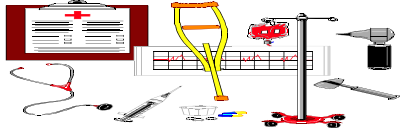


# Pain Cues in the Non-verbal Patient in the Immediate Phase Post Cardiac Surgery A Case Study



Laserina O Connor PhD, RNP  
Department of Pain Medicine  
Mater Misericordiae University Hospital  
Dublin, Ireland  
2009

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## Pain Behaviours

- Pain behaviour is defined as any and all outputs of the individual that a reasonable observer would characterise as suggesting pain (Keefe 1989).
- Pain behaviours have been differentiated into three categories:
  - Overt / motoric
  - Covert/subjective
  - Physiological (Turk & Flor 1987)



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## Human Judgement



- Is a hidden process that embraces elements of both analytical and intuitive thought
- Intuition and analysis are different methods of cognition that are employed to manage uncertainty
- Inconsistent nature of human judgement

(Hammond 1996)

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## Theoretical Framework

### Social Judgement Theory [Judgement Analysis]

### Verbal Protocol Analysis [Information Processing Theory]



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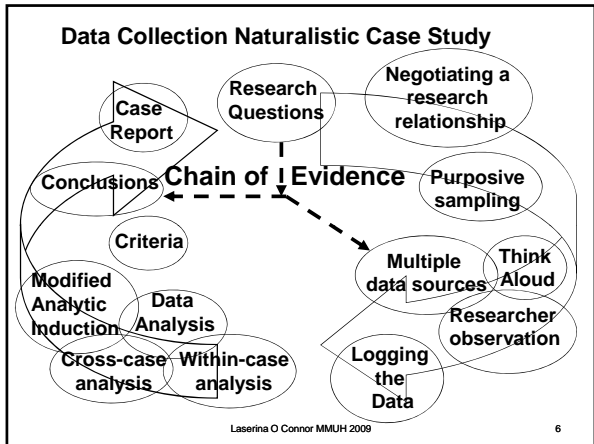
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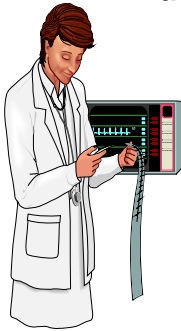
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## Sample of Critical Care Nurse Participants (N=30)



- Thirty Critical Care Nurses-female
- Age: ranged between 24 to 50 years
- Professional Nursing:
  - Mean 8.9 years
- Critical Care Qualification:
  - 70% Critical Care Certification
- Pain Education

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## Case Study Evidence: Observation Data

### Sample of Patient Participants (N=30)

- Inclusion Criteria
- Exclusion Criteria
- Age:
  - ranged from 47 to 81 years
- Gender:
  - 56.6% male
  - 43.4% female



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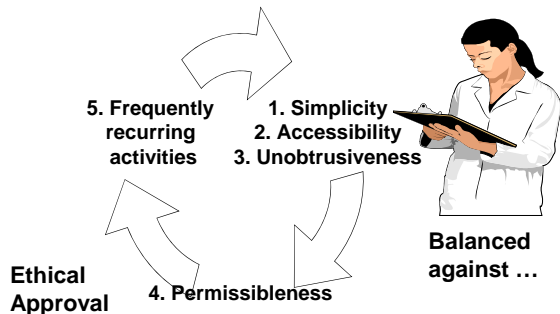
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## Selection of Research Site [Setting]



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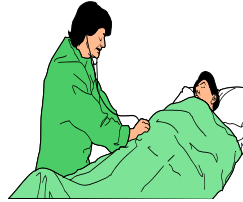
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## Data Collection Process: Think Aloud - Critical Care Nurses

- Ethical Considerations
- Access Phase
- Preparatory Phase
- Primary Phase
- Research Bargain
- Closing Phase



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## The Methodology of Researcher Observation

- Variations in Roles
- Data Collection Phase
- Closing Phase



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## Data Analysis

- Within-case Analysis
- Cross-case Analysis



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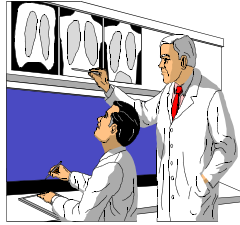
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## Pain Incident One: Repositioned following Chest X-ray

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35 Minutes  
Post Arrival  
to the  
Intensive Care  
Unit



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## Intermediate Judgement 'He is haemodynamically Unstable'

■ 75 S/17 N: "...heart rate 117 sinus tachycardia, so low in volume and he is on a lot of support as his rate pre-op was 67, he could be sore maybe or awake underneath...sick heart, MAP dipping...cold...not reliable for soreness in this case..."

