

Pain assessment

by Marie McCullagh & Ros Wright

Mrs Miller has come to see her local nurse about the recent headaches she's been having.

Transcript

Mrs Miller: I seem to be getting a lot more migraines recently.

Nurse: Right. When you say migraines, do you mean you get bad headaches or do you mean a doctor has diagnosed you as suffering from migraines?

Mrs Miller: I get very bad headaches. But I know what the symptoms of migraine are and I get a lot of them.

Nurse: So what you're saying is that it's different to bad headaches?

Mrs Miller: Yes.

Nurse: So, what happens when you get a migraine?

Mrs Miller: Well, it usually starts off with me feeling slightly off when I wake up in the morning. I'm very sensitive to strong smells and bright lights. Then, as the day goes on, the headache develops.

Nurse: How would you describe the pain?

Mrs Miller: At first it's pretty mild, like a scraping pain over my left eye and I get a pain in my neck also.

Nurse: Is that on the left side also?

Mrs Miller: Yes. It's a really tight pain, like my neck is being gripped. After a while the pain over my left eye gets more and more intense and it's very persistent.

Nurse: So, it starts off as a scraping pain over your left eye, extends down your neck and gets more intense after a while?

Mrs Miller: Yes.

Nurse: How long does it last?

Mrs Miller: Well, if I catch it in time, about 12 hours, but sometimes they can last for at least three days if I don't.

Nurse: What do you mean *catch it in time*?

Mrs Miller: Well, I take some very strong pain killers and they seem to stop it from getting worse. But only if I take them very early on. The only thing is that they tend to make me feel quite drowsy.

Nurse: Are the painkillers on prescription?

Mrs Miller: No. They are tablets that the pharmacist recommended.

Nurse: And how often do you get these pains?

Mrs Miller: Practically every week at the moment.

Nurse: They must be really difficult to cope with.

Mrs Miller: Yes, they really get me down.

Nurse: When did you start getting them?



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- Mrs Miller:** They started about five years ago, but at first I just got the odd one.
- Nurse:** Do you have any idea what triggers them?
- Mrs Miller:** Not really. I've been keeping a record but I can't pinpoint what sets them off.
- Nurse:** Well, as you probably know, there are different triggers for migraine: dietary, environmental and behavioural. In terms of food, the main culprits are wine, chocolate, cheese as well as coffee, so maybe you need to look at whether that might be a factor.
- Also strong smells and bright lights can set it off, as you seem to be experiencing.
- Mrs Miller:** They definitely can trigger it.
- Nurse:** And you might want to think about any changes in your day-to-day routine, such as getting less sleep or working more. These can cause stress, which can also be a factor in bringing it on. I'll give you a leaflet on techniques to help you relax and also a leaflet on migraine which tells you which foods to avoid.
- Mrs Miller:** Thanks. That sounds useful.

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A Professional usage

1. As you listen, take notes on the patient's symptoms.

Characteristic	Notes	Nurse's questions
The type of pain		<i>How would you describe the pain?</i>
Its intensity		
The onset		
Its duration	<i>- 12 hours</i>	
Changes in the site		
Its location		
Associated symptoms		

2. Read the dialogue and check your answers. Then note one (or more) of the nurse's questions in the each of the spaces provided.
3. Compare these two questions:
- | |
|--|
| a. <i>How would you describe the pain? (Open question)</i> |
| b. <i>Is that on the left side also? (Closed question)</i> |
4. In your opinion, when is it preferable to use 'closed' questions'?
5. Find another example of a 'closed' question in the dialogue to substantiate your point.
6. With a partner, write one question (or more) for each of the shaded areas in the table above.
7. You may notice your patient giving verbal, muscular or postural responses¹. Formulate a question to check how the patient is feeling.
8. Look back at the podcast and find other examples of 'open' and 'closed' questions.

B Colloquial language

1. These are common phrasal verbs taken from the dialogue. Using your existing knowledge add three or four more phrasal verbs that you might hear during a nursing assessment.

bring on / catch in time / check out / get (me) down / set off / _____ / _____ / _____ / _____

2. Use the phrasal verbs to write sentences describing symptoms *you* have had in the past.

C Communication focus

1. Read this section of the dialogue and discuss the purpose of the nurse's comment.

Nurse: *That must be very difficult for you to cope with.*

Mrs Miller: *Yes, they really get me down.*

2. Read the dialogue in the box and find another place the nurse could have shown empathy. Suggest a possible comment the nurse might make in this case.

¹ eg. gasping (verbal), facial grimaces (muscular), rubbing movements (postural)

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D Handover

In groups of three, use the information on the cards to role-play an interview with a Triage nurse² in A&E³.



Triage nurse

A 65 year-old patient has been admitted by their partner. She/He is suffering from cramping pains in the stomach.

You are on a busy shift in A&E and were about to go on your lunch break when the patient was brought in.

