Comfort

Pain Assessment

Case Studies

Six cases are available in the "Pain Assessment" module. Each case is written in a context relevant to this module. The first case, "Mr. C," participated in a pain research study in which his behavior was videotaped for 10 minutes while he sat, stood, walked, and reclined in random order as part of the research protocol. A 3-minute video clip is available to illustrate this case. The other cases are common cases that also can be found in modules for other topics. The common cases are illustrated with video clips.

Case Study 1: Mr. C

> Mr. C. is an 80-year-old retired welder with a 10th grade education. He is widowed and has lived with his daughter and son-in-law for the past 9 months. Mr. C's daughter and son-in-law both work during the day and when they are not at home, Mr. C's granddaughter and great-granddaughter stay with him. Mr. C. likes to play poker with his family and friends. He also likes to do woodworking.

- Using a 0 to 10 scale, how much pain do you think Mr. C reported at the end of the videotape?
- Where do you think Mr. C's pain was located?
- What behaviors helped you to make these judgments?
- Is Mr. C's pain physical or psychological?

Instructor notes: Show the video clip and ask students to observe Mr. C's behavior focused on answering the questions. After they have watched the 3-minute video clip, ask them about their inferences of his pain intensity and location. List their answers on a chalkboard or flip chart. Ask them about the behaviors that helped them make those inferences. Discuss their impressions about his pain being physical or psychological. When students have shared their opinions, share the remaining information about Mr. C.

Additional Case Information to Follow Discussion. Mr. C. was healthy until diagnosed with stage four adenocarcinoma of the right apex of the lung one-year prior to the videotape. He received radiation therapy for four weeks. He took hydromorphone (Dilaudid) 2 mg 1 hour before the video. His average pain was 4.4 on average but 3.3 after the time of the video but ranged up to 10 within seconds when he moved his spine in certain positions. His pain was located in the R scapula area, R lower, mid back area and the 7th cervical dermatome of the R lower arm. He engaged in 13 different pain control behaviors during the videotape session. Some of these behaviors included: rubbing the R arm and hand, flexing and unflexing fingers of the R hand, flexing L knee when reclining, abducting and internally rotating R arm and holding it in fixed position during ambulation, and rubbing his back. He described his pain as flickering, flashing, sharp, cramping, hot, itchy, tiring, exhausting, suffocating, fearful, blinding, miserable, cold, freezing, and nauseating. This pain was continuous in nature but exacerbated with particular movements and positions. His McGill Pain Questionnaire scores were as follows: Sensory=11; Affective=7; Evaluative=3; Miscellaneous=5; Total=25; Number of Words Chosen=13. His sensory score is average for people with cancer but his emotional score and other scores are high compared to other people with cancer. He died one month after this video was made. He gave permission for the video to be used to teach doctors and nurses about pain.

Case 2: Mrs. Gregory

Mrs. Gregory is a 62-year-old woman who has been a patient for many years at the office where you work as an office nurse. For the past few months, she has complained of increasingly severe upper abdominal pain and weight loss. An ultrasound ordered by Dr. Minor revealed a mass highly suspicious for primary liver cancer.

As the disease progresses, Mrs. Gregory is increasingly in more pain. At night she cries, when she thinks no one can hear her. In the morning, she is silent again – and she hasn't spoken more than a few words to her daughters in several days since her last talk with Chaplain Olsen. She told the Chaplain that she wants a drug or treatment that won't make her feel anything at all. One day, Mrs. Gregory and her three daughters ask Dr. Minor for help. The two older daughters want to abide by their mother's wishes and help her, in her words, "sleep through the whole process," as much as possible. Gloria, her youngest daughter, wants her mother to have pain care, but wants her to be conscious so they can talk with one another.

- Discuss a plan for assessing Mrs. Gregory's increasing level of pain.

Three weeks after Mrs. Gregory's pain medications were increased – giving her the level of relief that she wanted – she goes into a coma abruptly. It sends a wave of fear and anguish through the Gregory daughters. In the hallway outside the intensive care unit, the older daughters tell the ICU nurse and Gloria to "let her go peacefully." Gloria pulls out of her purse her copy of the power of attorney document, which states that her mother would want them to fight this out – unless it caused her to suffer. She shows it to the nurse and her sisters and says, "You weren't there, but mom asked us to fight. And I promised her that I'd make sure that everything is done to help her get better." The nurse arranges for a meeting with Dr. Minor, Chaplain Olsen, and the three daughters to decide what to do.

- Discuss indicators of Mrs. Gregory's pain now that she is not able to verbally report the information a nurse needs to support effective pain management.