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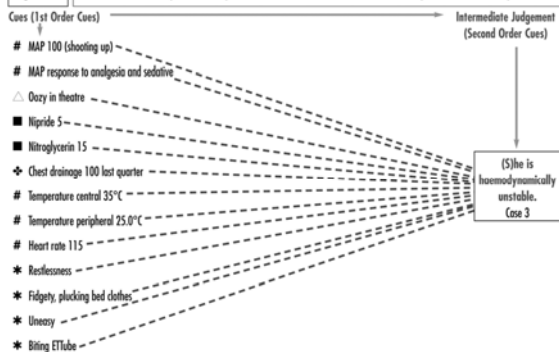
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Figure 5.3 Turned Chest X-Ray - Case Analysis - First Order Cues (Within First Hour Post-Op.) - Altered Haemodynamics



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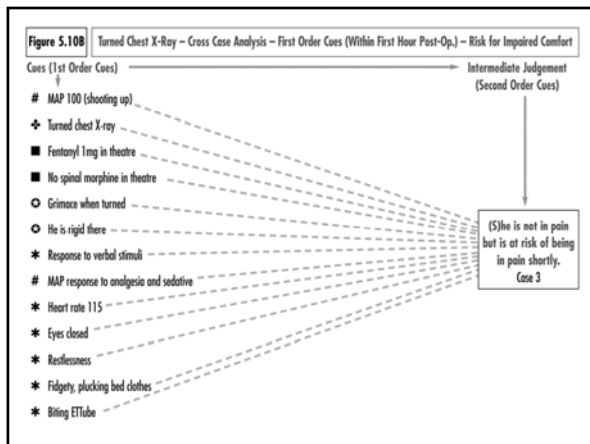
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**Intermediate Judgement**  
**‘He is not in pain at present but is at risk’**

■ 130 S/19 N: “...GTN did not reduce MAP, still hypertensive, no history of hypertension, change in ventilation mode did not decrease MAP either...he is labile...he appears fast asleep...he seems to be fighting the ventilator...morphine given IV...pressure is down, so MAP shows he must have been sore...so it shows how wrong you can be...conflicting messages...”

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**Intermediate Judgement**  
**‘She is not in pain at present but is at risk’**

■ 37 S/13 N: “...A is grimacing there while being turned, so she is experiencing soreness during the turn

■ 94 S/13 N: It is difficult to assess her...

■ 95 S/13 N: I am going with her physical signs, there was a grimace when she was turned, plus she did not like the turn...even though I cannot say for sure she has pain but it is all I have with a worrying tachycardia that could be due to pain, ooziess and support...not awake...”

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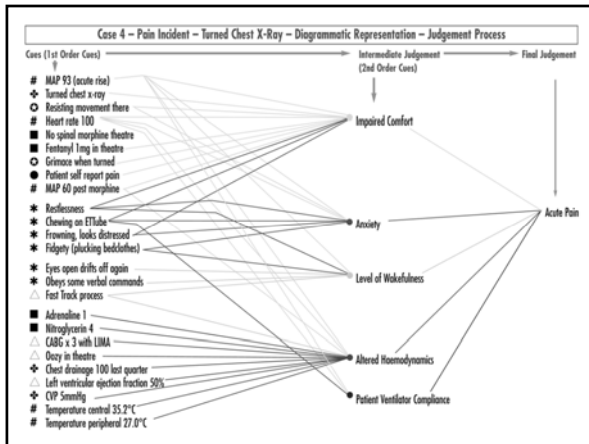
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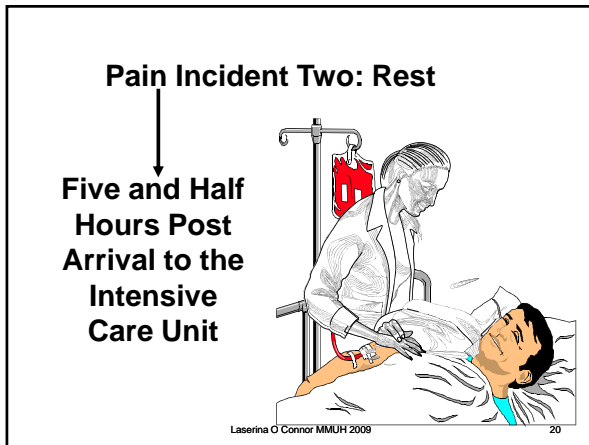
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**Intermediate Judgement:  
'He is Fighting the Ventilator'**

