



IMPLEMENTATION OF THE EVALUATION OF PAIN AS THE FIFTH VITAL SIGN

IMPLEMENTAÇÃO DA AVALIAÇÃO DA DOR COMO O QUINTO SINAL VITAL

IMPLEMENTACIÓN DE LA EVALUACIÓN DEL DOLOR COMO EL QUINTO SIGNO VITAL

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ABSTRACT

Objective: to analyze the implementation of pain evaluation as the fifth vital sign. **Method:** this is a quantitative, prospective and descriptive cross-sectional study in which the Nursing team in a cancer palliative care clinic implemented the pain as a vital sign during three months. Numerical Visual Scale (NVS) was made available to nursing technicians. The data was evaluated through the nursing team records as well as the evaluation questionnaire of the implementation process. Statistical analyzes were carried out using descriptive and inferential techniques. **Results:** it is noteworthy that only 57.14% of the nurses at the clinic performed pain assessment in 47.37% of the patients. The nurses reported that the evaluation of pain had a positive influence on the diagnosis and quality of care. **Conclusion:** it was reported that there were difficulties in the implementation of this new routine. It is shown the need for an institutional policy involving continuing education of nursing teams on pain as the fifth vital sign and the awareness of professionals for the implementation of a multidisciplinary protocol for pain control and the importance of the insertion of this study in the training centers professionals. **Descriptors:** Pain; Neoplasms; Nursing; Palliative Care; Cancer Pain; Vital Signs.

RESUMO

Objetivo: analisar a implementação da avaliação da dor como o quinto sinal vital. **Método:** trata-se de um estudo quantitativo, prospectivo e descritivo, transversal, em que a equipe de Enfermagem em uma clínica de cuidados paliativos oncológicos implementou a dor como sinal vital durante três meses. Disponibilizou-se para os técnicos de enfermagem, a escala Visual Numérica (EVN). Avaliaram-se os dados por meio dos registros da equipe de enfermagem bem como pelo questionário de avaliação do processo de implementação. Realizaram-se análises estatísticas pelas técnicas descritiva e inferencial. **Resultados:** ressalta-se que, somente 57,14% dos enfermeiros da clínica realizaram a avaliação da dor em 47,37% dos pacientes. Relataram-se pelos enfermeiros que a avaliação da dor influenciou positivamente na elaboração do diagnóstico e qualidade da assistência. **Conclusão:** relatam-se que houve dificuldades na implantação dessa nova rotina. Mostra-se a necessidade de uma política institucional envolvendo educação continuada das equipes de Enfermagem sobre a dor como o quinto sinal vital e a sensibilização dos profissionais para a implantação de um protocolo multidisciplinar de controle de dor e a importância da inserção deste estudo nos centros formação profissionais. **Descritores:** Dor; Neoplasias; Enfermagem; Cuidados Paliativos; Dor do Câncer; Sinais Vitais.

RESUMEN

Objetivo: analizar la implementación de la evaluación del dolor como el quinto signo vital. **Método:** se trata de un estudio cuantitativo, prospectivo y descriptivo, transversal, en el cual el equipo de Enfermería en una clínica de cuidados paliativos oncológicos implementó el dolor como signo vital durante tres meses. Se ofreció para los técnicos de enfermería, la escala Visual Numérica (EVN). Se evaluaron los datos por medio de los registros del equipo de enfermería así como por el cuestionario de evaluación del proceso de implementación. Se realizaron análisis estadísticos por la técnica descriptiva e inferencial. **Resultados:** se resalta que, sólo el 57,14% de los enfermeros de la clínica realizaron la evaluación del dolor en el 47,37% de los pacientes. Se relataron por los enfermeros que la evaluación del dolor influenció positivamente en la elaboración del diagnóstico y calidad de la asistencia. **Conclusión:** se relata que hubo dificultades en la implantación de esta nueva rutina. Se muestra la necesidad de una política institucional que involucre la educación continuada de los equipos de enfermería sobre el dolor como el quinto signo vital y la sensibilización de los profesionales para la implantación de un protocolo multidisciplinario de control de dolor y la importancia de la inserción de este estudio en los centros de formación profesionales. **Descriptor:** Dolor; Neoplasias; Enfermería; Cuidados Paliativos; Dolor en Cáncer; Signos Vitales.

