Unit II
Biopsychosocial Concepts Related to Health Care

Communication — Marquis Chp 19
Conflict Resolution — Marquis Chp 21
Pain Management — LeMone Chp 9

Objectives

Discuss the importance of communication and documentation.
Discuss active listening methods.

Communication in Nursing

Purpose
To establish nurse-patient relationship
To be effective in expressing interest/concern for patient/family
To provide the needed health information

Essential skills
Personal insight
Sensitivity
Knowledge of communication strategies
Communication in Nursing

Levels
- Social:
- Structured:
- Therapeutic:

Verbal and non-verbal communication
- Congruency: are verbal and non-verbal messages consistent?
- Nurse states observations and validates with patient

Appropriate communication

<table>
<thead>
<tr>
<th>Patient and Family Centered Care - Don't Call me Honey</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Don't Call Me:</td>
</tr>
<tr>
<td>- Honey</td>
</tr>
<tr>
<td>- Sweetie</td>
</tr>
<tr>
<td>- Momma</td>
</tr>
<tr>
<td>- &quot;We&quot;</td>
</tr>
<tr>
<td>- Why?</td>
</tr>
<tr>
<td>- Inappropriate familiarity sounds familiar, but effect is often the opposite</td>
</tr>
<tr>
<td>- More impersonal than appropriate adult tone and language</td>
</tr>
</tbody>
</table>

Ask patient how they prefer to be addressed
**Communication in Nursing**

- Communication strategies
  - Active listening
    - Strategies that encourage conversation and elaboration:
      - Broad opening statements, general leads, reflecting, open-ended and direct questions
  - Strategies that help client express thoughts and feelings:
    - Stating observations, acknowledging feelings, reflecting, using silence

**Communication in Nursing**

- Strategies that insure mutual understanding
  - clarifying
  - validating
  - verbalizing implied thoughts and feelings
  - focusing
  - using closed questions
  - summary statements

**Communication in Nursing**

- Blocks/barriers to communication
  - Not listening
  - Reassuring clichés
  - Giving advice
  - Expressing approval/disapproval
  - Requesting an explanation
  - asking why?
  - Defending, belittling feelings, stereotyped comments
  - Changing the subject
**NCLEX**

RN has heavy work assignment for the day due to high census sees that a client is crying. Which of the following would be the best way for the nurse to show a willingness to be with the client for support?

A. State “Let’s talk while I change your colostomy bag.”
B. Ask “Would you like to talk?” from the doorway, and go in if the client says yes.
C. Pull up a chair, sit down, and state “I see something is bothering you. Do you want to talk?”
D. State “I’ll be back later and we can talk about what is troubling you at the moment.”

**Reporting and Documenting**

Reporting: oral, written, or computer account of patient status; between members of health care team.

- Use of SBAR acronym for:
  - Situation
  - Background
  - Assessment
  - Recommendation

- Report should be clear, concise, and comprehensive

**Communication and Documentation**

- Patient record provides written documentation of patient’s status and treatment
- Purpose of documentation
  - Continuity of care
  - Legal documentation
  - Research
  - Statistics
  - Education
  - Audits
Communication and Documentation

Legal concerns
- Record/chart is a legal document, may be admissible in court
- What to document:
  - Assessment,
  - Plan of care,
  - Nursing interventions,
  - Teaching,
  - End of shift notes

Communication and Documentation

How to document
- Use ink (black)
- Write legibly
- Spell correctly
- Use standard abbreviations
- Date, time, chronological order
- Errors and blanks
- Signature and title

Communication and Documentation

Characteristics of documentation
- Concise
- Comprehensive
- Factual
- Descriptive
- Objective
- Relevant/appropriate
- Legally prudent
**NCLEX**

Which entry in nursing documentation is considered nonjudgmental in reporting findings?

A. The client is dirty  
B. The client is unkempt  
C. The client demonstrates poor hygiene  
D. The client's toenails are ½ inch long with brown material underneath and between the toes

**Conflict**

**Types**  
**Effects**  
**Resolutions**

**Conflict Objectives**

* Discuss the process of conflict resolution.  
* Compare and contrast effective and ineffective types of confrontation.
Type of Conflict

- Organizational
  - struggle for scarce resources
- Job
  - interdependence, different goal and perceptions
- Competitive
  - sports
- Disruptive
  - based on disrupting opponent

Effects of Conflict

Constructive
- improves decisions
- stimulates creativity
- encourages interest
- forum to release tension
- fosters change

Destructive
- constricts communication
- decreases cohesiveness
- explodes in fighting
- hinders performance

Conflict Resolution Strategies

- Avoiding
- Smoothing over/Reassuring
- Accommodating/Compromise
- Forcing/Confronting
- Collaborating/Negotiating
- Problem Solving
Conflict Resolution Outcomes

1. Win-Lose: one party exert dominance
2. Lose-Lose: neither side wins
3. Win-Win: an attempt is made to meet the needs of both parties

Y-tube video of FAST Conflict Resolution

http://www.youtube.com/watch?v=LbziN7IrY1M

NCLEX

The best way to end a negotiation is:

a. By restating the final decision.
b. On a friendly note.
c. Not appearing surprised at your success.
d. With a follow-up memo.
e. All of the above.
Pain Management - Objectives

- Discuss Pain Controlled Analgesic (PCA).
- Describe epidural pain management.
- Analyze pharmacological interventions for acute pain (IV push etc.).
- Identify medical and nursing interventions for clients in acute pain, including complications.
- Discuss implantable pain pumps and reasons for use.