■ **388 S/30 N: "...he is taking a few breaths himself there, rate is 20 but resps anxiety related as he is fighting the ventilator and trying to talk to me about the uncomfortable tube and he is awake there..."**

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**Intermediate Judgement:  
‘She is not anxious at present’**

■ 525 S/29 N: “...respiratory rate 19, so taking some spontaneous breaths there, more awake and does not find the tube very comfortable, not distressed like before or anxious right now...but who knows there is always that risk...just trying to talk and breathe at the same time...”

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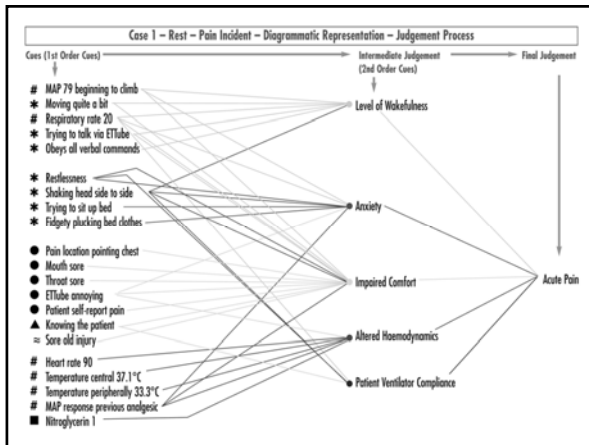
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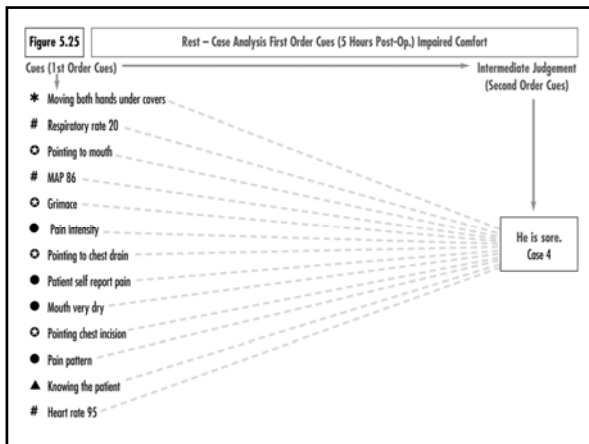
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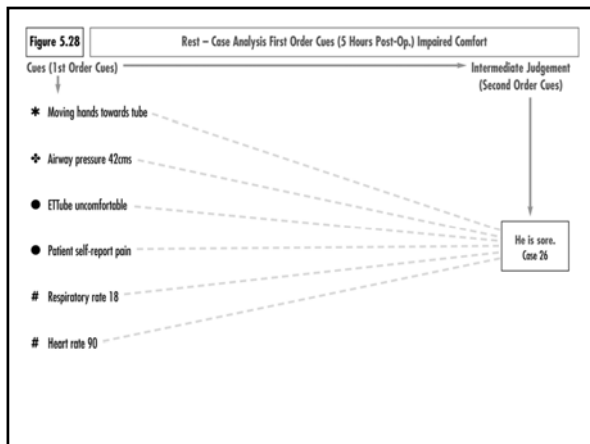
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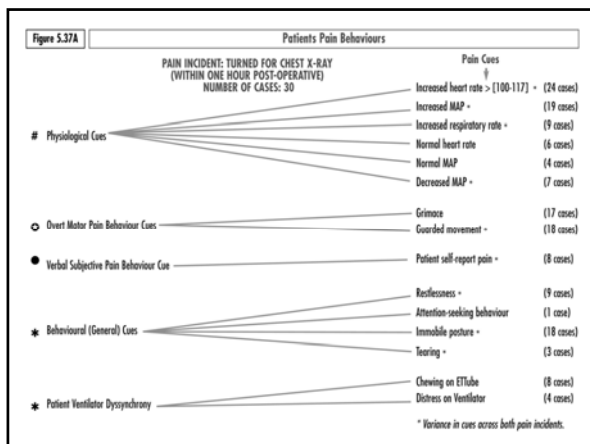
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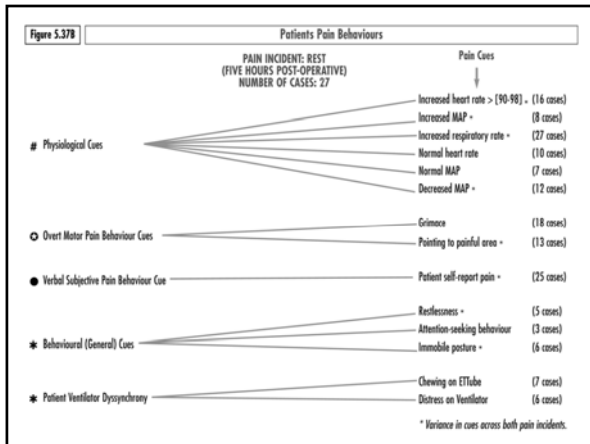
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### Implications