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INTRODUCTION

It is known that the cancer is characterized by a chronic-degenerative disease determined by the disordered multiplication of cells bringing numerous uncomfortable symptoms, however, pain is the most feared symptom and one that causes more fear and suffering to patients. It is reported that, since 1979, the International Association for the Study of Pain (IASP) has standardized the concept of pain together with the World Health Organization (WHO) as a "sensory and emotional unpleasant experience associated with present harm or tissue potential or described in terms of such damage".¹

It is estimated that pain is present in approximately 30% of diagnosed patients and in approximately 80% of patients in the final phase of life, significantly compromising the quality of life of these patients and those around them, such as family members and caregivers, in addition to to involve physiological, cognitive, social and cultural factors. It is perceived that the evaluation of pain aims to provide care according to the needs of each patient. It is shown that, in this context, since the beginning of the 2000s, pain was considered as the fifth vital sign and can be measured by means of several scales allowing the improvement of care to the patient with pain.²

It is believed that, within such a wide range of problems, health professionals should be attentive and empowered to relieve the pain of the cancer patient, and the Nursing team as an essential participant in pain management by identifying, notifying, implementing and evaluating the pharmacological measures and non-pharmacological treatments for their relief.²

In view of the above, it is essential to develop a routine of assistance of pain control and systematized practice of measurement and evaluation.

OBJECTIVE

- Analyze the implementation of pain assessment as the fifth vital sign.

METHOD

This is a quantitative, prospective and descriptive cross-sectional study performed at the oncology palliative care clinic at a Reference Oncology Hospital in Belém, Pará, Brazil.

The following inclusion criteria were met: being a member of the Nursing team of the oncology palliative care clinic and patient

admitted to the palliative care clinic being conscious and oriented at the time of admission and during the period of the implementation of the evaluation of pain as the fifth vital sign.

The sample was composed by 31 employees: five nursing assistants and two resident nurses and 24 nursing technicians divided into morning, afternoon and evening shifts. The patients admitted from April to June 2016 were evaluated.

The process was initiated through meetings with the nursing teams in the sector for exposure and guidance on the implementation of pain as the fifth vital sign in the period determined through the use of a pain assessment form used by nurses in the moment of admission of patients with current disease history, pain characteristics and analgesia already used by the patient. Numerical Visual Scale (NVS) was used for the nursing technicians to measure pain at the time of vital signs verification.

The Free and Informed Consent Term (FICT) was presented to nursing professionals at the time of the proposal's exposure and to patients during admission, according to Resolution 466/2012, of the National Health Council, for research involving human beings. This research was approved by the Research Ethics Committee of the Hospital Ofir Loyola under the opinion No. 1,440,521. The anonymity of the participants was guaranteed throughout the process.

Data was evaluated through the records of the Nursing team as well as through the evaluation questionnaire of the implementation process completed by the team. It should be noted that the statistical results of the proposed study were carried out using descriptive and inferential statistical techniques. It is reported that, in the inferential analysis, the non-parametric statistical tests of adhesion, Chi-square and G were applied considering the level of significance $p \leq 0.05$. The Chi-square test and G-test were applied with the objective of investigating whether or not there are clues that suggest that the proportions observed in the descriptive analysis are statistically the same or different. It should be noted that, for the construction of the database, the SPSS program, version 20.0 was used. Already for the construction of the tables and graphs, the programs of the Microsoft Office suite, version 2007, Excel and Word and the inferential analysis was done in the statistical package Bioestat, version 5.3, for Windows.

RESULTS

A total of 68 patients were admitted during the period of the evaluation of pain as the fifth vital sign, and after evaluation by the inclusion criteria for the study, only 19 patients participated because the others did not have the level of compatible orientation.

