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Test
Procedures in the care of a patient with PAIN
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Introduction

Within the nursing career we must apply an end to the patient's needs, especially in individuals who require first AID, in this subject we will try to understand and explain one of the reasons why patients are operated quickly at their hospitalization applying therapeutic measures to the patient with PAIN, we will distinguish the types of pain and their classification, understanding their concepts fundamentally in the nursing actions for the patient who presents physical and mental pain, mentioning the methods used in what interests us the CARE OF THE PATIENT.

Pain refers to the unpleasant sensation that is perceived, suffered, and is accompanied by vegetative and behavioral reflex responses. It is a state of alert, an indicator of injury or danger in the body; it is a common symptom that gives meaning to human existence; It is a manifestation with a protective function against harmful agents that allows its location and, therefore, facilitates its diagnosis.

The pain threshold is the lowest possible limit of perceptibility of a sensation. In each individual this perception is variable, according to their physical state, culture, experiences and expectations.



PAIN patient care

When the patient or individual is admitted to the patient, we must conduct a survey of their relatives to find out why they are entering the hospital, once the corresponding assessment has been made, we proceed to distinguish the type of infection, one can speak of pain, not only physical, but also emotional.

The physique is produced by the stimulation of peripheral nerve receptors; while the mood is interpreted as a feeling of distress produced by unpleasant or hostile external factors (stress, smoking, atmospheric change, depression, anxiety, hypochondria).

In both cases, the central nervous, peripheral nervous, autonomic nervous and endocrine systems are involved, and cause motor and psychic reactions.

The causes that produce pain are:

PHYSICAL PAIN

INFLAMMATORY

- By stimulation of chemical receptors or mediators
- Infectious parasitic processes (bacteria, fungi, viruses, parasites, etc.)
- Autoimmune processes (lupus erythematosus)
- Iatrogenesis

MECHANICAL

- By stimulation of nociceptive receptors or free nerve endings
- Trauma
- Neoplasms
- Traction

ANIMAL PAIN

Personality alterations arising in the different stages of growth and development

- Painful experiences
- Emotions (threat to life, understanding of pain).

Unpleasant or hostile external factors

- Economic
- Of personal interrelation
- Ecological

To determine the characteristics of the pain, the affected region should be considered, system involved, chronology, intensity and etiology.

According to nerve stimulation:

_ Superficial, epicritic or cutaneous: caused by stimulation of free or nociceptive nerve endings in the skin (burns, abrasions, lacerations, stitches). It is of precise and delimited location (sharp, burning, oppressive or in waves).

_ Deep: by nerve stimulation of muscles, tendons, joints, fascia or aponeurosis (traumatic injuries, inflammatory processes, abnormal pressure or ischemia) or by direct stimulation in the thalamus and hypothalamus (emotions, personality alterations). It starts in the viscera and joints.

_ Visceral: by stimulation of the nerve root or trunk related to the viscera, blockage of blood flow, spasm of smooth muscle or elongation of supporting ligaments.

_ Referred: visceral or musculoaponeurotic pain perceived in the corresponding dermatome segment.

_ Diffuse protopathic, poorly located, deaf and distant from the place where it is generated.

According to its characteristics and important neurovegetative responses:

_ Acute: penetrating pain, of short course and relative severity.

_ Colic: acute pain generally originating in the abdominal viscera.

_ Continuous: uninterrupted pain.

_ Chronic: persistent pain, indefinite, gradual onset and associated with fatigue or depression.

_ Irradiated: pain that follows the anatomical arrangement of a nerve root or trunk.

_ Lancinating or pungent: stabbing pain.

_ Oppressive: violent pain with a feeling of pressure.

_ Urente: burning pain, burning.

_ Recurrent: with periods of pain and relief.

_ Abrupt or paroxysmal: intense and sudden or gradual, associated with physical effort, due to lack of food, sudden changes in temperature or reflex actions.

