93 -NURSING ASSISTANCE: ASSESSMENT AND ASSISTANCE TO CHILDREN WITH PAIN IN A PRIVATE HOSPITAL IN NATAL / RN

GILSON DE VASCONCELOS TORRES
CRISTIANE MEIRICE MARQUES DA SILVA
LÍVIA SÊMELE CÂMARA BALDUÍNO
Nursing Post-Graduate Program/UFRN, Natal RN, Brazil
gvt@ufrnet.br

INTRODUCTION

Pain is one of the main causes of human suffering, compromising the quality of life of people and reflecting on their physical and mental state.

In children, the pain can be caused by the disease itself, and the procedures for processing, stronger by fear, anxiety and uncertainty (DELGADO, 1988).

The pain is characterized by an unpleasant experience and could be sensory and emotional, related to actual or potential tissue damage, one of the most feared human suffering and the most common symptom in medical practice and nursing (PORTO, 2001; OLIVEIRA; MORAES, 2002; SMELTZER; BARE, 2002).

The U.S. Agency for Research on Public Health and Quality (AHRQ), the American Pain Society (APS) and subsequently by the Brazilian Society for the Study of Pain (SBED) described the pain as the fifth vital sign that should always be assessed and recorded alongside the other four vital signs: temperature, pulse, respiration and blood pressure (SOUSA, 2002).

The assessment of pain in children is becoming as challenging, in view of the different stages of growth and development, the limited experience and little or no verbal fluency (MENOSSE, 1999).

In our practice, we observed many professionals who tend to underestimate the pain in children due to an inadequate assessment and lack of practice facing the problem, generating an increase in anxiety and discomfort in it, further undermining his general state. In front of this place, the question arose of how the nursing team is assessing pain in children.

In face of this, we have as objective: to identify how the team operates and evaluates the nursing care for children while in the hospital with pain in the study.

METHODOLOGY

It is a descriptive exploratory study, focusing on assessment and intervention of pain in children by the nursing staff. The study was conducted in a general hospital, private, large-scale, located in Natal / RN.

The target population consisted of 25 professional nurses who were working in the pediatrics department in the hospital in assisting the child with pain in the period of data collection and accepted voluntarily participate in the research. Two professional nurses were excluded from the study as being on vacation during the period of data collection.

We used a structured form composed of two parts: the first containing closed questions on the demographic characteristics (age, sex, number of children, occupation, professional update, time to act in pediatrics), and the second containing questions related open and closed the assistance of pain (existence as a tool for assessing pain).

Data collection was performed after a favorable opinion of the ethics committee of the UFRN according to Resolution 196/96. Data collection was performed in the second half of the month of June this year in three shifts of work of that sector. Prior to data collection was explained the purpose of the study, request permission by signing a Term of Free and Informed Consent - FICT. Then the instrument was used to obtain the information about the nursing care the child in pain.

The data collected were organized into electronic database application in Microsoft Excel, that after categorization of the variables of the study, were exported to SPSS 14.0 and performed the statistical treatment as descriptive variables of interest to the study (assessment and intervention).

RESULTS AND DISCUSSION

The results, discussions and analysis of data from the study will be presented in two moments of characterization: researched, and evaluation of pain.

Table 1. Distribution of the variables of social demographic characteristics, according to the professional category. Natal - RN, 2008.

SOCIO-DEMOGRÀPHIC VARIABLES		PROFESSIONAL CATHEGORY					
		NURSE		NURSING AIDE		TOTAL	
		N	%	N	%	N	%
Age	21 to 35 years	5	20,0	15	60,0	20	80,0
	36 to 50 years	1	4,00	4	16,0	5	20,0
Sex	Female	6	24,0	17	68,0	23	92,00
	Male	0	0,0	2	8,0	2	8,0
Marital status	Single	2	8,0	9	36,0	11	44,0
	Married	4	16,0	10	40,0	14	56,0
Number of sons	No children	4	16,0	10	40,0	14	56,0
	1 to 3 children	2	8,0	11	44,0	15	60,0
Schooling time	Until 10 years	4	16,0	13	52,0	17	68,0
	> 10 years	2	8,0	6	24,0	8	32,0
Pediatrics acting time	Until 10 years	6	24,0	15	60,0	21	84,0
	> 10 years	0	0,0	4	16,0	4	16,0
Working place	NICU	3	12,0	7	28,0	10	40,0
	Medical clinics / pediatric surgery	2	8,0	5	20,0	7	28,0
	Urgency /emergency	0	0,0	4	16,0	4	16,0
	Urgency /emergency and medical clinics / pediatric surgery	1	4,0	3	12,0	4	16,0
Time at working place	Until 10 years	6	64,0	16	24,0	22	88,0
	> 10 years	0	0,0	3	12,0	3	12,0
TOTAL		6	24,0	19	76,0	25	100,0

As for social demographic characteristics of those surveyed, we observed that in Table 1, participated in this study of 25 professional nurses, and nurses 24% and 76% technical nursing.

