

Running head: PAIN MANAGEMENT FOR NON VERBAL PATIENTS

Pain management for non-verbal patients

Name:

Institutional affiliation:

Date:

## **Pain management for non-verbal patients**

Pain management in relation to non verbal patients could be one of the most challenging tasks when it comes to taking care of wounds that require debridement, wound vacs and packing (Kandel, 2010) However, it is now well established that unresolved pain is more likely to cause a negative impact on the process of wound healing or even lead to neuropathic pain (Abraham, 2008). This implies that efficient pain and management care especially for the non verbal patients is a core concept that needs to well taken care of. This assignment was aimed at analyzing ways in which care for non verbal patients with regards to pain management of chronic wounds has been handled in long term care facilities.

This study case focused on long term facilities due to their wide exposure to chronic wound pain cases. Chronic pain care and management for non verbal patients such as those that are physical impaired or in a comma in long term care facilities has tremendously improved in most of the facilities. The findings of this study revealed that most nurses are now well equipped with both knowledge and skills to tackle challenges related to chronic wound pain. Both pharmacological and non pharmacological approaches towards managing the chronic pain cases are now employed in most long term care facilities (Moffat, 2014).

The pharmacological methods range from administration of drugs such as diazepam and duloxetine to patient controlled analgesia which involves pushing a button on a computerized pump that allows the patient to administer themselves. Non pharmacological methods that have yielded promising results included; relaxation strategies, reposition, imagery, use of dressings that will not cause pain and those that will deliver analgesia directandd physical modalities such as transcutaneous electrical nerve stimulation that has been established to activate large diameter myelinated sensory fibers. For Instance, in this case study 54 patients with chronic wound pain

were observed to have improved their condition after a one week monitoring using the pain diary.

These findings correlate with the findings reported by both Woo K and Ovington in their respective textbooks. Woo K stated that there was a need to incorporate non pharmacological methods with the modern medicine to facilitate the effectiveness of chronic pain care in relation to non verbal patients (Woo, 2008) He further noted that the latter had helped to improve pain relieval response in patients. On the other hand Ovington noted that imagery, reposition and relaxation strategies helped to improve the comfortability of the patients hence relieving the burden of pain (Ovington, 2012) Nonetheless, in his report on how dressing changes affected chronic wound pain patients, Moffat acknowledged that the latter has a positive impact on chronic pain management. The consequences of employing both of the methods of treatment were that the process of pain care and management was enhanced in most of the facilities that had adopted this type of approach as earlier stated.

The above analysis reveals the gradual improvement that has taken place in the nursing sector in relation to chronic pain management in relation to wounds and non verbal patients. The number of successful pain relieval has improved in long term health care facilities (Kandel, 2010). However, in spite of the improvements there still remains a challenge on how to effectively identify and quantitatively record the degree of pain in the context of non verbal patients who cannot communicate to the nurses. This calls for the improvement and proper use of the dopolous behavioral pain assessment tool that relies on the behavioral assessment. Continuous inventions of other tools of the same mechanism but improved proficiency and efficiency is also encouraged. Lastly, nurses ought to be sufficiently equipped on the

psychological analysis of behavior on relation to chronic pain detection, monitoring and management especially for the non verbal patients.

## References

1. Abraham S, 2008, "Pain management in wound care", The Journal of Human Sciences, pg 12-17.
2. Kandel, Schwartz, 2010, Principles of Neural Science, pg 482-486.
3. Moffat, Franks, 2014, Pain at wound Dressing changes; A guide to Management, London, Medical Education Partnership Limited, pg 13- 19.
4. Ovington, 2012, Hanging Wet to Dry Out to Dry; Advances in Skin and wound care, The science journal, pg 113-121.
5. Woo K, 2008, Assessment and Management of Persistent (Chronic) and total wound pain, The International Wound Journal, pg 205-2015.