



# Nursing in the Attention of the Evaluation of Pain as a 5<sup>th</sup> Vital Sign

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**Abstract**

**Objective:** The objective of this study was to identify the view of nurses in the application of the pain scale in patients hospitalized in intensive care and medical clinic.

**Method:** An exploratory-descriptive study was conducted with a qualitative approach in a private hospital in the interior of the State of Sao Paulo. The sample consisted of 20 nurses who answered 2 identical questionnaires, one demographic member with thirteen questions and the other with a dissertative question regarding the research objective.

**Results:** Twenty nurses were interviewed, where 10 (50%) applied the scale at the time of patient admission, 4 (20%) applied the numerical scale more easily, while another 4 (20%) reported that they did not apply any pain scale. Among these, 20 (100%) consider the scale useful, 17 (85%) do not find difficulties in the application and 14 (70%) do not apply the scale in sedated patients. All of them recognized the importance of the scale and know pain as the 5<sup>th</sup> vital sign and it was clear that with the application of the scale it is possible to offer more comfort, evaluating the effectiveness of the medication and aiding in the clinical reasoning.

**Conclusion:** All nurses consider it useful to use the pain scale, but lack of an institutional protocol often fails to apply the scale at important moments of patient admission.

**Keywords:** Nursing assessment; Attention; Pain measurement; Vital signs

## Introduction

According to the International Association for the Study of Pain (IASP), pain is defined as an experience that can cause emotional and physical damage and may be acute, chronic or recurrent [1]. Since 2000, the Joint Commission: Accreditation on Healthcare Organizations (JCAHO) has decreed that pain is an indicator of quality of care and is considered as the fifth vital sign and must be measured along with existing vital signs: Temperature, pulse, respiration, saturation and blood pressure. The complaint of pain must always be valued and respected, for each one feels and manifests pain in a certain way [2].

In order for the evaluation to be performed automatically, the nurse must explore the pain complaints, collect information regarding the personal and family history, and have the wisdom to use instruments to assist in the measurement and evaluation of pain. Promoting pain improvement requires creativity, skill and especially knowledge. Each mode of evaluation provides qualitative and quantitative information. Being that the qualitative one has the intention to raise data on the motivation of a group and the quantitative one prioritizes the numerical indication, frequency and intensity of the behavior of the individual in relation to the pain. Because it is a subjective experience, pain cannot be measured by physical instruments that usually measure weight, temperature, height, blood pressure, and pulse. There is no

instrument that allows the nurse to measure this complex and personal experience, but some scales are available that allow evaluation, complementing the process of semiologic analysis of the nurse related to this experience [3].

The instrument for the assessment of pain can be of two forms: One-dimensional or multi-dimensional. The most used are those of one-dimensional forms which are the numerical scales conceptualized from zero to ten, where zero is the absence of pain and ten is the extreme pain and also the analogue scale, which consists of a horizontal line where the upper end is the pain and lower end is the absence of pain. The multidimensional forms are the least used because they are more complex, they are used in specific moments, the same evaluates as a way of scale three dimensions of pain: the sensorial discriminative, the affective motivational and the cognitive evaluative [4].

It is important to know that pain should be evaluated in a clinical setting so that treatment can be adequately understood or even managed. The efficacy of the treatment and its segment depends very much on the quality of the evaluation and measurement of pain, taking into account also the type of instrument used [5]. In order for this to happen, it is necessary for the professional to have the knowledge to differentiate the type of instrument used for pain assessment according to the age and situation of each client, for this and other reasons, we focus the identification of the training that the nursing team has to conduct this type of situation.

## Objective

To identify in the light of the nurses, the application of pain scale in

Since pain is something subjective and each person manifests himself differently, the great challenge of professionals is to know how to measure the pain of each individual. Thus there are some methods

- to obtain an answer to the efficacy of the medication applied... (P13)
- identify the intensity of the pain and thus be able to medicate it... (P9)
- guide the conducts related to drug treatment... (P5)
- we evaluate the pain of our patients and from this the adequate analgesia... (P11)

Participants also apply the scale to prove or evidence drug efficacy. Pain scales are useful for evaluating pain intensity before and especially after the use of some therapy [14]. To measure pain intensity, numerical scales with verbal specifications are recommended. Although simple to apply and interpret, this scale is widely used for better therapeutic readjustment [15]. The evaluation of pain, daily, allows the planning of the correct medication, allowing to verify the effectiveness of the treatments in a safe way [4], thus enabling better pain relief.