Pain

- Acute pain -
  - Sudden onset, temporary lasts < 6 months
    - Physical responses:

- Chronic pain
  - Lasting > 6 months
    - Physical responses:

Pain factors

- Age
- Socio cultural influences
- Past pain experiences
- Source and meaning
- Knowledge
Pain management

- Pharmaceutical
  - Non-narcotic
  - Narcotic
  - Other meds
- Non-pharmaceutical
  - Relaxation
  - Biofeedback
  - Hypnotism
  - Acupuncture
  - Distraction

Pain scales

- Wong Baker Pain scale
- FLACC Scale
  - Pre or non verbal patients
  - Also 0-10 rating

PQRST

- P – Pain trigger?
- Q – Quality?
- R – Region?
- S – Severity?
- T – Timing?
Pain Med Administration

- PO
- Rectal
- Transdermal
- IM
- IV
- Subcutaneous
- Epidural
- Nerve Block
- Implantable pain pumps

What is PCA?

PCA = Patient-controlled analgesia

Advantages of PCA
- Better patient satisfaction with postoperative pain control
- Fewer pulmonary complications
- Earlier ambulation
- Shorter hospital stays

Disadvantages of PCA
- Improper patient selection
- PCA by proxy
- Pump problems
- Human error

PCA pumps

- Computerized systems
- Prescriber chooses the medication, the dose, demand dose interval, and lockout interval

Example Order

- PCA morphine 1mg/mL
- Dose: 1 mg
- Dose interval: 10 minutes
- 4-hour lockout: 20 mg
Safety Interventions for PCA Use

- Maintain proficiency of use.
- PCA orders only on preprinted order sets.
- Mandatory - When initiating PCA, have another nurse check:
  - Patient identification
  - Drug and concentration
  - PCA pump settings
  - Infusion line and site
- Patient monitoring for over sedation

Sedation Rating Tool

- Follow trends in SpO₂
- Use a sedation-rating tool

Sample sedation-rating tool

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Asleep</td>
</tr>
<tr>
<td>2</td>
<td>Awake and alert, no action needed</td>
</tr>
<tr>
<td>3</td>
<td>Slightly drowsy, no action needed</td>
</tr>
<tr>
<td>4</td>
<td>Frequently drowsy, drifts off during conversation, requires action/decrease dose</td>
</tr>
<tr>
<td>5</td>
<td>Somnolent, minimal or no response to physical stimulation</td>
</tr>
</tbody>
</table>

- Stop opioid, consider narcan

Epidural pain management

- Intraspinal analgesic can be given via:
  - Intrathecal (subarachnoid space)
  - Epidural (epidural space) injection
### When is epidural anesthesia indicated?

- To treat pain in thoracic, lumbar, sacral areas
- To treat patients in acute or chronic pain, including
- During surgery

### Preparing your patient

- Informed consent
- I.V. line and oxygen
- Position patient
- Monitor vital signs/SpO₂/cardiac monitoring

### Penetrating the epidural space

- Done under sterile technique
- Needle/sterile catheter inserted at
  - C7 to T1 for chronic pain
  - T4 to T5 for thoracic surgery
  - T8 to T10 for upper abdominal surgery
  - L2 to L3 for lower abdominal surgery
Placing the catheter

- Anesthesia provider checks placement with lidocaine/epinephrine
- Catheter secured
- Dressing applied

Giving epidural medications

- Administered by anesthesia provider
- Drugs used:
  - **Anesthetics**: chloroprocaine, lidocaine, mepivacaine, bupivacaine, etidocaine, ropivacaine
  - **Analgesics**: morphine, hydromorphone, fentanyl, sufentanil, meperidine
  - **Steroids**: methylprednisolone acetate, triamcinolone diacetate

After the procedure

- Assess patient’s vital signs per facility policy.
- Assess epidural dressing site.
- Assess the patient for pain, muscle weakness, bleeding, nerve impingement.
- Assess the patient’s pump, if applicable.
Assess for complications

- Hypotension
- Hemorrhage at insertion site
- Catheter migration
- "Wet tap"
- Infection

Common Pain Meds

- NSAIDs
- Acetaminophen
- Antidepressants
- Anticonvulsants
- Opioids

Non Pharmaceutical Pain Relief

- Surgery
- Implanted nerve stimulators
- Acupuncture
- Biofeedback
- Hypnotism
- Relaxation
**NCLEX**

The client has an order for a PCA. The following principles are true except:
A. Basal doses are continuous
B. Overdose cannot occur
C. A 10 minute LO interval each hour allows for 6 doses
D. Unused boluses cannot accumulate