with pain, but they are not the same as suffering.
3. (**1**) is correct. Constipation is a common side effect. (2) is serious but not common. (3) is not a side effect of opioids. (4) is not common and is different from a side effect.
4. (**3**) is correct. The patient's self-assessment is the best measure of pain available. (1) is incorrect. Some patients may moan or cry, but others may not; this may be a cultural variation. (2) Vital signs are an indirect measure and are most reliable when assessing acute pain. (4) The patient's request for pain medication may be unrelated to the severity of pain.
5. (**2**) is correct. Distraction can be effective when used with analgesics. (1) Some patients may deny their pain, but most will not. (3) Laughing and talking do not mean pain is not present. (4) There is no evidence that laughing changes the duration of action of medications.
6. (**4**) is correct. Meperidine has a toxic metabolite called *normeperidine*, which can build up and cause cerebral irritation. It is inappropriate for use in most people. (1, 2, 3) may all be appropriate, but the nurse must first consider the patient's safety before trying other approaches.
7. (**3**) is correct. Pain level should be assessed before giving any analgesic, and respiratory rate should be assessed before giving any medication that can depress respirations. (1) Liver and kidney function are not routinely assessed with normal doses of medication. (2) Tachycardia may be present with acute pain, but blood glucose and pulse rate are not routinely assessed. (4) The emotional and physical cause of pain is not the priority.
8. (**1**) is correct. Naloxone is a narcotic antagonist. (2, 3, 4) are not narcotic antagonists.
9. (**3**) is correct. There is no research to justify the use of placebos to treat pain. (1, 2, 4) all imply that the placebo will be given. Placebos should be given only in research settings with patient consent.
10. (**3**) is correct. If the patient is drowsy, the nurse should evaluate vital signs to ensure safety and then contact the registered nurse or health-care provider if the patient continues to appear painful. (1, 2) If the patient is too drowsy to push the button, it is not safe for someone else to push it. (4) Increasing the dose requires a health-care provider order.
11. (**2**) is correct. The patient should always be believed. (1, 3, 4) may all be true, but if the nurse makes a wrong assumption, a patient in pain may go without treatment. Injuries sustained in a motorcycle accident are likely to be very painful.
12. (**1**) is correct. The maximum safe dose of acetaminophen (Tylenol) is 4 g per day and less in an alcohol user, so the nurse would be concerned by the patient's report of high alcohol use. (2, 3, 4) are incorrect.
13. (**4**) is correct. To prevent drug misuse and abuse, opioid analgesics should not be stored in common areas in the home.