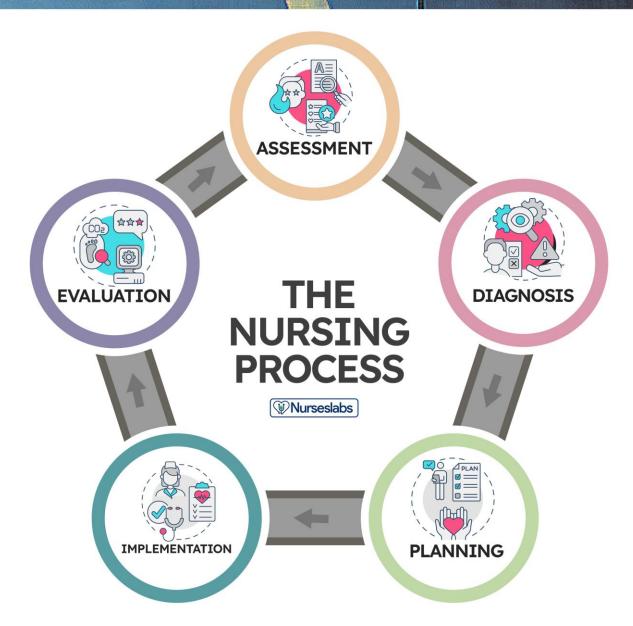
Le responsabilità infermieristiche nella gestione del dolore

Yari Longobucco – Infermiere

Ricercatore

Dipartimento di Scienze della Salute, Università degli studi di Firenze

FIRENZE, 13-16 DICEMBRE 2023 PALAZZO DEI CONGRESSI



Assessment: concetti guida

• Dolore come "quinto" parametro vitale (1996)

• "Modalità" di accertamento condiviso all'interno dell'equipe

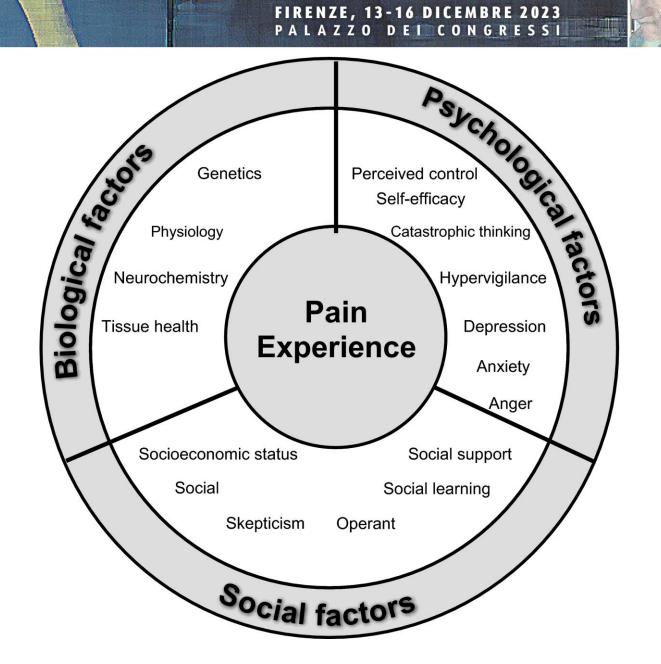
• Scelta dello strumento più adatto

• Aspetti culturali...e non solo!

Scale....

- NRS
- VAS
- PAINAD

•



PQRST

P	Provoking/Relieving	What brings the pain on; what makes it better; what makes it worse? What medications are you using at the moment? How often are you taking them? Do they help? Do they cause any side effects? Have you taken anything else in the past for this pain? What was the effect of that?		
Q	Quality	Describe the pain. What does it feel like (e.g., stabbing, burning, sharp, aching)?		
R	Region and radiation	Where is the pain? Does it spread anywhere else?		
s	Severity	How severe is the pain? Now? At its worst? At its least? Most of the time? How does the pain affect your daily activities?		
T	Time	When did the pain start? Is it constant or intermittent? How often does it occur? How long does it last?		



Diagnosi (infermieristiche)

Tassonomia NANDA:

• Dolore acuto (00132)

• Dolore cronico (00133)

•

Diagnosi (infermieristiche)

Tassonomia NANDA:

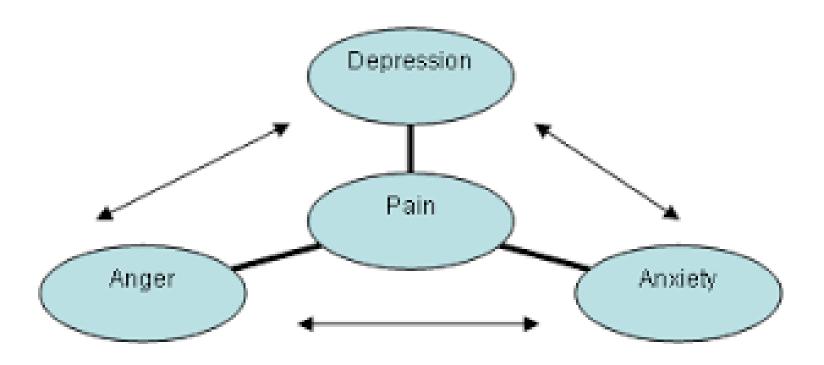
• Dolore acuto (00132)