Patient

You are a 65 year-old retiree who collapsed while out shopping with your partner. You are suffering from cramping pains in your stomach.

You have a real dislike of hospitals and are keen to get home. You've had similar pains before and your partner has already suggested you see a doctor.

Partner

You are very worried about your partner, but you know that she/he doesn't like hospitals and will be unwilling to talk about his/her symptoms. You want to be sure that the nurse gets the whole picture and insist on being present during the triage interview.

To prepare for the role-play:

Patient and Partner should decide on: symptoms, postural, muscular and verbal responses to pain.

Triage nurse should consider: how best to assess the pain, how to encourage the patient to express him/herself in their own words and, if necessary, how to reassure the patient.

Then swap roles. Ask another group to feed back on the appropriateness of your role-play.

Role-play again bearing in mind the feedback you have received.

E Optional activity: Intonation

- Listen to the following examples from the dialogue (you will hear each one twice).

a. *How would you describe the pain?*

b. *Is that on the left side also?*

What happens to the nurse's voice at the end of each of the questions?

- Discuss the following question in small groups.

Native speakers are more intolerant of inappropriate intonation than incorrect grammar. Why is this an issue for nurses?

- With your partner, practise the dialogue, employing the appropriate tone of voice.

2 The Triage nurse will assess your condition and prioritize your case. She/He may even start the care process.

3 Accident & Emergency department

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ANSWER KEY

A Professional usage

1.	Characteristic	Notes	Nurse's questions
	The type of pain	- <i>scraping pain</i> - <i>tight like neck being gripped</i>	<i>How would you describe the pain?</i>
	Its intensity	- <i>pretty mild and then gets more intense and persistent</i>	<i>How bad does the pain get?</i> <i>On a scale of 1 to 10, how do you rate the pain?</i>
	The onset	- <i>five years ago</i> - <i>strong smells, bright lights trigger the symptoms, also longer working hours</i> - <i>painkillers make them better, if taken early</i>	<i>When did you start getting them?</i> <i>What happens when you get a migraine?</i> <i>Do you have any idea what triggers them?</i>
	Its duration	- <i>12 hours</i> - <i>sometimes up to three days</i>	<i>How long does it last?</i> <i>How often do you get these pains?</i>
	Changes in the site	<i>None mentioned</i>	<i>Can you describe any changes in your symptoms?</i>
	Its location	- <i>over left eye</i> - <i>radiates to neck</i>	<i>Is that on the left side also?</i>
	Associated symptoms	<i>None mentioned</i>	<i>Apart from the headaches, can you tell me about any other symptoms you might have?</i>

Note that learners may not get all of these on the first hearing. The patient mentions some points at the beginning of the assessment as well as later on.

3. *Closed questions* are used when requesting factual information from a patient or when there is a need to narrow down the options in order to make an accurate diagnosis. The responses are either one word answers or Yes/No. *Open questions* encourage the patient to describe their symptoms in their own words, without the nurse guiding the patient in a particular direction. Answers tend to be more detailed than 'closed' questions.

4. Examples of 'closed' questions:

Nurse: *When you say migraines, do you mean you get bad headaches or do you mean a doctor has diagnosed you as suffering from migraines?*

Nurse: *How long does it last?*

Nurse: *Are the painkillers on prescription?*

6.

<i>You seem to be in a lot of pain, I can see you are in a lot of pain, It sounds as though you're in a lot of pain,</i>	<i>is there anything I can do to make you feel more comfortable? can I get you (a glass of water)?</i>
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In these answers the nurse both acknowledges the patient's responses to pain and offers help.

B Colloquial language

1. If learners are having difficulty coming up with phrasal verbs, elicit the suggestions below:
come out in (spots), throw up, come down with, put something off, get round to doing

C Communication focus

1. The nurse is showing the patient empathy – identifying with and understanding the patient's feelings. Note that learners may not know the term in English, but should be able to explain what the nurse is doing.
NB: Point out to learners the use of *might* when giving implied advice.
2. **Mrs M:** *Well, if I catch it in time, about 12 hours, but sometimes they can last for at least 3 days if I don't.* The nurse could have empathised with the patient over the length of time she suffers her headaches.
e.g. **Nurse:** *That does seem a long time. / I can understand that might be quite debilitating.*
NB: Point out to learners the use of stressed auxiliaries (*do* and *can*) in emphasising expressions.

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- 1.a. Intonation falls at the end of the 'open' question b. Intonation rises at the end of the 'closed' question

a. *How would you describe the pain?*

b. *Is that on the left side also?*

2. Learners may well be surprised by this point. English is a language that relies heavily on intonation to express the attitude and intentions of the speaker. Nurses from some language backgrounds may come across as rude, even angry when communicating with their patients in English, simply because of an inappropriate intonation pattern. This could cause problems when developing rapport with the patient, as well as asserting authority when necessary.