■ Nurse's Judgement Policy



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### Implications

■ Patient Pain Cues



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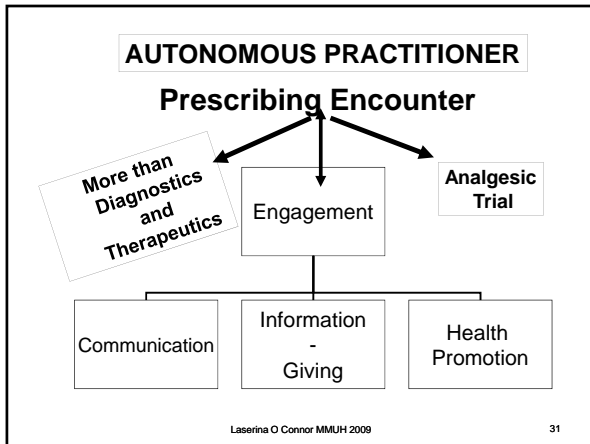
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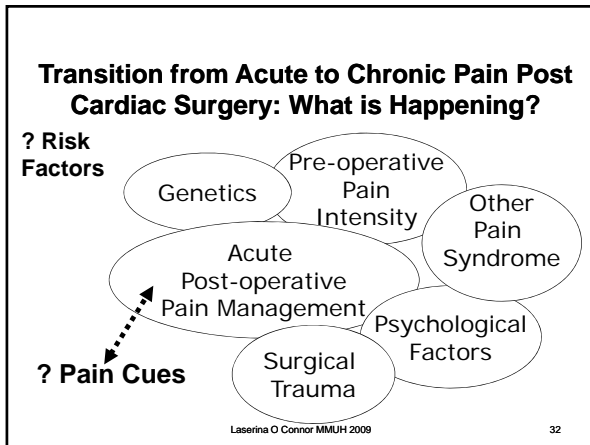
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**Research**

- As a Pain Nurse have you:
  - A functional linguistic competence in the language and structure of research?
- Do you as a Pain Nurse:
  - Assure timely and knowledgeable translation of science into practice, selecting the best research to enrich pain patients' lives?

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## Mindful Practice in the Context of Pain Care

- A sense of unfinishedness
- A curiosity about the unknown
- A humility in having an imperfect understanding of another's suffering.



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## Dose of Nursing

- Natural elegance in interactions with patients with pain
- Harmonious interplay that sets the pain patient and their relatives at ease
- Authentic presence of the nurse has a therapeutic quality
- Caring is easily recognised in a changing health care environment.

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