Answers to Study Questions

(Questions 1 and 2) A new graduate nurse is caring for 2-year-old Timmy, who is postoperative day #1 S/P surgery for a ruptured appendix. At 8:00 a.m., the nurse notes that Timmy is sleeping and that no pain assessment has been recorded since 9:00 p.m. the previous evening, just prior to receiving a dose of 2 mg. Morphine I.V.

1. The nurse does not want to disturb Timmy since he is sleeping. Select the statement that best describes an evidence-based plan of care:

   a. Timmy should not be awakened until he awakens naturally.
   b. Timmy should not be awakened because he cannot be experiencing pain if he is sleeping.
   c. Timmy should be awakened to assess his pain and level of consciousness.
   d. Timmy should be awakened because he is unlikely to have significant pain.

   **Answer:** c. Although children should be allowed to rest whenever possible, it is important to document pain assessment at least every 8 hours in this situation. It has been nearly 12 hours since Timmy received Morphine, which is too long an interval for a patient who is post-op day 1-2, so the nurse needs to assess and provide appropriate pain management. The idea that patients are not in pain when asleep is a common myth.
2. Which pain scale would be most appropriate to use to assess Timmy’s pain if he is developmentally and cognitively normal for his age?
   a. Numeric Pain Rating Scale
   b. Faces Pain Scale
   c. The Oucher
   d. Face, Legs, Arms, Cry, and Consolability (FLACC)

**Answer:** d. Timmy is a toddler. At this developmental stage, he is unlikely to be able to rate his pain using a self-report scale such as the Oucher, Numeric Pain Rating Scale, or Faces. Therefore, the most appropriate scale to use in this situation is FLACC.

(Questions 3 through 7) You are caring for 7-year-old Tatanesha, who is receiving treatment for sickle cell pain. Tatanesha is receiving a weight-appropriate dose of morphine via PCA (0.3mg/hr., 0.3 mg q 8 minutes). She rates her pain 8/10 on the Faces pain scale. Her mother thinks Tatanesha’s pain is not that high, probably more like a 4 or 6.

3. Select the most accurate statement regarding pain assessment in this situation:
   a. When a discrepancy between the child’s and parent’s pain rating exists, the parent’s rating is usually more accurate.
   b. Tatanesha is vying for attention since she is receiving an adequate opioid dose to relieve her pain.
   c. Self-report is the best method to assess pain in this situation.
d. The nurse should validate Tatanesha’s pain rating using a second scale.

**Answer:** c. Children who are chronologically or developmentally mature enough to use a self-report scale for pain assessment should be believed. Their ratings are typically more accurate than staff or parent ratings. An increase in analgesic should be provided and pain reassessed within 30 minutes. Many children receiving opioids on a recurring or chronic basis are subject to developing physiologic tolerance to the medication, thus necessitating a dosage adjustment (increase).

4. Tatanesha begins to complain of her face, neck, and chest itching. No skin changes are noted. What is the most appropriate action for the nurse to take?

  a. Stop the morphine PCA and call the physician.
  
  b. Obtain an order for a medication to counteract the itching.
  
  c. Change the sheets on Tatanesha’s bed to hypoallergenic sheets.
  
  d. Suggest that the PCA drug be switched to hydromorphone.

**Answer:** b. Pruritus, or itching, is a common side effect of opioid therapy. If the patient is receiving adequate pain relief with the opioid, it is best to treat the pruritus with an antihistamine such as diphenhydramine or an NMDA-receptor antagonist such as Naloxone (very low dose). If this is not effective, one can consider changing the opioid. However, determining an equianalgesic dose can be challenging.