It was found that all nurses considered the implantation and evaluation of pain as the fifth vital sign of great importance. It is described that, however, only four of the seven nurses performed the pain assessment in patients admitted and hospitalized during the study period. It is reported that only nine patients evaluated, of a total of 19 patients eligible for evaluation during hospitalization, which equates to 47.37%. It is understood that these nurses agreed that the instrument used for the evaluation of pain contained all the information necessary for an adequate evaluation. It is evidenced that the main difficulty reported by 50% of the nurses was the unavailability of time; 25% reported forgetting to evaluate and completing the instrument and the other 25% reported lack of theoretical knowledge on the subject. In terms of the Nursing diagnosis, 75% answered that the instrument positively influenced the elaboration of the Nursing diagnosis and 25% considered that it had little influence, however, all reported that the evaluation and recording of the pain contributed to the quality of nursing care.

It is described that the team of nursing technicians was composed of seven professionals in the morning shift, six in the afternoon shift and ten in the night shift with the participation of all during the implementation process. However, it was observed that of the 428 measures of pain predicted for the proposed period, only 90 measurements occurred, which corresponds to 21.03% of the predicted total indicating a frequency of pain measurement below the expected one.

The pain was measured by the nursing technicians during the morning, afternoon and evening shifts. It should be noted that, during the morning period, of the 135 measurements to be performed, only 30 occurred, totaling 22.22%. It is reported that in the afternoon, of the total of 146 measurements to be performed, only 22 occurred, which is equivalent to 19.18%. On the night shift, of 147 pain measurements to be performed, 32 were recorded, totaling 21.77%, so the morning team was the one that measured the most. It should be noted that in response to the questionnaire, all reported not having

difficulties to measure pain, and even with the guidelines provided for the measurement of pain was performed at the time of checking other vital signs, 25% measured at random times, 16.6% forgot to measure and 4.17% only measured the pain after administration of analgesics. It is known that about 45.82% reported forgetting to measure the pain of the patients and 41.67% reported not presenting difficulties to evaluate the pain of the patient. It is conceived that, approximately 66% of the nursing technicians answered that the measurement of the pain assisted in the frequency of administration of analgesics.

DISCUSSION

It is noted that there was a reduced number of patients chosen for the research because of the level of consciousness compromised at the time they were hospitalized, which would make it impossible to measure their pain since the level of consciousness was taken into account as a criterion of inclusion, since the pain is subjective and only the subject that the experience is aware of the pattern, location, intensity and duration.²⁻³

It should be noted that the detection of complaints of pain, systematization, evaluation and recording are fundamental data, because if the pain is not identified and described, it will not be treated. It is noticed that the Nursing team has an important position in this context to evaluate the patient's pain under their care and can influence their control.⁴ It is shown that the nurse can listen to the patient, identify their needs and instrumentalize themselves for to act.⁵

It should be noted that, although all nurses emphasized the importance of pain assessment as the fifth vital sign, there was a timid participation of these professionals during the study period, which demonstrated the need for greater awareness as well as a institutional work of permanent education aimed at pain control, which corroborates⁶ when it states that, in the absence of training and institutionalization of this control, pain is underestimated to pharmacological and non-pharmacological analgesic measures compromising patient's quality of life and leaving a gap in the nursing care. It is understood that, through the data obtained, it was possible to infer that nurses, despite having alternatives and instruments to plan, organize, train, coordinate, perform and evaluate the patient's pain, still have difficulties and the instruments are still extremely underutilized or unused.⁷ Pain

evaluation instruments organized in the form of a methodological evaluation guide containing characteristics of pain, factors that worsen or improve beyond the location and complaints of the patient are essential to direct the performance of the patient nurses.⁸ The evaluation and recording data are considered as the basis for the etiological diagnosis of pain, prescription of therapy and for the evaluation of the efficacy obtained.⁸

It is observed that the unavailability of time for the evaluation of pain was the main difficulty described by the nurses due to the daily activities and the great demand of the service reported by them. It is argued that in addition to limiting the time and scarcity of resources, nurses often distance themselves from direct care and may omit important aspects of care.⁹ It is reported that impaired care may be related to increased workload and, are usually activities considered to be the nurse's competence.¹⁰