NURSING INTERVENTION TO CONTROL PAIN

ACTION 1: Have knowledge about the nervous system

Foundation;

- The nervous system controls body activities, musculoskeletal contractions, visceral phenomena, and the secretions of some glands. It is divided into the central nervous system (CNS) (brain and spinal cord), peripheral nervous system (cranial and spinal nerves), and autonomic nervous system (sympathetic and parasympathetic).

- The CNS, cerebrospinal, somatic or voluntary regulates the relational life system.

Understands:

Brain

- Brain: in its structure presents the cerebral cortex with sensory centers (areas perception and gnosics), motor centers (muscular movements) and association areas (reasoning and will) to store information (knowledge, facts, memories, types of responses to heat, pain, light), control of human behavior and elaboration of mental processes (memory, language, awareness, interpretation of sensations, physical-mental changes during growth and development, among others) and coordination of reflex, involuntary acts (laughter, crying, urination, defecation, etc.).

- Thalamus: contains nuclei of sensory, association and nonspecific transmission.

It is the receiver of all the sensory impulses generated in the body; It is a producer of endorphins (natural opiates made from amino acids to regulate some physiological processes and reduce pain); it is a station of change and selection of afferent impulses before reaching the cerebral cortex and regulates affect and emotions.

- Hypothalamus: under the control of the thalamus and the cerebral cortex, it coordinates the autonomous pathway (mediator between the brain and the endocrine system); regulates metabolism

from water, carbohydrates and fats; regulates body heat; regulates sleep and has the ability to externalize emotions through the production of endorphins.

- Brain stem

Midbrain or midbrain. It consists of a Varolian bridge and cerebellum with cerebral hemispheres. Coordinate motor activity.

Bridge of Varolio or protuberance that communicates cerebral hemispheres and the medulla oblongata with the brain. It is the exit of the trigeminal nerves, external ocular motor, facial and acoustic.

Medulla oblongata. Impulse conductor between the spinal cord and the brain; contains the cardiac, vasoconstrictor, and respiratory centers; regulates reflex actions (sneezing, coughing, vomiting, blinking, movements and secretions from the digestive tract). Some of the cranial nerves start from this.

- Cerebellum. Attached to the brain stem by peduncles, it controls posture and balance, regulates voluntary muscle tone, controls rapid muscle activities, and continuously receives information from the entire body, even though it operates at the subconscious level.

ACTION 2: Assess the patient with pain.

Foundation;

- The physiological, psychological and cultural assessment contributes to the elaboration of a diagnosis and planning of nursing interventions to a patient with pain.
- The timely identification of the phases around pain allows establishing a therapeutic plan to avoid, reduce or control pain.
- The phases of pain experienced by the individual are:
 - Anticipatory (physical, mechanical, psychological or environmental causes that originate or trigger pain).
 - Perceptual (type, place, character or nature, intensity, radiation, beginning, duration, evolution, schedule, periodicity, physical and emotional responses and conditions that cause or dampen it).
 - Conclusive (effects of pain that influence or interfere individually, family and socially).

ACTION 3: Maintain a nurse-patient relationship.

Foundation;

- A relationship that provides support, care and help, encourages behaviors to reduce, control or alleviate pain.
- The attitudes, beliefs and opinions that each individual has regarding pain influence their behavior.
- The psychological balance depends on the integration of the psychological processes of the individual.
- Empathy, cordiality, self-confidence, expertise, active participation, communication skills, ethical-moral conduct and the corresponding scientific knowledge are some of the elements that make up the professional profile.
- The establishment of a therapeutic relationship between health personnel, patient and Family members encourage openness to express feelings and accept suggestions.
- The motivations that drive a person to act in different ways depend on their incentives and interests (needs, values, social models, among others).
- The physical environment, optimal health and effective communication intervene in cognitive function and in the ability to perceive and interpret information.

ACTION 4: Apply physiotherapeutic techniques.

Foundation;

- Physical therapy increases or restores the body's ability to perform normal functional activities, decreases pain, muscle spasticity, and inflammation.
- Placing the patient in a specific position with body alignment, careful manipulation, gentle massage, and performing exercises free from sudden efforts, reduce or cancel pain.

