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Analysis of the use of Neonatal Infant Pain Scale: a descriptive study

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ABSTRACT:

Problem: There are several measurement tools of neonatal pain, although few are validated and with clinical applicability to measure the presence and intensity of pain. Aims: to identify the difficulties faced by the nursing professionals in applying the Neonatal Infant Pain Scale to measure the pain as the fifty vital sign in a Neonatal Intensive Care Unit; to describe the pain-relief measures used by nursing professionals from the observation of a positive score during the scale use.

Method: descriptive study with a quality approach. The scenario of the study will be a state maternity hospital in Rio de Janeiro, whose nursing professionals are the population of this research. The data gathering will be from August to October 2013. The statistics analysis will be through Program EPI INFO 3.5.2°.

Descriptors: Neonatal Nursing; Pain Measurement; Pain Management; Infant, Newborn.

PROBLEM SITUATION AND ITS MEANING

During his stay in the Neonatal Intensive Care Unit the premature newborn can be submitted to 50 to 150 procedures/day. This number varies in accordance to his clinical status. Due to these data, it is understood that measures to diminish the stress and increase the newborn comfort become of great relevance to meliorate the attendance to this population⁽¹⁾.

The frequent exposition of the newborn to several and constant stimuli such as luminosity, excessive noise and handling provoke behavior and physiological disorganization that may bring several consequences in the future, making him more vulnerable to alterations in behavior and neurological development⁽²⁾.

There are a number of measurement tools of neonatal pain, although few are validated and with clinical applicability to measure the presence and intensity of pain. Within the most suggested scales to accomplish this measurement in a truthful way, there can be found the Neonatal Infant Pain Scale (NIPS), *Echelle Douler Inconfort Nouveu-né* (EDIN), Behavioral Indicators of Infant Pain (BIIP) and Comfort. The NIPS is composed by six indicators of pain, five behavioral indicators (facial expression, cry, arm movement, leg movement, and consciousness status) and one physiological indicator (breathing pattern)⁽³⁾.

STUDY ISSUE

What are the difficulties and procedures presented by nursing professionals when using the NIPS to measure the neonatal pain as the fifth vital sign?

AIMS

To identify the difficulties faced by the nursing professionals when using the NIPS to measure the pain as the fifth vital sign in a Neonatal Intensive Care Unit and to describe the pain-relief measures used by the nursing professionals from the observation of a positive score during the use of NIPS.

METHOD

It is a descriptive study with quality approach. The study will be conducted in a state maternity hospital in Rio de Janeiro. The sample will be composed by all the nursing professionals who work in the Neonatal Unit of this maternity hospital and who participated of the training for the application of the scale in the Unit. The professionals who were not working during the data gathering will not be considered.

Due to this fact, the initial proposal is the application of measurement tools to 54 nurses and 42 nursing technicians designated to this section. The data gathering will be from August to October 2013, through a semi-structured, non-identified, auto-applied instrument. The data gathered will be organized in an electronic database, codified, tabled and presented as graphs and tables.

The quantitative data will be treated through statistics and descriptive analysis with distribution of the results in an absolute and relative frequency. The Free and Clarified Compliance Statement will be given to the professionals, with guaranteed confidentiality and anonymity. The professional will be free to refuse or withdraw the compliance any time during the study.

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Project Data

Project of specialization conclusion in residence patterns of Residence Program in Neonatal Nursing of University Hospital Pedro Ernesto (HUPE) of Rio de Janeiro State University (UERJ). Approved by the Ethics in Research Committee of the Institution in terms of Resolution 466/2012 under number CAAE 11288212.5.0000.5259

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