Evaluation, Treatment, and Education in the Hospice Setting by Initiating a Formalized Pain Card

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The purpose of this DNP quality improvement project was to evaluate the use of a formalized pain card that Nurse Practitioners could use to assist clients and caregivers in making the decisions necessary for safe and effective pain management with improving outcomes by using the Brief Pain Inventory Form for measuring: 1) decreased pain, 2) increased pain, 3) pain relief. The appraised evidence suggested that there was a need for a policy standard for patients to notify when pain is unrelieved despite exhausting all other efforts to control pain (Glowacki, 2015). Forty-one (n=41) hospice patients were surveyed pre and post intervention regarding their perception of pain. With a response rate of 100% pre and post intervention, participants reported their highest level of pain over the last 24 hours as 5.56 pre and 5.44 post introduction of the pain card. For pain at its lowest level over the last 24 hours, participants rated their pain at 1.90 pre-pain card and 1.61 post-pain card. For current pain, participants’ mean pain score pre-pain card was 3.44 and post-pain card 2.54. Participants reported, over the last 24 hours, that pain medications provided relief 71.95% of the time pre-pain card and 72.68% of the time post-pain card. Parametric and non-parametric matched t-tests for pain variables of participants revealed there was a statistically significant difference for pain over the last 24 hours for parametric matched t-test (P=.0503) and not significant for nonparametric test (P=.0667), indicating that pain was reduced with the formalized pain card. The results revealed statistically significant differences for current pain from pre to post intervention for both parametric and nonparametric tests (P =.0002 and P<.0001), indicating that the formalized pain card decreased current pain. However, the statistical results did not indicate any statistically significant differences from pre
to post intervention for pain at its worst over the last 24 hours and for pain relief using medication over last 24 hours, indicating that the pain card was not effective. According to statistical data, pain was not reduced post intervention using the pain card for assessing pain at its worst over 24 hours. For determining the relief of pain using pain medications and treatments within a 24-hour time frame; the formalized pain card did not seem to provide any more pain relief from pre to post intervention. According to McNemar’s test, the DNP project results were not statistically significant (p=.5271), indicating that the pain card intervention did not produce any differences in pain from pre to post intervention. This project was consistent with the evidence that initiating the formalized pain card provided a quality improvement intervention for patients and caregivers at end of life to promote overall well-being by decreasing overall pain.