With regard to the age of those surveyed, 80% of these professionals are within the age range of 21 to 35 years of age and 20% have from 36 years to 50 years. Regarding gender, 92% are female and 8% male, expected for the category searched. Regarding the number of children, 60% have no children and 40% are from 1 to 3 children. As for the training time, 68% have up to 10 years and 32% are over 10 years. Regarding the time of action in the field of pediatrics, 84% have up to 10 years and 16% are over 10 years. With regard to the labor sector, 40% work in the neonatal ICU, and the average time in the industry working for 06 years, at least 01 years and a maximum of 15 years.

As for use as a tool to assess pain in children, all professionals in the study said that the institution in which they work no instrument to assess pain in children. It was also found in another study, in which the authors found that in both public institutions that the study had not been developed standardized instrument to assess pain in children hospitalized (BEZERRA; BRITO, 2007). One can therefore understand that the lack of instruments to assess pain in children is not a peculiarity of the institution investigated.

Regarding the use of criteria to evaluate pain in children, in Table 2, 88% of professionals in the study, 20% and 68% nurses and nursing assistants, using a criterion to assess pain in children and 12% of them do not use any criterion.

Table 2. Distribution of professionals in occupational category according to the criteria used to assess pain in children. Natal - RN, 2008.

Criterial use to evaluate pain in children	PROFESSIONAL CATHEGORY					
	NURSE		NURSING AIDE		TOTAL	
	N	%	N	%	N	%
Yes	5	20,0	17	68,0	22	88,0
No	1	4,0	2	8,0	3	12,0
Crying	1	4,0	8	32,0	9	36,0
Face expressions	0	0,0	2	8,0	2	8,0
Behavior *	1	4,0	1	4,0	2	8,0
Crying / face expressions	3	12,0	2	8,0	2	20,0
Crying and behavior	0	0,0	2	8,0	2	8,0
Child complaint	0	0,0	2	8,0	2	8,0
No	1	4,0	2	8,0	3	12,0
TOTAL	6	24,0	19	76,0	25	100,0

* Irritability, insomnia, inquietation

Table 2 presents the evaluation criteria that were most frequently used in day-to-day lives of professionals. Wow (64%), facial expression (28%), behavior (12%), however, found the combination of combined criteria: crying / facial expressions (20%), crying and behavior (8%).

For those surveyed, the crying (64%) is the best criterion to identify the presence of pain in children, however, the cry is little specific, because it can be triggered by other non-painful stimuli such as hunger and discomfort. As a measure of pain, seems to be a useful tool, when analyzed in the context of what is happening with the child and linked to other measures of assessment of pain (PULTER; MADUREIRA, 2003).

For each category of nurses, those most used are: crying (16%), facial expressions (12%), with regard to nursing auxiliaries, crying (48%), facial expressions (16%), behavior (12%), complains of the child (8%). We noticed that even though they are not statistically significant differences with regard to behavioral criteria, the two categories considered not using physiological criteria, and only 8% of nursing assistants, citing the complaint of the child.

The signs and indications of pain the children have physiological changes (increased heart rate, breathing, and blood pressure, decreased oxygen saturation, agitation, skin redness) and behavioral (irritability, lethargy, loss of appetite, sleep disorder restlessness, change of facial expression, crying characteristic) towards painful stimuli (GUINSBURG, 1999; WONG, 1999).

To assess the pain in children, can use three methods: clinical evaluation, the report of the child or the parents and the use of instruments (scales) to measure it (WONG, 1999).

The assessment of pain in children by professionals of the study is restricted only to his facial expression or crying and change of behavior, making it difficult to understand the painful phenomenon, as something that needs to subjective interpretation of the context in which the child is inserted. In this context, noticed a lack of knowledge of those surveyed about the mechanism of pain and methods of evaluation.

