A new focus on a nurse-based anamnesis for chronic pain
Congrès BPS du 4 juin 2016

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Aims of the association
• To promote and develop pain management in Art Nurse, nursing and quality of care
• To gather all practitioners of the Art Nurse interested in this matter, including the holders of a particular professional nursing qualification in assessment and treatment of pain or any other capacity in the field of pain, recognized in Belgium
• To represent and defend the profession and Art Nurse in the domain of pain management in order to promote the interests of the members and the patients.

Actions
• Monitoring of national projects in algology
• Active participation of several members at acn, BPS and UGIB
• Training in algology
  150 hour program:
  - Multidisciplinary health care approach (UF1)
  - Expertise in assessment and treatment of pain (UF2)
• Annual congress in algology

Concrete actions in 2015 /2016
• NIC analysis and presentation at the congress AFEDI
• Redaction of a pain history and its manual today presentation
• Updating of the website: www.gifd.be
• Integration of a new member: opening to the home
• Recognition within the UGIB
• Publication of articles in the journal of the acn
• Writing an internal order of Rules

Projects
• Analysis of patient information materials
• Newsletter for members
• Meetings with psychologists and/or Dutch speaking colleagues
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www.gifd.be

The anamnesis of pain

Consulting literature

- Conceptual Model in Nursing
- Recommendations for anamnesis in chronic pain

Florence Nightingale
12/05/1820-13/8/1910

The observation shows us how the patient is; thinking what to do; training how to do it.

Training and experience are, of course, also needed to learn how to observe, what to observe, how to think and what to think (Nightingale, 1882).

Nursing theories

Her conception of health was to treat a person, not an organ or a disease

« Les soins infirmiers consistent principalement à assister l’individu malade ou bien portant, dans l’accomplissement des actes qui contribuent au maintien de la santé (ou à une mort paisible) et qu’il accomplirait par lui-même s’il avait eu assez de forces, de volonté ou de savoir… »

Nursing Approach

- Collecting data on the patient and his situation
- Analysis and interpretation of data to identify the problems, needs and reactions of the patient.
- Writing nursing diagnoses or targets validated by the patient
- Planning and implementation of interventions
- Evaluation and revision of the plan if necessary
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The concept of care receiver uses the notion of being biopsychosocial
- The person is an indivisible which built itself
  - In the biological, spiritual and social relationships
  - Nursing assume that the person is built up around these 3 key dimensions in a systemic perspective
  - These dimensions are interdependent

Multidimensional and holistic approach of the care
- To ensure ongoing major life functions from birth to death in the light of responses to biological, psycho-intellectual, emotional of the human being
- To educate people to better manage their health by themselves
- To prevent risks to certain life activities
- To treat illness when it occurs and prevent risks
- To rehabilitate, to reintegrate into social, family and professional life after the acute phase of the disease or after the handicap has appeared

Le modèle bio-psycho-social de la douleur
- Le modèle bio-psycho-social est une représentation de l’être humain dans laquelle les facteurs biologiques, psychologiques et sociaux sont considérés comme participant simultanément au maintien de la santé ou au développement de la maladie » Berquin, 2010

Recommendations on amnesis in chronic pain
1. The first interview takes time. It can be divided into several consultations.
2. The evaluation includes an etiological, clinical examination, additional tests if necessary
3. A semi-structured interview grid
4. Assessment tools _VAS, body scheme, list of sensory adjectives, HADS, assessment of impact
5. Tools should be explained to the patient. They help the consultation but are not a goal.
6. Transcript of the topography of painful areas in the patient record.
7. Intensity: the intensity scales only measure this dimension and are only useful if the patient needs a symptomatic treatment

Recommendations on amnesis in chronic pain (2)
8. The evaluation of the anxious and depressive component is fundamental.
9. The evaluation of the impact of pain on daily life.
10. Following this interview, the doctor will take the decision to refer the patient to a specialist or a pain center.
11. We must reassess the patient (frequency to be determined case by case).
12. Use VAS of NS or for monitoring.

