



Original Article

ASPMN 2019 Position Statement: Pain Assessment in the Patient Unable to Self-Report



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ABSTRACT

Managing pain in those vulnerable populations who are unable to self-report or communicate is challenging due to difficulty recognizing pain presence and severity. As no valid and reliable objective measure of pain exists, the ASPMN supports assessment practice recommendations that gather relevant information to infer presence of pain and evaluate response to intervention. Nurses and other healthcare professionals must be advocates for those who are unable to speak for themselves regarding their pain experience.

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Issue Addressed

Challenge of recognizing and assessing pain in vulnerable populations who are unable to self-report pain.

Background of Issue

Pain is a distressing experience associated with actual or potential tissue damage with sensory, emotional, cognitive, and social components (Williams & Craig, 2016). Although researchers continue to seek physiological measures to evaluate pain, no valid and reliable objective test currently exists to measure pain. Pain is a subjective experience, consistent with the clinical definition of pain that states, "Pain is whatever the experiencing person says it is, existing whenever he/she says it does" (McCaffery, 1968).

Unfortunately, some patients cannot provide a self-report of pain verbally, in writing, or by other means (such as head nod or blinking to answer yes or no questions).

Populations of patients who may be unable to self-report pain include but are not limited to neonates, infants, toddlers and young children, persons with intellectual disabilities, critically ill/unconscious patients, older adults with advanced dementia, and patients at the end of life. Patients in each of these populations may be unable to self-report pain due to cognitive, developmental, or physiologic issues, including medically induced conditions. Inability to self-report pain creates a major barrier for adequate pain assessment and leaves the patient vulnerable to under-recognition, and under- or overtreatment of pain. Nurses are integral to ensuring assessment and treatment of these vulnerable populations.

Ethical Tenets

The ethical principles of beneficence (the duty to benefit another) and nonmaleficence (the duty to do no harm) oblige healthcare professionals to provide pain management and comfort

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to all patients, including those vulnerable individuals who are unable to speak for themselves (Paice & Coyne, 2017). Providing quality and comparable care to individuals who cannot report their pain is directed by the principle of justice (the equal or comparative treatment of individuals). Respect for human dignity, the first principle in the “Code of Ethics for Nurses” (American Nurses Association, 2015), directs nurses to provide and advocate for humane and appropriate care. Based on the principle of justice, this care is given with compassion and unrestricted by consideration of personal attributes, economic status, or the nature of the health problem. In alignment with these ethical tenets, the International Association for the Study of Pain initiated the Declaration of Montreal at the International Pain Summit, a statement acknowledging access to pain management as a fundamental human right endorsed by 64 chapters of the International Association for the Study of Pain, the World Health Organization, and many other organizations and individuals (International Association for the Study of Pain, 2010). The declaration acknowledges that the inability to communicate verbally does not negate the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment (International Association for the Study of Pain, 2017). Concerns and responses associated with the opioid crisis in North America create tension that affects treatment decisions; however, pain assessment is foundational to effective and evidence-based treatment. The American Nurses Association (2018) affirmed the ethical responsibility to provide clinically excellent care to address patients’ pain, with assessment and reassessment recognized as crucial practices to inform treatment decisions.

American Society for Pain Management Nursing Position

Pain should be routinely assessed, reassessed, and documented to facilitate treatment and communication among healthcare clinicians. The requirement to provide effective and appropriate pain and symptom management is paramount. In patients who are unable to self-report pain, other strategies must be used to infer pain and evaluate interventions.

A Hierarchy of Pain Assessment Techniques (Pasero & McCaffery, 2011), recommended as a framework to guide assessment approaches, remains relevant for patients unable to self-report. The hierarchy has been enhanced to emphasize the

importance of proactive consideration of painful conditions and procedures. A combination of hierarchy elements is often needed to determine the presence of pain in vulnerable populations unable to self-report. The following revised hierarchy and key tenets are discussed in detail in the associated clinical practice recommendations in support of this position statement (Herr et al., 2019).

1. Use the Hierarchy of Pain Assessment Techniques
 - a. Be aware of potential causes of pain including known painful interventions.
 - b. Attempt self-report.
 - c. Observe patient behaviors.
 - d. Solicit reporting of pain and behavior/activity changes.
 - e. Attempt analgesic trial.
2. Utilize behavioral pain assessment tools, as appropriate.
3. Minimize emphasis on vital signs.
4. Assess regularly, reassess postintervention, and document.

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