Although the assessment of pain is not simple task, this should be part of routine nursing care, mainly in the hospital environment, where all records must contain annotations in the child's medical records so that measures are taken in the direction of relieve it (CLARO, 2004).

As for the evaluation and quantification of pain is essential to understand it and, consequently, believe the patient, both in their facial expressions, as in other non-verbal expressions (SETZ et al, 2001).

We believe that for an evaluation and treatment of pain in children, it is necessary for the health professional has a better preparation for dealing with issues related to the pain. But the second study, knowledge on how to treat the pain is not always acquired the faculties, as yet provide little information on this subject (FULLER; CONNER, 1997).

Table 3. Distribution of occupational category by professional interventions in the face of pain in children. Christmas-RN, 2008.

Interventions when identifying child in pain	PROFESSIONAL CATHEGORY					
	NURSE		NURSING AIDE		TOTAL	
	N	%	N	%	N	%
Communicates with team and manages prescribed medication	1	4,0	14	56,0	15	60,0
Takes care of the child with compression and comfort	3	12,0	2	8,0	5	20,0
Communicates with team, manages prescribed medication and takes care of the child with compression and comfort	2	8,0	1	4,0	3	12,0
No intervention	0	0,0	2	8,0	2	8,0
TOTAL	6	24,0	19	76,0	25	100,0

Regarding interventions front of pain in children, we can see in Table 3, once found the pain in children, that 60% of those surveyed is restricted to methods for pharmacological pain relief, 56% of nursing assistants, have the pipeline, with the purpose of providing the relief of pain, administration of prescribed medication, 8% assist the child with dressing and comfort and 4% take the two pipelines, 12% of the nurses, to assist children with dressing and comfort, the team announced 8% , Administers the medication prescribed to children and assist with compression and comfort.

In this study, the professionals have shown a weakness in knowledge of interventions front of the child in pain, for the care basically restrict the methods and pharmacological not view the problem as widely as it should be done through multiple interventions that would best results.

The relief of pain by the nursing staff can be reached by pharmacological and non-pharmacological, but most of the success will be achieved through a combination of both (SMELTZER; BARE, 2002).

The use of combined methods of treatment improves the control does not underestimating the levels avoiding painful and severe side effects caused by high doses of painkillers, being the most feared, respiratory depression (DAMASCENO, 2005).

The nursing staff often is limited to only use medication from an inaccurate assessment of the painful phenomenon, for not having adequate preparation for assessment and intervention of pain in children (DAMASCENO, 2005).

CONCLUSIONS

A general review on the study in question allows, from the information obtained, considering that the participants of this study do not use any tool that can lead to the evaluation process of pain.

The results also show that there is a fragility about the activities of the professionals related to the control and pain relief, indicating that most were basically limited to pharmacological methods and not see the problem more broadly impossible better assistance.

Because of the importance of the problem exposed by this study, interventions that will transform the care of children's pain are necessary, especially in the group hospitalized. The research of pain in the hospitalized child care needs: knowledge, know what the other needs and how we can help you with this process (ARRUDA; MARCELINO, 1997). Valley insist that we should not underestimate or even ignore the ethical dimensions, cultural, historical and religious issues involved in (SILVA; ZAGO, 2001). As a strategy, at the institutional level, continuous education is the recommendation to achieve the goals of quality of care with the child in the painful process.

Therefore, the results of this study may provide the formulation of protocols for assistance and new means of interventions in this area, aiming to improve the quality of care for children, and allow an expansion of production and therefore renew scientific knowledge in this area.

REFERENCES

ARRUDA, E.M.; MARCELINO, S. R. Cuidando e confortando. In: SCHULZE, C.M.N. **Dimensões da dor no câncer:** reflexões sobre o cuidado interdisciplinar e um novo paradigma de saúde. São Paulo: Editora Robe, 1997.

BEZERRA, R.G.S.; BRITO, V.R.S. **O CONHECIMENTO DOS PROFISSIONAIS DE SAÚDE ACERCA DO CUIDADO DA DOR EM CRIANÇAS HOSPITALIZADAS.** XI INIC / VII EPG - UNIVAP 2007. Disponível em: www.inicepg.univap.br/INIC_07/trabalhos/saude/inic/INICG00305_01O. Acessado em 2007.

CLARO, M.T. Dor em Pediatria. In: LEÃO, E.L.; CHAVES, L.C. **Dor 5° sinal vital** reflexões e intervenções de enfermagem. Curitiba: Maio. 2004. p. 208-18.

