Foundations of Safe and Effective Pain Management

Evidence-based Education for Nurses, 2018

Module 1: The Multi-dimensional Nature of Pain

Module 2: Pain Assessment and Documentation

Module 3: Management of Pain and Special Populations

Adapted from: Core Competencies for Pain Management: Results of an Inter--professional Consensus Summit: Pain Med 2013; 14(7) 971-981

SHARP

Question 1

If a patient states that zero is their acceptable pain level, which of the following would be the best response by the nurse?

A. “An acceptable level of pain means the amount of pain you can tolerate that does not affect your ability to function in an important way such as deep breathing, coughing or walking. With those ideas in mind, what is your acceptable pain level?”
B. “Pain is what the patient says it is and we will do our best to keep you from experiencing pain”
C. “You are not being realistic in your expectations”
D. “The best way to reach a zero pain level is with opioids but they have a lot of side effects”

Question 2

A patient reports a pain level of 8/10 but is able to cough, deep breath and mobilize effectively. Which of the following would be the best response by the nurse?

A. Assume the patient is a drug-seeker
B. Review the functional pain level scale with the patient
C. Document a pain level of 3 because that best describes the patient's function
D. Document a pain level of 8 and administer opioids to reduce the pain.

Question 3

True or False?

Reassessment timing is based upon analgesic route, dose, and risk factors:

As a general rule:

- IV/ intranasal/buccal = within 10-30 min
- PO / IM / SC / rectal = within 45-60 min

Question 4

Which of the following is true regarding the tools used for assessing pain in patients who are cognitively impaired or nonverbal?

A. The CPOT is used in Non-ICU Patients
B. The PAINAD is used in ICU and ED Patients
C. The PAINAD is used in NON-ICU/ED Patients and for assessing delirium
D. The CPOT is only used in the ED