



Dear Colleague:

Thank you for agreeing to participate in our study of Clinical Decision Making Regarding Pain Management. This is a new area of investigation and we appreciate your efforts in adding to this important area of nursing. We are asking you to do two things:

1. Identify a patient that you are caring for who has a problem of pain. This should be a patient for whom you are providing direct nursing care, for example as primary nurse for a shift or for a home visit. Care for the patient as you normally would but try to remember your interventions related to the patient's pain.
2. Within 24 hours of your caring for this patient, please complete the questionnaire in the enclosed envelope. Some of these questions may not apply to your patient interaction but please answer as best you can.

The survey is anonymous and we ask that you do not identify yourself or the patient by name. We anticipate that it will require approximately 15-20 minutes of your time. Thank you in advance for your assistance and your thoughtful responses.

Sincerely,

Handwritten signature of Margo McCaffery in black ink.

Margo McCaffery, RN, MS, FAAN
Consultant and Lecturer
Nursing Care of Patients in Pain

Handwritten signature of Betty R. Ferrell in black ink.

Betty R. Ferrell, PhD, FAAN
Associate Research Specialist
Department of Nursing Research
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If you need additional space on any question, please use the reverse side of the paper.

Think about your interaction with this patient in pain:

1. How did you assess/determine the patient's intensity of pain (how much pain he/she had)? Check all that apply:

Observing the patient's activity/mobility. What did you observe?

Observing the patient's behaviors. What did you observe?

Asking the patient how much pain he/she had.

Relied on information from the physicians notes of medical records.

Relied on verbal information from other nurses.

Relied on written information from the nursing documentation.

Other. Describe:

Please look over each of your answers to Question 1. Please star* the one answer that you believe most influenced your assessment of the patient's pain.

2. Did you ask the patient questions about his/her pain? yes no

If yes, please list the questions you asked and the patient's responses.

Questions:

Response:

Question:

Response:

Question:

Response:

3. Did you use any type of pain intensity/pain relief measure such as a pain rating scale to measure the patient's pain? yes no

If yes, please describe the measure and the patient's score or rating on that measure.

Measure:

Number scale/from _____ to _____ (fill in numbers). Other scale/please describe:

The patient's score on the scale _____

4. What pain medications were ordered for the patient? (drug, dose, route, frequency)

DRUG DOSE ROUTE FREQ

Example:
Morphine 20 mg PO q 4 hr

5. What pain medication did you give the patient today?

DRUG DOSE ROUTE FREQ

6. If you gave medication, or encouraged the patient to take medication, other than exactly as ordered, please explain:

Gave the med less frequently than ordered e.g. gave it on a prn basis rather than every 4 hours as ordered.

Gave the med more frequently than ordered e.g. gave it q 3 hours instead of waiting q 4 hrs.

Gave a medicine for the pain other than the pain medicine i.e. an antiemetic, sedative, sleeping pill, etc., ordered for another reason.

7. Did you document your assessments, evaluations of the patient's pain? yes no

If yes, where? ___ Nurses' notes
 ___ Progress notes
 ___ Other: explain:

8. Did this patient have any written orders for non-drug interventions for pain? Check all that apply:

	Medical Order	Nursing Order	Actually Used
Heating pad	_____ / _____	_____ / _____	K pad
_____ / _____	TENS	Ice pack	_____ / _____
_____ Physical Therapy	_____ / _____	_____ / _____	Other:
describe:	_____ / _____ / _____		

9. Did you contact the patient's doctor today regarding the pain?
 ___ yes ___ no

If yes, check all that apply:

- ___ To report a change in the pain.
- ___ To discuss the need for an increased amount of medication.
- ___ To discuss the need for a change in drug or route of administration.
- ___ To discuss a side effect of the medication, e.g. nausea.

10. Please identify any barriers/problems to providing this patient with optimum pain relief. (Check all that apply.)

- ___ Nursing staff time.
- ___ Knowledge of nurses.
- ___ Knowledge of physicians.
- ___ Knowledge of patient or family.
- ___ Inadequate medications ordered.
- ___ Physician cooperation.
- ___ Patient cooperation in taking medications.

11. Nurses frequently are required to make decisions about the patient's pain. Please indicate any decisions you made regarding the patient's pain?

- ___ If the patient had pain.
- ___ How much pain the patient had.
- ___ What meds to give.
- ___ When to give the medications.

12. Nurses sometimes experience conflicts in managing the patient's pain. Indicate any of the ethical/professional conflicts.

	<u>You sometimes experience</u>	<u>You experienced with this patient</u>	
relief.	<input type="checkbox"/>	<input type="checkbox"/>	Concern about over medication.
	<input type="checkbox"/>	<input type="checkbox"/>	Concern about under medicating.
	<input type="checkbox"/>	<input type="checkbox"/>	Feeling that the patient didn't get adequate pain
	<input type="checkbox"/>	<input type="checkbox"/>	Concern about addiction.
	<input type="checkbox"/>	<input type="checkbox"/>	Concern about respiratory depression.
	<input type="checkbox"/>	<input type="checkbox"/>	Knowing the patient is in pain and won't
		admit it.	
	<input type="checkbox"/>	<input type="checkbox"/>	Doubting that the pain is real.
	<input type="checkbox"/>	<input type="checkbox"/>	Conflicts with the physician.
	<input type="checkbox"/>	<input type="checkbox"/>	Conflicts with the patient or family.

13. Please provide the following demographic data:

your age male female
 Number of years in nursing

Areas of practice:

<input type="checkbox"/>	Med/Surg	<input type="checkbox"/>	Geriatrics
<input type="checkbox"/>	Obstetrics	<input type="checkbox"/>	OR/PAR
<input type="checkbox"/>	Oncology	<input type="checkbox"/>	ER
<input type="checkbox"/>	Orthopedics	<input type="checkbox"/>	ICU
<input type="checkbox"/>	Pediatrics		

Your work setting:

<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Hospice
<input type="checkbox"/>	Home care	<input type="checkbox"/>	Outpatient/clinic/office

14. Description of the patient you identified to answer the above questions:

age male female

Medical diagnosis: _____

Pain type: acute chronic

Location of the patient: Hospital inpatient

- Hospice inpatient
- Home care
- Home hospice
- Outpatient/clinic/office
- Other