It is understood that the positive influence of the instrument of pain evaluation in the elaboration of the nursing diagnosis evidences the importance of a standardized and systematized evaluation of the patient's pain complaint, taking into consideration the pain not only in the physiological scope, the psychological, spiritual and social aspects,¹¹ which can directly influence the nursing team's conduct in defining pain-related nursing diagnosis, in defining characteristics, and in the implementation and valuation of pharmacological and non-pharmacological measures of pain relief. It should be considered that the actions of the nurse can be improved more specifically with the Systematization of Nursing Care (SNC).¹²

It is reported that the low adherence to pain measurement by the nursing technicians in this study was similar to another research that pointed out that the Nursing team, in addition to having a notion of only one scale for the evaluation of pain, recognizes only some signs of pain and does not have as a systematic practice the condition of understanding it as the fifth vital sign.¹³ Concomitant assessment of pain with other vital signs is a consistent assessment of pain, since alterations in the other vital signs can also mean pain.¹²

It is believed that the mandatory evaluation and the development of systematized recording instruments will increase the professional's commitment to pain control. It is reported that incentives, such as training for the systematic evaluation of pain, can assist in the decision-making

process of the Nursing team on the care and, consequently, on the patient's pain relief.

It is exposed that all nursing technicians participating in the research reported having no difficulties to measure pain, being considered a professional that acts as an identifier of pain and possibly what more detects the presence of pain and seeks alternatives to ease it, over there. It is pointed out that the need for periodic and systematized measurement.¹⁴ It was pointed out that among the difficulties reported for non-measurement of pain, "lack of time" was the most mentioned. It is noteworthy that the participants emphasized that it is necessary to increase the number of nurses in the unit. These reports demonstrate the need for continuous follow-up and a systematic observation of nurses.¹⁵ It should be pointed out that these data can be justified, mainly, by the deficiency in the Nursing training process in the area of pain. It is approached that although it is progressing, this process is still considered slow. It is reported that, in order to accelerate this process, it is necessary for institutions that train Nursing professionals to include, in their curricular structures, disciplines or extension courses that provide teaching about pain and the use of instruments for evaluation and measurement of contained pain inherent to the Systematization of Assistance in Nursing. It shows that the limitation of specific knowledge about methods and scales of pain evaluation can contribute to unnecessary suffering of patients and reduction of quality of life.¹⁶

Another explanation for the result of this research is the need to better understand the numerical verbal scale, since the Nursing team in the fifth-degree pain screening may underestimate it.¹⁷ It is reported that in another study that also assessed pain management before and after the fifth sign implantation showed that the management did not change in the treatment of pain and change in analgesia suggesting that the measurement of pain as the fifth vital sign does not change the management of pain routinely.¹⁸ The understanding of the systematized care plan carried out by these professionals is broadened, making care comprehensive and integral in its magnitude, and fostering initiatives for effective pain relief.¹⁹

It is understood that the Systematization of Nursing Care in the treatment of cancer pain evaluates the correct impact of pain and allows, in an appropriate way, the evaluation of medications and other methods of non-

pharmacological analgesia. It is noted that it is possible to have cancer and not to have pain, since the total pain is treated, in its various specificities, involving physical, psychological, social and spiritual factors.

CONCLUSION

It was concluded with this study that, although the Nursing team considered the importance of the evaluation and measurement of pain as the fifth fundamental vital sign, there were difficulties in the implementation of this new routine. It should be emphasized that the Nursing team, besides having a longer period of coexistence with the patient than the other professionals, has tools and strategies capable of enhancing care for cancer patients with pain. It is understood that this study shows the need for an institutional policy involving continuing education of Nursing teams that, in addition to increasing knowledge about pain, sensitization of professionals and the implementation of a multidisciplinary protocol for pain control with the implementation of pain as the fifth vital sign providing patients with quality of life and offering adequate conditions for the management performed by the team. It is concluded that this study contributes as much to the teaching, as to the professional practice and to the health services as to the importance of the insertion of the pain in the formation of professionals. It was offered elements for the nurse to reflect on the importance of the systematization of care.

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