ACTION 5: Administer analgesics.

Foundation;

- Medication administration (see chapter 10).
- Endorphins are substances that modulate pain and have properties similar to morphine. Its stimulation is achieved through acupuncture, electrical nerve stimulation, and placebos.
- Non-narcotic analgesics (acetylsalicylic acid; fenamates, phenylacetic acid, indomethacin, lysines, paracetamol, among others) are involved in the biosynthesis of prostaglandins, responsible for inflammatory processes. One of the adverse reactions is gastric irritation.
- Opioid or narcotic pain relievers (meperidine hydrochloride, fentanyl, morphine sulfate, alfentanil hydrochloride, nalbuphine hydrochloride, among others) act as analgesics, sedatives, and are used in pre-anesthetic medication.

ACTION 6: Offer supportive therapies.

Foundation;

- The reduction, organization and variability of stimuli, allow the patient to restrict or move their attention away from the painful sensation. The selection of therapeutic techniques to reduce pain requires knowledge about: - The individual as a biopsychosocial entity (structure and functioning in its different stages of growth and development). - Changes during the life cycle. - Health-disease process. - Pathologies that occur with pain. - Genesis, support and consequences of physical and mental pain.

ACTION 7: Attention to the patient with mental pain.

Foundation;

- The lack, excess or inadequate administration of activities of daily life, school, work or social, interfere with order, safety, efficiency and interest in life.
- Love and trust in oneself and in others influence the development of self-esteem (knowledge, concept, evaluation, acceptance and respect) and generate personal

maturity and positive interpersonal relationships, thus giving meaning to life with a minimum of pain.

- The vital crises in an individual can be circumstantial or unexpected (illness, unemployment, assault, disaster, divorce, etc.) or developmental in the course of the life cycle, in which specific activities are carried out at each stage of growth and development, in which if they are not satisfied they generate possible crisis events; both crises cause emotional and physiological disorganization and a “crisis intervention” is necessary.

- The clinical principles relating to opportunity, goals, assessment and assistance in the crisis intervention, are applied in two moments:

- 1) Psychological first aid to control feelings, minimize pain and start the solution process consisting of: Personal contact (listening, approaching, physical contact, accepting). Know events and aspects of the problem that the crisis has generated. Help in the search and ranking of alternative solutions. Advise or assist in actions aimed at reducing or solving the crisis, after reflection on these. Follow up the case to provide feedback or set goals, or refer it with staff specialized if the case warrants it.

- 2) Crisis therapy in order to help the individual in the analysis of the meaning of the event or problem and to achieve physical well-being, interpersonal adaptation and appropriate behavior. The components of this therapy are: Assessment of their behavior, affection, health, relationships and self-knowledge. Therapy that allows the individual in crisis to achieve physical survival (relaxation techniques, pain control, satisfaction of basic needs, pharmacotherapy and exercise, mainly), expressing their feelings (anamnesis, identification, expression of feelings, among others), understanding their crises and relationships (problem solving techniques, rational emotional therapy, bibliotherapy, cognitive restructuring, decision making, confrontational imagery, etc.) and carry out behavioral adaptations (techniques on anticipatory orientation, family therapy, group therapy, self-help Hierarchy of problems to initiate activities aimed at resolving the crisis. Evaluation of the results obtained in each one of the therapeutic techniques used, that is, gains and losses in the behavioral and affective areas.

Conclusión

In hospitalization services, in addition to the actions corresponding to the satisfaction of basic needs, the nursing staff must know that the treatment of the patient, depending on their condition, requires the application of certain therapeutic methods.

Which we can classify according to the element to be used in each of them. Pharmacological or pharmacotherapy: using drugs and medications.

Physical or physiotherapy: by physical agents:

- _ Thermotherapy (calorific agents).
- _ Cryotherapy (cold agents).
- _ Electrotherapy (electrical agents).
- _ Hydrotherapy (hydric agents).
- _ Inhalotherapy (gaseous agents).
- _ Radiotherapy (radiation).
- _ Massotherapy (mechanical agents).

