
Assessment Of Pain

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Maggie is a 73-year-old patient who had a fall and sustained a laceration to the back of her head and is now admitted in the hospital for a hip fracture. This essay will evaluate the Roper Logan and Tierney (RLT) Activities of Daily Living (ADL) (1996) framework to explore Maggie's ability to undertake ADL and the Visual Analogue Scale (VAS) which will complement the framework. A discussion and justification for the framework including its benefits and challenges that are involved will be examined. Communication skills, principles of courage, transparency and professional duty of candour will also be discussed including the recommendations of care to provide effective delivery for Maggie's care.

The RLT framework is a representation of nursing that structures an assessment using 12 areas that make up ADL and five influencing factors such as biological, psychological, sociocultural, environmental and politico-economic (Wilson et al., 2019). The framework considers a person rather than a medical diagnosis and is grounded in the idea of realism and accessibility (Garrett, 2018). Furthermore, it fosters maximum independence, and gives nurses direction about the delivery of the assessment (Wilson et al., 2019) thus facilitating Maggie's needs. Therefore, it is suitable as a guide when assessing Maggie holistically to establish which areas of ADL are compromised and how to improve her health and wellbeing as suggested by Williams (2015).

A benefit of the framework is that it is structured and simple to use. Nurses even newly qualified nurses can use it to obtain a comprehensive guide and prevent limitations that restrict the interaction between the nurse and Maggie during the process of assessment (Wilson et al., 2019). Besides, RLT gives rise to less conflict within the team of healthcare professionals as Roper et al. (2000) highlighted. Therefore, the framework is most suitable for Maggie because it considers her cognitive state and other areas. Furthermore, Maggie may find the process easy to follow as it is structured.

Alternatively, the Katz Index of Independence (ADL) framework is another appropriate tool that can be used when assessing Maggie's ability to perform ADL independently as stated by Wallace et al. (2007) cited in (REF). It takes less than ten minutes to complete and will require training (Dowd and Davidhizar, 1999). However, it does not assess advanced ADL such as rehabilitation practices which Maggie needs to improve her mobility. This scale is also limited in its ability to measure small increments of change seen in the recovery of older adults as supported by Ayn et al. (2015). Therefore, the RLT framework will be more practical for assessing Maggie as it considers aspects other than ADL. Furthermore, the RLT framework may expedite the increasing integration of the assessment as it considers the holistic approach (Holland, 2019) of Maggie's care thus leading to the provision of an individualised care plan.

Another benefit of the RLT framework is that it demonstrates that medicine and nursing care cannot be conducted separately. For example, the doctor is primarily concerned with curing the disease while the nurse will help Maggie to cope with the effects of her complex needs. According to McKenna et al. (2014), medicine and nursing care are interlinked. The Department of Health (2015) acknowledges that the RLT framework is often seen as a reflection of modern

healthcare as both healthcare professionals can work together and share their understanding of a patient's care. This means that the involvement of the multidisciplinary team (MDT) is important to Maggie's care although certain commonalities may arise having different insight from a different perspective (Humphries and Heans, 2004). Therefore, effective collaborative working can be facilitated and can speed up Maggie's recovery from surgery as well as her hip wound healing.

However, one weakness of the RLT framework in terms of the idea of ADL is that the complex nature of living cannot be reflected in just 12 ADL (Walsh, 1998 cited in Wilson et al., 2019). This also becomes an issue when the 12 ADL is used as a checklist when assessing Maggie. However, they are not separate entities but are all interconnected for Maggie's wellbeing. For example, Maggie is experiencing pain which is not considered as part of the ADL and her hip surgery wound is slow to heal.

According to Malec and Shega (2015), effective pain management depends on a comprehensive assessment to gather information of a patient's pain experience which involves location, intensity, and characteristic. Kourkouta and Papathanasiou (2014) highlight that effective communication will enable the nurse to gather subjective and objective data, and to be aware of the impact pain has on Maggie's functional status. This will help to recognise functional decline while supporting Maggie's wishes and provide interventions tailored to her needs (Dougherty and Lister, 2015). Furthermore, the information can be used to create a baseline to assess her needs, such as mobility; as well as establishing Maggie's previous abilities, and identify her actual position in the independence and dependence continuum, to provide individualised person-centred care (Williams, 2015).