Case 3: Mr. Sen

Mr. Sen is a 45-year-old Buddhist monk who has a far-advanced pelvic sarcoma secondary to complications from a parasitic infection. He speaks very little English, but is able to express he is having severe lower abdominal pain. He refuses to take his pain pills, even though they make him feel better. He keeps saying they make him "sick." As his hospice nurse, you seek to find out what he means when he says the pills make him "sick." You also try to explore with him more acceptable ways to take his pain medicine but he adamantly refuses. When asked, he says that his pain level is an 8 out of 10, with 10 meaning pain as bad as it can be.

- Discuss a plan for assessing Mr. Sen's pain.

Case 4: Mrs. Sando

Mrs. Sando is a 69-year-old woman with end-stage ischemic cardiomyopathy. Over the past year she has become progressively more ill and it has become difficult to control her recurrent bouts of congestive heart failure. She and her son are frequent visitors to the emergency room where you work. For the fifth night in a row you see Mrs. Sando being brought in, severely short of breath. By her side, again, is her fatigued son, Shane. As you are taking her vital signs the son asks you what is wrong with his mother and why the heart doctor or ER doctor haven't put her in the hospital? He is quite upset. Shane often expresses his fear and anxiety by asking staff, "Why won't they do something?"

As Mrs. Sando becomes increasingly sicker, it is clear she is at a crossroads in her bout with end-stage ischemic cardiomyopathy. As you walk into the examining room, it is obvious from her appearance that Mrs. Sando's physical condition has deteriorated significantly since her last visit. You are saddened by the change in her appearance and you agree in your heart with the cardiologist that aggressive treatment of her CHF is of little value, perhaps futile. Shane is very anxious about his mother's condition and continues to express anger and frustration that she has not been hospitalized during any of their recent ER visits. He looks exhausted and tells you they can't go on like this much longer. The mother and son look to you – expectantly seeking answers about how to manage their situation.

- Discuss a plan for assessing Mrs. Sando's increasing level of pain.

Case 5: Mr. Willliams

Mr. Williams is a 53-year-old heavy smoker. Seven months ago he had surgery to remove a segment of his lung as part of his treatment for adenocarcinoma of the lung. You're close to Mr. Williams. And as his hospital nurse, his family grew close to you – especially his wife, Mary. Weak and thin, Mr. Williams returned home with the surgeon's confident assurances to the family that he would make a "complete recovery." That never happened. Today he was readmitted with distressing symptoms including shortness of breath, severe pain, weakness and anorexia. His body has deteriorated rapidly, showing cachexia. He's even more quiet and frail than you remember. You encounter his family while on rounds. They're visibly upset, but relieved to see a familiar face. Mary says to you, '"He's really bad and in a lot of pain. None of the doctors are telling us anything." She asks you to help them figure out what to do.

After a few days of discussion with the doctors and nurses, Mr. and Mrs. Williams agree to accept referral to hospice services. They feel strongly that the curative treatment options available to them at this point offer too few benefits and too many burdens to be acceptable. Their hope now is directed to having more time – time in their own home, time with their children and friends around, and time where Mr. Williams' quality of life is maximized. They are referred to you, the admitting hospice nurse, to formulate a plan for palliative care. In talking about the services available through hospice, financial issues, and policies, you explain that all clients enrolled in this particular hospice group are required to sign a "do-not-attempt-resuscitation" agreement and instructed to call the hospice rather than 911 in the event of an emergency. Mrs. Williams is stunned to hear that her husband would not receive CPR if/when he experiences an arrest. She tells you that she was not aware that hospice would just let Mr. Williams die without trying to help him at all and expresses fear about being alone with her husband and facing a situation where he is in extreme pain and discomfort from dyspnea without professional assistance.

- Discuss a plan for assessing Mr. Williams' increasing level of pain.

Case 6: Sammy

Janelle and James Jones are both attorneys in their 40s. They were joyously awaiting the birth of their first child – which they expected several months from now. One night, they rushed to the emergency room with Janelle in hard labor after only a 25-week gestation. Despite the intervention of the hospital staff, their son Sammy was born prematurely, weighing just over 1.5 lbs. He required immediate medical attention and was put on mechanical ventilation in the NICU. An admission history takes place between you, the hospital nurse, and Janelle. You are meeting for the first time today. He developed necrotizing enterocolitis and required surgery to remove part of his intestine. Within days of surgery, he had Grade 4 cerebral bleeding. Yet he hung on. Either Janelle or James was at Sammy's NICU bedside nearly 18 hours a day.

- Discuss a plan for assessing Sammy for potential pain after his surgery.
- Discuss indicators of Sammy's pain as he is far too young to verbally report the information a nurse needs to support effective pain management.