• Dolore cronico (00133)

Ansia (00147)

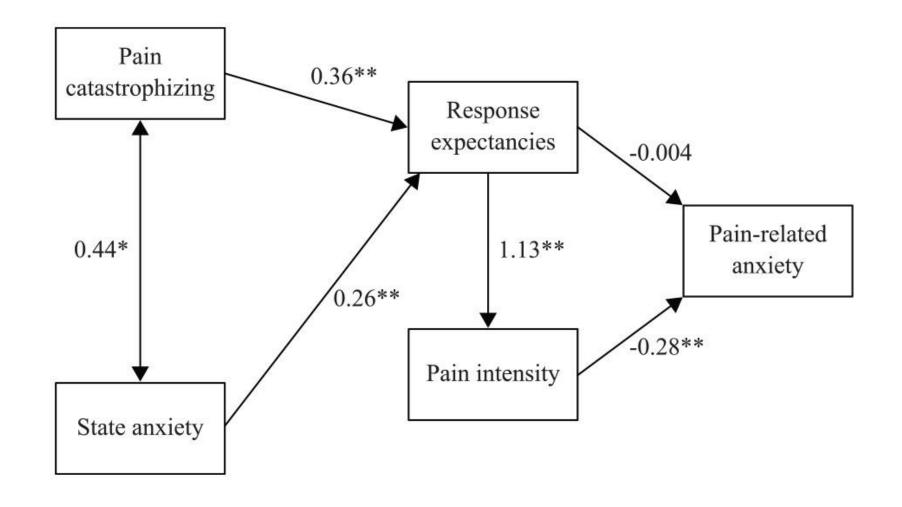


Stato emotivo e dolore





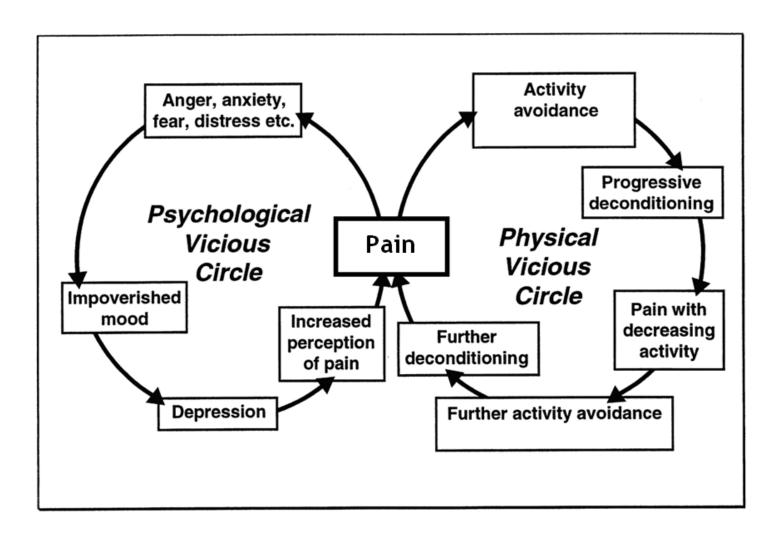
Ansia e dolore acuto



FIRENZE, 13-16 DICEMBRE 2023
PALAZZO DEI CONGRESSI

SOCIETÀ ITALIANA DI GERONIO COGA E GERVARIA

Ansia e dolore cronico



Planning

• Valutazione tempestiva

• Tp farmacologica

"Painful procedures"

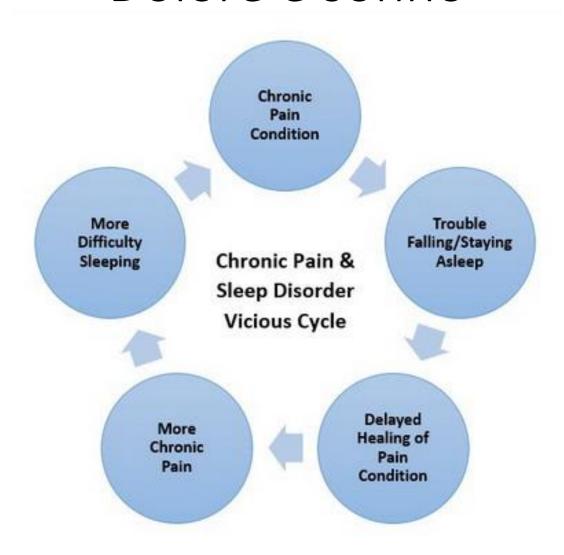
• Educazione



Implementation

- Valutazione stato cognitivo
- Somm.ne tp farmacologica
- Posizionamento (e comfort!)
- Educazione
- Monitoraggio
- Tecniche di respirazione e/o rilassamento ==> ipnosi
- Rivalutazione

