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Nurse: Are you in Pain? Patient: (No answer)

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Nurse: Are you in Pain? Patient: (No answer)

Katie McLaurin, BSN, RN



Background

Many children cannot self-report pain due to a variety of reasons such as being pre-verbal, cognitive impairment, or the critical nature of their illness. The FLACC scale is often used for infants and children who cannot self-report pain. However, nurses in the pediatric intensive care unit (PICU) at Children's Health have expressed dissatisfaction with the use of FLACC because it does not meet the needs of the majority of their patient population.

Problem

What valid pediatric pain scale/tool best qualifies and detects pain in the PICU patient ages 0 to 18 who are unable to use a self-report pain scale/tool as compared to current practice of FLACC.

Literature Evidence

Search engines used include CINAHL, PUBMED, and the *American Journal of Critical Care*.

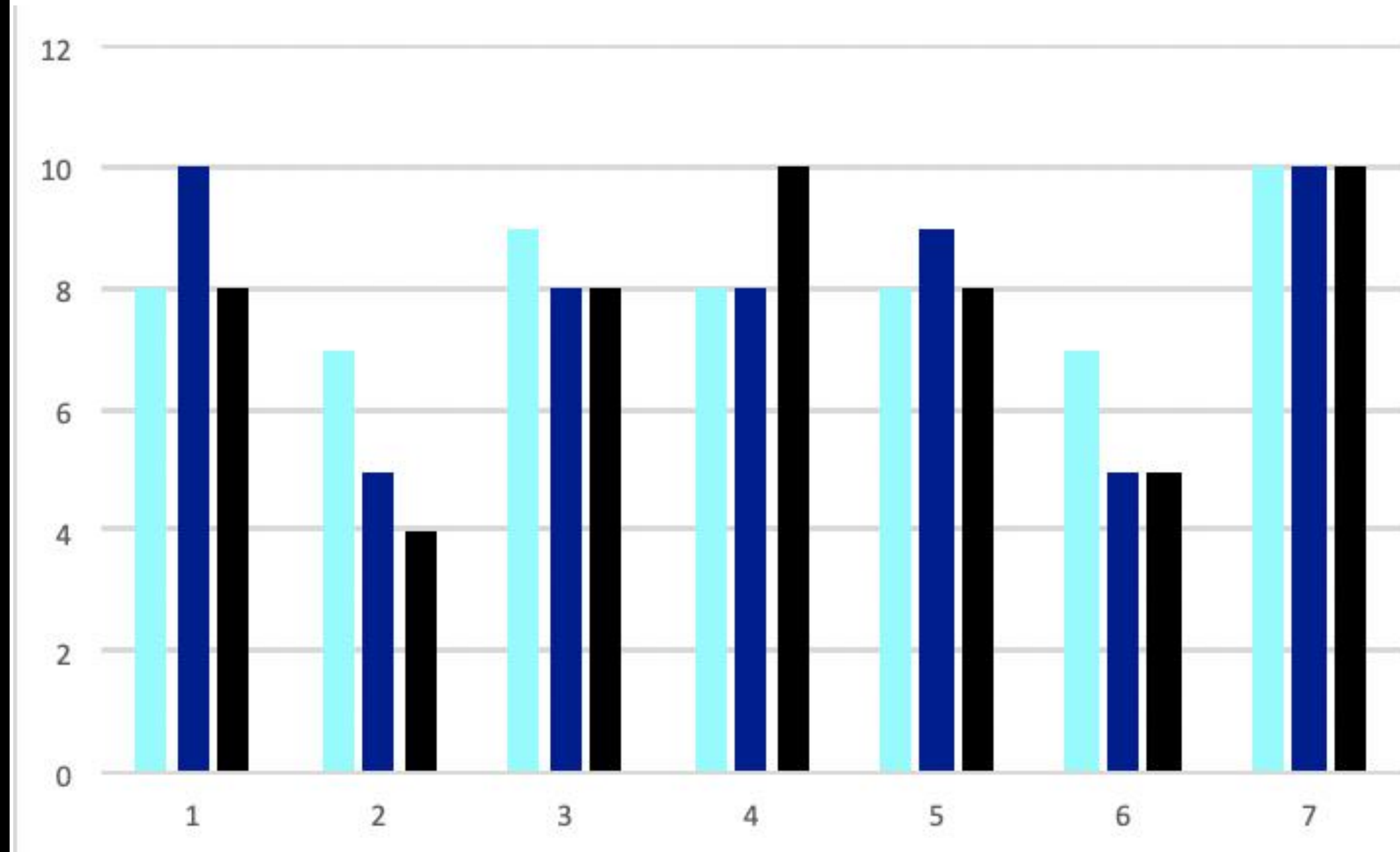
The literature demonstrates that although FLACC is a common behavioral pain scale, it is not validated for all nonverbal and ventilated patients in the pediatric population. The COMFORT-B scale is a behavioral pain scale validated in the PICU for ventilated children. The COMFORT-B scale has also been proven to be valid in ages 0-10 years of age and in Down Syndrome 0-3 years of age.