DAMASCENO, A.K.C. **Epidemiologia da dor em crianças vítimas de queimaduras.** [Fortaleza]: Faculdade de Farmácia, Odontologia e Enfermagem, 2005.

DELGADO, G.L. **A dor em oncologia.** São Paulo: Atheneu/EDUSP, 1988.

FULLER, B.F.; CONNER, D.A. The influence of length pediatric nursing experience on kues used to assess infant pain. **J Ped Nurs**. v. 12, n. 3, p. 155-168. 1997.

GUINSBURG, R. Avaliação e tratamento da dor no recém nascido. **J Pediatria**, Rio de Janeiro. n. 75, p. 149-59. 1999

MENOSSE, M.J. **A complexidade da dor da criança e adolescente com câncer hospitalizados e as múltiplas dimensões do seu cuidar.** [Ribeirão Preto]: Escola de Enfermagem de Ribeirão Preto, 1999.

OLIVEIRA, B.A.O.; MORAES, M.I.M. Dor no paciente oncológico: revisão de literatura para o médico não-especialista em oncologia. **JMB**. v. 82, n. 5, p. 95-102. 2002.

PORTO, C.C. **Semiologia médica.** 4. ed. Rio de Janeiro: Guanabara Koogan, 2001. p. 62.

PULTER, M.E.; MADUREIRA, V.S.F. Dor no recém-nascido: percepções da equipe de enfermagem. **Ciências e cuidados em saúde**. n. 2. 2003.

SETZ, V.G. et al. Avaliação e intervenção para o alivio da dor na criança hospitalizada. **Acta Paulista de Enfermagem**. v. 12, n. 2, p. 55-65. 2001

SILVA, L.M.H.; ZAGO, M.M.F. O Cuidado do Paciente Oncológico com Dor Crônica na Ótica do Enfermeiro. **Rev. Latino-Am. Enfermagem.**; v. 9, n. 4, p. 44-49. 2001

SMELTZER, S.C.; BARE, B.G. **Tratado de enfermagem médico-cirúrgica.** 9.ed. Rio de Janeiro: Guanabara Koogan, 2002, p. 186-187.

SOUSA, F.A.E.F. Dor: o quinto sinal vital. **Rev. Latino-am.** v.10, n. 3, p. 446-47. 2002.

TORRITESI, P.; VENDRÚSCULO, D.M.S. A dor na criança com câncer: modelos de avaliação. **Rev.latino-am. Enfermagem**. v.6, n. 4, p. 49-55. 1999.

WONG, D.L. **Enfermagem pediátrica:** elementos essenciais à intervenção efetiva. 5 ed. Rio de Janeiro: Guanabara Koogan; 1999.

ASSISTANCE OF NURSING: ASSESSMENT AND ASSISTANCE TO CHILDREN WITH PAIN IN A PRIVATE HOSPITAL IN NATAL / RN

Descriptive exploratory study conducted in a general hospital, private, large-scale. The target population consisted of 25 professional nurses working in the sector of pediatrics in the period of data collection, which was held after a favorable opinion of the ethics committee of the UFRN respecting the resolution 196/96. RESULTS: A group of 25 professional nurses, and nurses 24% and 76% technical nursing. Regarding the use of criterion to assess the pain, 88% of professionals in the study uses a criterion to assess pain in children and 12% of them do not use any discretion. Wow (64%), facial expression (28%), behavior (12%), and the combination of combined criteria: cry / facial expressions (20%), crying and behavior (8%), are the criteria used by professionals. From interventions, 60% of those surveyed is restricted to pharmacological methods for relief of pain, 20% assist

the child with dressing and comfort, 12% have both pipelines and 8% did not intervene. CONCLUSION: The results also show that there is a fragility about the activities of the professionals related to the control and relief of pain indicating that most, is basically limited to pharmacological methods and not see the problem more broadly impossible better assistance.