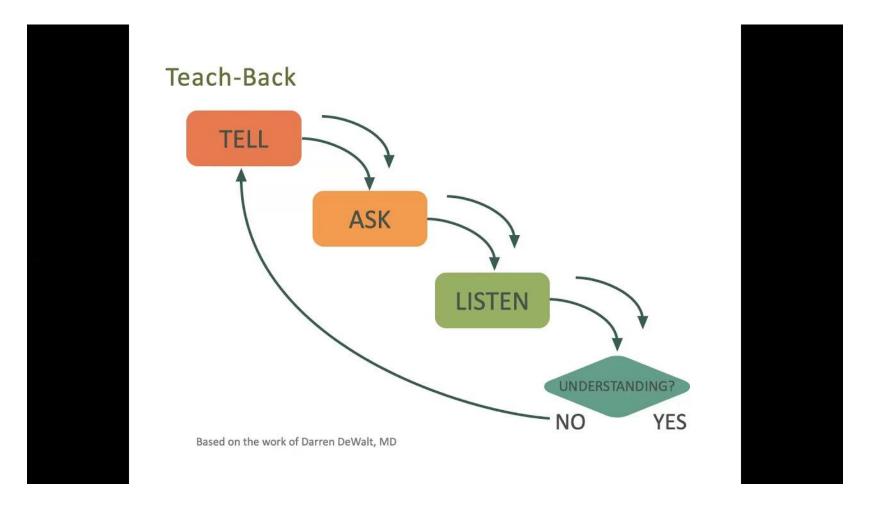
Dolore e sonno



Assessment - delirium



Educazione: teach back



Ipnosi

a < 8 sessions

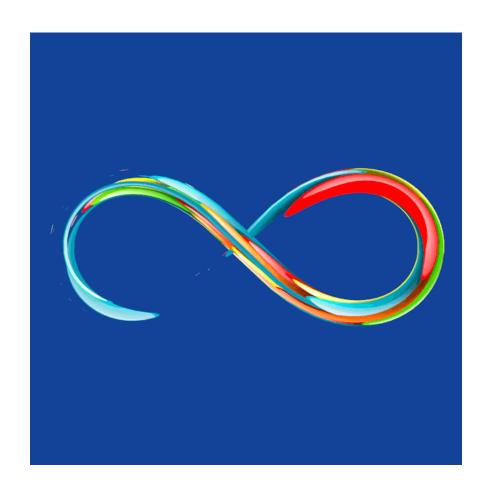
Study	TE	seTE	Hedges' g	Hedges' g	95%-CI	Weight
Ardigo et al. (2016)	-0.72	0.2836	- u - l	-0.72	[-1.28; -0.17]	17.3%
Hosseinzadegan et al. (20	017) -0.93	0.2719			[-1.47; -0.40]	17.7%
Jensen et al. (2020)		0.1929			[-0.19; 0.57]	20.9%
Paredes et al. (2019)	0.21	0.4756		0.21	[-0.72; 1.14]	10.9%
Razak et al. (2019)	-0.11	0.3165		-0.11	[-0.73; 0.51]	16.0%
Tan et al. (2015)	-0.31	0.2846	-	-0.31	[-0.87; 0.25]	17.2%
Random effects model				-0.30	[-0.80; 0.20]	100.0%
Prediction interval					[-1.55; 0.95]	
Heterogeneity: $I^2 = 68\%$, τ^2	= 0.1663, p ·	< 0.01	1 1 1 1 1	7		
ā d	1	-1	.5 -1 -0.5 0 0.5 1	1.5		

b ≥ 8 sessions

Study	TE	seTE	Hedges' g	Hedges' g	95%-CI	Weight
Gay et al. (2002)	-0.82	0.3601		-0.82	[-1.52; -0.11]	22.4%
Jensen et al. (2009a)	-1.01	0.4823 -	*	-1.01	[-1.95; -0.06]	12.5%
Jensen et al. (2009b)	-0.54	0.4101	- *	-0.54	[-1.35; 0.26]	17.3%
Tan et al. (2015)	-0.32	0.2463		-0.32	[-0.80; 0.16]	47.9%
Random effects model			-0.55	[-1.03; -0.08]	100.0%	
Prediction interval				[-1.20; 0.09]		
Heterogeneity: $I^2 = 0\%$, $\tau^2 = 0$, $p = 0.51$						
			-1 0 1			



Rivalutazione



Dimissione protetta – approccio IDEAL

 Patient and family are full partners Include Describe what life at home will be like * Review medications Highlight warning signs and problems * Explain test results Discuss Make follow up appointments Use plain language Educate at every opportunity Educate Use teach-back method Assess Honor the patient and family's goals, preferences, observations, and beliefs Listen