

## Reducing Movement Pain in Intensive Care



Monitoring pain and providing analgesics to patients in intensive care units (ICUs) during non-surgical procedures, such as turning and washing, can not only reduce the amount of pain but also reduce the number of serious adverse events including cardiac arrest, according to research published online in BioMed Central's open access journal Critical Care.

Although pain at rest is routinely noted, pain during procedures is less regularly reported and its effect on patients unknown. To assess this missing information and to implement techniques to help better control pain where necessary, educational posters and training were used by the University of Montpellier Saint Eloi Hospital in France.

The study showed that being moved for nursing care is one of the most painful procedures experienced by the patient during their stay in the ICU. It also found that serious adverse effects, such as cardiac arrest, problems with heart rate, breathing, or ventilator distress, were associated with severe pain during these procedures.

The training part of this study increased the amount of analgesics used and reduced both severe pain while being moved as well as serious adverse effects. Dr Gérald Chanques commented, "Our nursing and medical staff reported an increased awareness throughout, and after the project. There can be a disagreement between nursing staff and doctors about levels of pain medication, usually because of issues to do with side effects of the medication. However we found that increased levels of pain medication did not appear to lead to increased side effects, indicating that staff were being very careful in assessing the balance between benefit and risk for individual patients."

### Reference:

[Decreasing severe pain and serious adverse events while moving intensive care unit patients: a prospective interventional study \(the NURSE-DO project\)](#), Audrey de Jong, Nicolas Molinari, Sylvie de Lattre, Claudine Gniadek, Julie Carr, Mathieu Conseil, Marie-Pierre Susbielles, Boris Jung, Samir Jaber and Gerald Chanques. Critical Care 2013, 17:R74 doi:10.1186/cc12683

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