5. Tatanesha complains of 8/10 pain and asks for an increase in her morphine. Her mother says, “No, baby. The more of that medicine you take, the more addicted you’re going to be.” How would you respond?
a. “I can see that you are concerned about the effects of the pain medication. However, it’s unlikely that Tatanesha will become addicted since she is using the medication to relieve severe pain.”

b. “Although addiction is a concern, Tatanesha must continue taking the medication or she will not get better.”

c. “Would you like to speak to the doctor about changing Tatanesha’s medication to something less addicting?”

d. “Don’t worry, I’m sure everything will be just fine”

**Answer:** a. This is the only answer where the nurse acknowledges the mother’s concern. In addition, the nurse provides evidence-based information about addiction. In b, the nurse acknowledges the concern, but does not alleviate the mother’s fear. Answer c suggests that the mother’s rationale is correct and that other medications are available to treat the patient’s pain adequately.

6. What other therapies might you suggest to help relieve Tatanesha’s pain?

   a. physical therapy

   b. addition of a scheduled nonsteroidal anti-inflammatory agent (NSAID)

   c. frequent ambulation

   d. addition of an oral opioid

**Answer:** b. Using the WHO analgesic ladder, adjuvants should be added when pain relief is insufficient with one agent. Because NSAIDs have an anti-inflammatory as well as an analgesic effect, they are a good choice when inflammation is part of the
picture as it is in sickle cell disease. Adding an additional opioid increases the likelihood of experiencing adverse effects such as oversedation.

7. Tatanesha weighs 26 kg. By day 3 of her pain crisis, she is receiving morphine 0.9 mg per hour and 0.9 mg q 8 minutes via PCA. She is currently rating her pain 2/10, is alert and talkative. The dose of morphine she is receiving is:

   a. Too high for her age and weight
   b. Too low because her pain is not yet 0
   c. Appropriate
   d. Likely to cause renal failure

**Answer**: c. Although weight is a primary consideration in pediatric drug dosing, opioid doses should be titrated according to patient response. If the patient has good pain relief and is not experiencing adverse effects, the dosage is appropriate.

8. Darnell, 11 years old, has chronic pain that has been diagnosed as functional abdominal pain. Which strategy would be least helpful?

   a. encourage consistent attendance at school
   b. expectation that he will continue to do his daily chores
   c. asking him to rate his pain regularly and record it in a diary
   d. reassurance that the pain will get better

**Answer**: c. Since Darnell’s pain has been diagnosed as functional (i.e. no organic cause), the appropriate strategies are to encourage him to participate in his normal activities such as school, extra-curricular activities and household responsibilities.
Asking him to rate his pain and record it only encourages him to focus on it and adopt a sick role.

9. Three months after Darnell begins treatment, he is going to school on most days and tells his parents when his pain is worse than usual, although he still complains about doing his chores. How would you assess Darnell’s behavior?

a. He is coping well.

b. His pain has resolved.

c. His pain was due to anxiety.

d. He is a chronic complainer.

**Answer:** a. Darnell has met his goal of participating in most normal activities, although he still resist doing chores; this would be considered developmentally normal behavior. His pain has improved greatly, but not completely resolved and though anxiety is a possible cause, there is no data in the question to support that diagnosis.

10. Julia, 2 years old, had outpatient surgery for an umbilical hernia. Intra-operatively, she received a single dose of epidural local anesthetic. She appears comfortable during her stay in the post-anesthesia recovery unit. Select the most important item to teach Julia’s parents:

a. Do not give Julia pain medication until she requests it or shows nonverbal signs of pain.

b. Mix the liquid analgesic in at least four ounces of juice.
c. An oral analgesic will not be necessary because she received a block.

d. The local anesthetic will wear off about six hours after it was given. Oral analgesics should be started before this happens

**Answer:** d. Local anesthetics given intra-operatively are effective at relieving intra-operative and some post-operative pain. This accounts for the patient’s state of comfort in the PACU. The anesthetic will wear off after several hours, necessitating a home pain management plan which should include administering the first dose of oral analgesic before her pain becomes severe and mixing it in as small amount of liquid as possible to ensure that the entire dose is consumed.