A video call was conducted with Lisa McClMurray, the creator of the COMFORT-B scale. She stated that the COMFORT-B scale was designed as a comfort tool that measures distress and agitation which encompasses measuring pain as well as sedation.

Other behavioral pain tools were found when reviewing the literature. The COMFORT scale and the COMFORT-B scale had the highest validity for pain assessment in the PICU for nonverbal patients. The literature stressed that vital sign changes are a less reliable indicator of pain, which questions the accuracy of the COMFORT scale.

Post Data

Data was collected over 2 weeks/ 6 shifts.



Question 1: On a scale from 0-10, how easy was it for you to use the COMFORT-B pain scale. (Mean= 8.1)

Question 2: On a scale from 0-10, how accurate do you think the COMFORT-B scale is to measure and treat your non-verbal (intubated or non-intubated) patient's pain. (Mean= 7.9)

Question 3: On a scale of 0-10, how easily do you think the COMFORT-B scale can be adapted into the workflow of an RN's daily tasks. (Mean= 7.6)

Conclusion

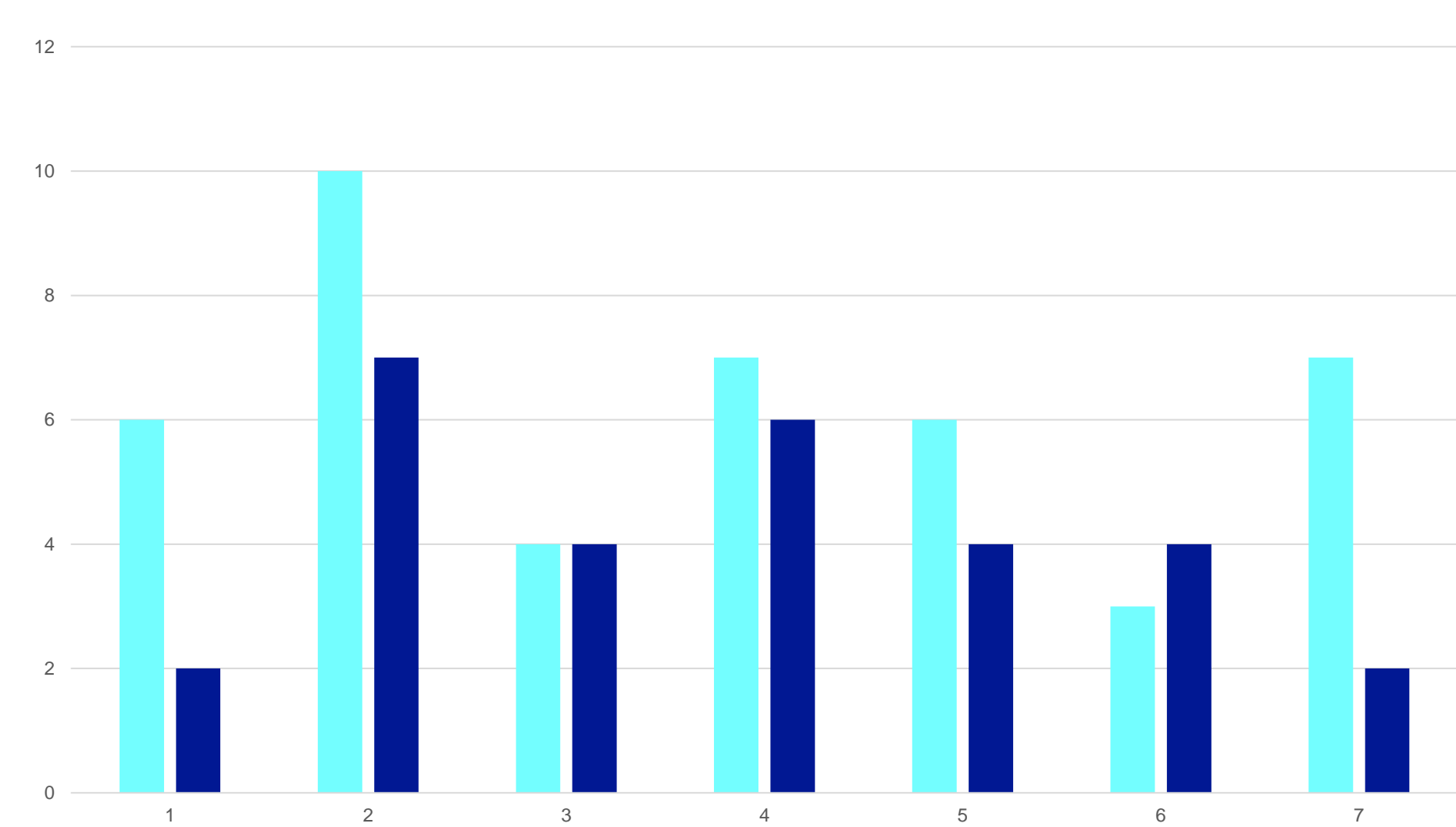
The results from the pre survey showed that the FLACC scale was moderately easy to use (mean=6.1) but was low on the accuracy of the scale (mean= 4.1). The results from the post survey showed that participants thought the COMFORT-B scale was easier to use (mean= 8.1) and was more accurate than FLACC (mean=7.9). Even though the COMFORT-B scale is more thorough and takes more time to score than FLACC, participants thought the COMFORT-B scale could be adapted into the workflow of a nurses' daily tasks (mean=7.6).

Recommendations

1. There are multiple behavioral pain tools to assess pain in the pediatric population. There is no one tool that will meet the needs of all patients in the PICU.
2. Continue to trial the COMFORT-B scale in other ICUs throughout Children's Health, Trauma ICU and Cardiac ICU.
3. More research is needed on the validity of the VAS Score.

Pre Data

Data was collected before participants began the trial.



Question 1: On a scale from 0-10, how easy is it to measure and treat your nonverbal patient's pain using the FLACC scale. (Mean= 6.1)

Question 2: On a scale from 0-10, how accurate do you think FLACC is to measure and treat your non-verbal patient's pain. (Mean = 4.1)