The NMC (2018) state that effective communication skills are vital to high-quality nursing and nurses are required to develop appropriate communication and interpersonal skills to achieve a therapeutic relationship with Maggie to build trust and rapport and obtaining consent. Open-ended questions and the hello my name is approach as demonstrated by Granger (2020); addressing Maggie by her name while talking with her is often a better way to build trust and respect and also make sure Maggie's privacy, dignity and right to confidentiality (patient-centred care) are maintained to meet basic needs including pain-relief and other causes of distress (Pullen et al., 2010).

Additionally, verbal and non-verbal cues such as gesture, eye contact are vital. For example, excessive eye contact can be intimidating; and understanding the different cultural beliefs and values (Leathers and Evans, 2016) that can influence Maggie's understanding should be considered. Furthermore, speaking calmly and slowly in terms that she can understand and incorporating caring behaviours will enable the nurse to understand Maggie concerns by restating what she has verbalised. Moreover, the nurse should engage Maggie by active listening and show congruence with her to gather more information and to identify Maggie's pain severity which can impact on her ADL.

Kim et al. (2017) suggest the VAS as a recommended tool to assess Maggie's pain severity and its impact on her ADL. The VAS is a practical tool comprising of a numerical system (0 to 10), zero being no pain and ten being the worse. Ariza-Vega et al. (2019) noted that the psychometric properties of the VAS are good due to its inter-rater reliability and test-retest reliability making it appropriate to assess Maggie's pain. Arguably, this tool will be more suitable for assessing Maggie's hip pain whereas, in the RLT framework, pain cannot be

measured and would require a lengthy description of Maggie's pain severity. Furthermore, Page (2017) state that the VAS tool is better for assessing the elderly and confused patients. Therefore, the VAS tool would complement the RLT framework when assessing Maggie's mobility and maintaining a safe environment which is two of the key components of the 12 ADL.

It is highlighted that the wrong dressing was applied to Maggie's wound. Therefore, the nurse should be courageous to do the right thing for patients in their care (Department of Health, 2012). The duty of candour and courage should be employed to inform Maggie of the error about what corrections will be made. An apology should be offered to Maggie as an expression of regret and the organisation should also be notified of the incident as suggested by the General Medical Council and NMC (2015).

The NMC (2018) state nurses are legally bound to be open and transparent with patients when something goes wrong. The nurse should be transparent concerning the short- and long-term effects of Maggie's surgery and the error, and how they may affect Maggie. However, because she is very confused this may pose as a challenge and may require the involvement of her sister Lilly as part of family-centred care as suggested by the Care Quality Commission (2017). Therefore, documentation of Maggie's care and needs should be addressed to facilitate the effective delivery of care within the MDT as stated by NMC (2018)

Recommendation

According to Pain Society (2018), self-reporting is the most reliable and accurate measure in terms of improving one's care for patients like Maggie. Furthermore, Abou-Setta et al (2011) suggest that nerve blockades are effective for relieving chronic, acute pain and help in managing patient pain which will be good for Maggie.

National Institute for Health and Clinical Excellence (NICE) (2013) recommends opioids as pain relief of a comprehensive pain management strategy for Maggie with consideration to the side effects(nausea and vomiting) in patients like Maggie However, Abdulla et la (2013) recommends paracetamol as the first-line treatment for the management of both acute and persistent pain in older people of musculoskeletal origin such as hip fracture, due to it demonstrated efficacy and good safety report. Maggie will be referred to a nutritionist to look at her diet as poor health and lack of nutrients will affect wound healing which we lead to poorer outcomes for elderly patients like Maggie recovering from a fractured hip. Therefore, the nurse will encourage Maggie to eat, drink and establish healthy eating patterns as this will assist her in the recovering process. Furthermore, motivation is an essential factor to consider likewise barriers to exercise need to be taken into consideration. It recommended that cognitive behavioural approach be used in exercise therapy to address Maggie the nurse will encourage Maggie to continue with the psychotherapy plan as this is vital to Maggie progression to independence. Maggie will need to reassess for CT scan and X-rays in other monitors her progress.

In conclusion, it is evident that health care professionals and care staff play an important role in developing and delivering care and treatments to improve the living standard of patients with complex needs. This study has evaluated the Roper Logan and Tierney (RLT) Activities of Daily Living (ADL) (1996) framework that undertake ADL and the Visual Analogue Scale which was used to complement the framework. The discussion and justification for the framework and its benefits and challenges were also examined. The appropriate ways to address Maggie as well

as showing the importance of communication strategies principles of courage, transparency and professional duty of candour was discussed including the recommendations of holistic care that was tailored to Maggie care was also explored.