Key words: pain; assistance; nursing

L'ASSISTANCE DES SOINS INFIRMIERS: L'ÉVALUATION ET L'AIDE AUX ENFANTS SOUFFRANT DE LA DOULEUR DANS UN HÔPITAL PRIVÉ DANS LE NATAL / RN

Descriptif étude exploratoire menée dans un hôpital général, privé, à grande échelle. La population cible était composé de 25 professionnels d'infirmières travaillant dans le secteur de la pédiatrie au cours de la période de collecte des données, qui a eu lieu après un avis favorable du comité d'éthique de la UFRN respect de la résolution 196/96. RESULTATS: Un groupe de 25 professionnels des infirmières, des infirmières et 24% et 76% technique de soins infirmiers. En ce qui concerne l'usage de critère pour évaluer la douleur, 88% des professionnels dans l'étude fait appel à un critère pour évaluer la douleur chez les enfants et 12% d'entre eux n'utilisent pas toute discrétion. Wow (64%), l'expression du visage (28%), le comportement (12%), et la combinaison de critères combinés: cry / les expressions du visage (20%), des pleurs et le comportement (8%), sont les critères utilisés par les professionnels. Des interventions, 60% des personnes interrogées est limité aux méthodes pharmacologiques pour le soulagement de la douleur, 20% aider l'enfant avec dressing et de confort, 12% ont les deux pipelines et 8% à ne pas intervenir. CONCLUSION: Les résultats montrent également qu'il existe une fragilité sur les activités des professionnels liés au contrôle et soulagement de la douleur en indiquant que la plupart, se limitant à des méthodes pharmacologiques et de ne pas voir le problème plus largement impossible une meilleure assistance.

Mots clés: douleur, l'aide; soins infirmiers

ASISTENCIA DE ENFERMERÍA: EVALUACIÓN Y ASISTENCIA A LOS NIÑOS CON DOLOR EN UN HOSPITAL PRIVADO EN NATAL / RN

Estudio exploratorio descriptivo realizado en un hospital general privado, en gran escala. La población objetivo consistió de 25 profesionales de enfermería que trabajan en el sector de pediatría en el período de recopilación de datos, que se celebró después de un dictamen favorable del comité de ética de la UFRN respetando la resolución 196/96. RESULTADOS: Un grupo de 25 profesionales de enfermería, enfermeras y el 24% y 76% técnicos de enfermería. En cuanto a la utilización del criterio para evaluar el dolor, el 88% de los profesionales en el estudio utiliza un criterio para evaluar el dolor en los niños y el 12% de ellos no utilizan ningún discreción. Wow (64%), la expresión facial (28%), comportamiento (12%), y la combinación de la combinación de criterios: cry / expresiones faciales (20%), el llanto y el comportamiento (8%), son los criterios utilizados por los profesionales. De las intervenciones, el 60% de los encuestados se limita a métodos farmacológicos para el alivio del dolor, el 20% ayudar a los niños y vestirse con comodidad, el 12% han tuberías y el 8% no intervenir. CONCLUSIÓN: Los resultados también muestran que hay una fragilidad de las actividades de los profesionales relacionados con el control y alivio del dolor que indica que la mayoría, es básicamente limitado a los métodos farmacológicos y no ver el problema en términos más generales mejor asistencia imposible.

Palabras clave: dolor; asistencia; enfermería

ASSISTÊNCIA DE ENFERMAGEM: AVALIAÇÃO E INTERVENÇÃO Á CRIANÇA COM DOR EM UM HOSPITAL PRIVADO DE NATAL / RN

Estudo descritivo exploratório realizado em um hospital geral, privado, de grande porte. A população alvo constou de 25 profissionais de enfermagem atuantes no setor de pediatria no período da coleta de dados, que foi realizada após parecer favorável do comitê de ética da UFRN respeitando a Resolução 196/96. RESULTADOS: participaram deste estudo 25 profissionais de enfermagem, sendo 24% enfermeiros e 76% técnicos de enfermagem. Quanto à utilização de critério para avaliar a dor, 88% dos profissionais do estudo utiliza algum critério para avaliar a dor na criança e 12% destes não utilizam nenhum critério. Choro (64%), expressão facial (28%), comportamento (12%), e a combinação de critérios combinados: Choro / Expressões faciais (20%), Choro e comportamentos (8%), são os critérios utilizados pelos profissionais. Das intervenções realizadas, 60% dos pesquisados se restringe a métodos farmacológicos para alivio da dor; 20% assistem a criança com compressa e conforto, 12% tem as duas condutas e 8% não intervém. CONCLUSÃO: Os resultados ainda mostram que existe uma fragilidade quanto às intervenções dos profissionais relacionados ao controle e o alívio da dor indicando, que a maior parte, basicamente se restringe aos métodos farmacológicos e não visualizam o problema de forma mais ampla impossibilitando uma melhor assistência.

Palavras-chave: dor; assistência; enfermagem.