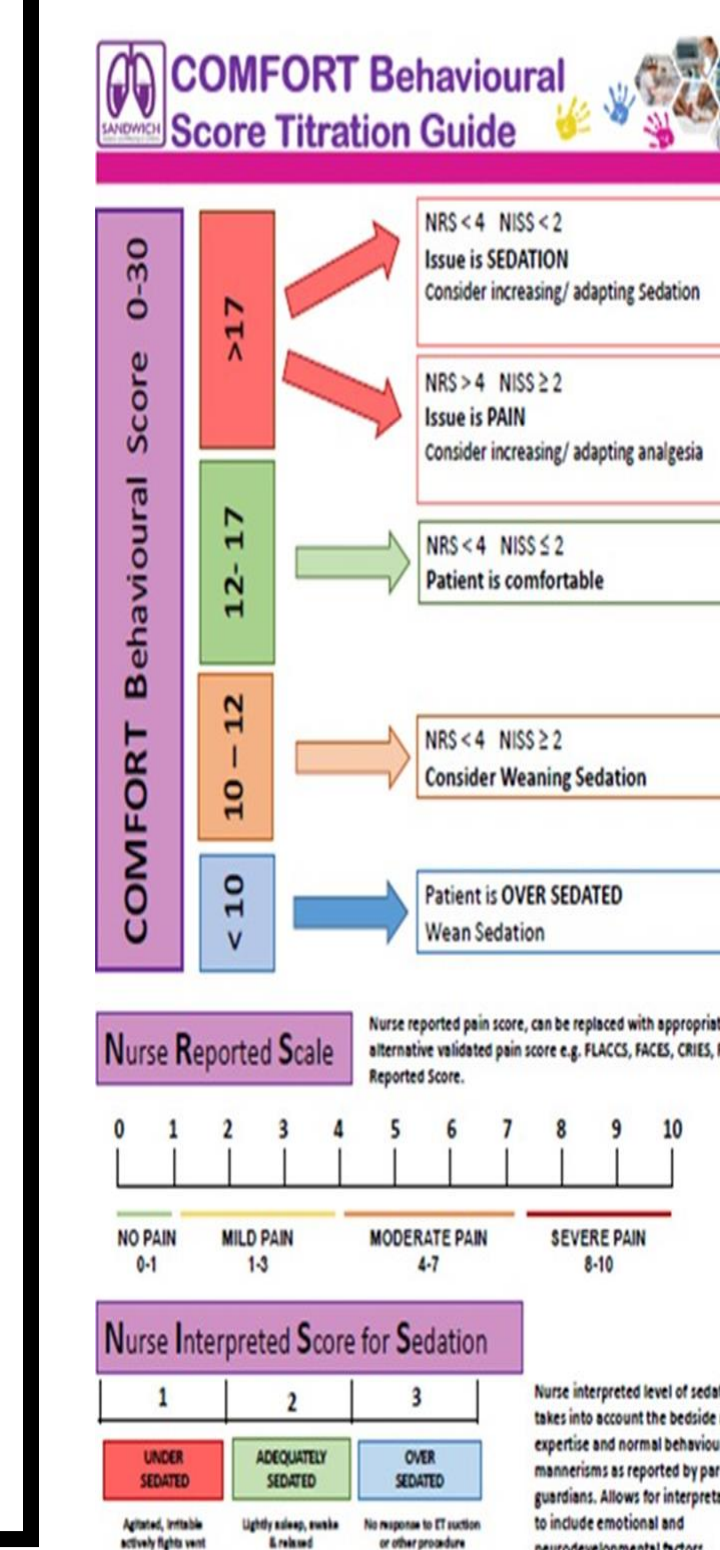
Implementation/Pilot

The project team met on a regular basis to discuss the literature review, implementation process, and results of the trial. The project team consisted of ICU Managers, Director of EBP and Nursing Research, PICU Clinical Nurse Specialist/project mentor, and Pain Team Practitioners.

The goal of the project was to trial the COMFORT-B scale to measure the PICU nurses' perceptions of the COMFORT-B scale's accuracy for nonverbal patients' pain compared to the FLACC scale and determine feasibility of adopting the COMFORT-B scale at Children's Health. The trial involved two main interventions:

1. Educate participants on the 2 components of the scale, The COMFORT-B scale and the VAS score.
2. A pre and post survey for participants to complete.

A total of seven nurses participated in the trial. Participants were given pre-survey questions to answer before beginning the trial surrounding the current FLACC scale. They were then educated on the COMFORT-B scale in person, its interpretations, and patients who qualify. Next, the participants and educator performed the COMFORT-B scale on the same patient independently and then compared and discussed results. The trial lasted for 2 weeks or 6 shifts depending on the nurse's patient assignment. A total of 80 COMFORT-B scale forms were completed. A post-survey was given after the participants completed the trial surrounding the COMFORT-B scale.



COMFORT Score Interpretation
- Remains constant regardless of pain tool used. COMFORT scores in the red zone necessitate a pain score assessment to indicate if the primary cause of distress is a Pain OR Sedation issue.

Pain Score Interpretation
- can be substituted for any validated pain tool

Nurse Interpreted Score For Sedation
- the exceptions to the rule