Rencontrer le patient douloureux
- J Grisart : Assessment of pain inevitably implies a meeting between two persons
  - Il y a une personne qui déclare que ce qu’elle ressent est douloureux et demande à ce que cela cesse parce que cela peut troubler mais surtout parce que ces sensations ne sont pas supportables et doivent donc être supprimées. Cette même personne sait certaines choses sur ce qu’il y a lieu de faire en cas de douleur, tant que cette douleur n’est pas suffisamment réduite ou entendue, cette demande constituaera une priorité pour la personne souffrante.
  - Dans le contexte d’une aide thérapeutique, cette déclaration et cette demande s’adressent à un soignant qui ne sent pas ces douleurs mais qui par contre sait certaines choses sur les mécanismes de la douleur, sur ce qu’il convient de faire et, compte tenu de la nature de la douleur, ce qu’il peut espérer comme amélioration.
  - Le partage de ces savoirs respectifs entre le patient (1) et le soignant (2) est une clé essentielle dans un processus de traitement de la douleur. Il doit en découler des objectifs concertés avec le patient et une évaluation commune sur l’efficacité du traitement.
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Role of the pain nurse
Clinical activity

- Assessment of pain
- Assessment of the efficiency of the treatment
- Assessment of adverse reactions
- Patient Information
- Patient Education
- Care Coordinator
- Interface patient / family / team pain (Attending physician for technical acts)

Classification of nursing interventions

- About 542 interventions
  - 53 lists registered in the book
  - 55 additional lists <GIFD
- 108 interventions
  - 36 own role
  - 32 partial
  - 11 with additional training
  - 29 in collaboration with other professionals

Methodology

- Inventory of anamnesis materials for adults
- Item analysis of each document according to the scientific literature and expertise of nurses in algology
- Items Classification according to biopsychosocial model
- The pain intensity scales are simply mentioned in this work
- Writing a manual
- Handing out tools to members and on the site

The anamnesis pain GIFD
Methodology

http://www.gifd.be
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Manual

• The anamnesis is built according to the relationship with the patient (not necessarily in document order)
  • it takes time (+/- 1 hour)
  • Can be achieved in several stages
  • Documents can be given to the patient who fill them in between 2 consultations (daily)

Attitude of carers

• Create a climate of trust
• No fast prescription
• Avoid a new failure
• Take the time to explore all the facets
• Involve the patient and / or his family from the 1st contact
  • Explain the objectives and modalities of the assessment and the patient or his family

Nurse consultation

• Read the case?
• Establish trust
• Observe and make himself available to the patient
• Listen, believe, do not judge
• Explain the role of stakeholders
  
Time education, information

Practice

• Given the interdisciplinary work, some items are more developed depending on the discipline of the practionner
  • The document is a basis to adapt:
    • Chronic pain
    • Transitional pain
    • Pediatric pain
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To observe
- **Posture**: relaxed, rigid, tonic, atonic, immobility, tics, analgesic position, ...
- **Physical appearance**: thin, stout, scars, physical deformities, joint deformities, skin color, cyanosis, swelling, edema, cyanosis, sweating, ...
- **Facial expression**: calm, stressed, tense, off ...
- **Eye contact**: eyes open, closed, shifty eyes, fixed, scared, crying
- **Respiration**: quiet, fast, noisy, wheezing, breathless, superficial or deep amplitude
- **Ferm voice**: trembling,
- **Behavior**: agitation, anxiety, calm, confusion, coordination or coordination disorder, depression, aggressiveness, irritability, apathy

To listen…
The patient has the knowledge of his situation
- Have an interview guide = amnesis
- Create consultation papers to evaluate various issues
  - Pain, sleep, medication management, ...
- Offer open questions and be interested in the patient's experience
  - How, what, where, when?
- Clarify and check the patient's expectations
- Inform and educate

Make room for the patient? Compassion
- Description of the characteristics of your pain
- Factors of aggravation and pain relief
- Analgesics means
- Course of a Day

Data interpretation and validation of hypotheses
- Expectations regarding the pain center
- Set priorities with the patient
- short, medium and long terms to quality of life
- Follow up of the patient in the treatment phase
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Patient education
Learning to manage the pain every day
Answer to and readjust certain beliefs
Learn new ways to work
Test alternatives to medicines and better manage crises

Subacute pain
- Background: inpatient, opinion requested by the care unit
- Start by leaving the patient free to talk about his problem as he wants
- Originally of the pain, treatment, assessment of pain and post hospitalization consultation

Pediatric pain
- The management application path must be faster.
- Background: seen during a review of hospitalization
  - Patient history and story, previous treatments
  - Body diagram, typical day, patient education
  - Coping mechanisms
  - and emotional functioning
- Place of the parents and family
- School

Synthèse

Toolbox

Conclusion
- A lot to do !!!!
  Assess
  Educate
  Inform
- To accompany
  Listen, do not judge
- The nurse is one of the link in the multidisciplinary team
Questions-answers