PROBLEM:
In our 16-bed Level III Neonatal Intensive Care Unit (NICU), neonatal pain management was under-utilized/documented for invasive procedures. Joint Commission Standard PC.2.04.0 states “The organization assesses and manages patients for pain”. Effective pain management requires thorough pain assessment by care providers. If pain assessments are not documented by the nurse, it becomes more difficult to assess the effectiveness of pain interventions.

EVIDENCE:
Members of the NICU Unit-Based Council determined to provide education about pain assessment and management based on current (last 5 years) research evidence available: EBM Journals, CINHAL, and Cochrane Library, available on the hospital campus through OVID searches. A retrospective study was completed on all neonatal patient pain assessment documentation, intervention, and reassessment for each invasive procedure over 30 days (September 2007).

STRATEGY:
A series of educational offerings were provided to the nursing staff. The NICU Policy and Procedure Pain Assessment and Management (Infant) was reviewed with the staff during a mandatory skills’ fair. A Power Point presentation on neonatal pain and developmental care was given by one of the neonatal nurse practitioners. A Professional Journal Club was held, with available CEUs offered. The evidence was obtained from the Cochrane Library, CINHAL, EBM journals, Advances In Neonatal Care, National Association of Neonatal Nurses, and the American Academy of Pediatrics.

PRACTICE CHANGE:
Sucrose was made available for procedures. Staff has become more aware of the nurses’ key role in the improvement of standard of care in pain management.

EVALUATION:
Chart audits following staff education.

RESULTS
Total Invasive Procedures documented: 319
Invasive Procedures without documented pain assessment: 196 (61%)
Invasive Procedures without documented assessment, intervention, reassessment: 214 (67%)

RECOMMENDATIONS:
Ongoing education to reinforce importance of managing neonatal pain.
Bibliography


