

Table 1. Effects of acute pain and nursing interventions

Body system	Change	Nursing intervention
Cardiovascular	● Increased heart rate and blood pressure ● Increased need for oxygen ● Water retention, potential fluid overload	● Monitor and interpret vital signs ● Administer oxygen as prescribed ● Monitor fluid balance
Respiratory	● Increased respiratory rate ● Shallow breathing ● Increased risk of infection	● Encourage DB&C so lungs fully inflate and secretions are evacuated ● Provide pad and/or pillow to support abdominal or thoracic wounds
Immune	● Increased susceptibility to infection ● Increased or decreased sensitivity to pain ● Activation of HPA axis	● Monitor temperature ● Use infection prevention and control measures
Endocrine	● Increased blood glucose ● Increased cortisol production	● Monitor blood glucose in patients with diabetes
Gastrointestinal	● Reduced gastric emptying and intestinal motility ● Nausea and vomiting ● Constipation	● Use anti-emetic medication as prescribed ● Use laxatives as prescribed ● Ensure adequate hydration
Urinary	● Urge to urinate/incontinence	● Monitor urine output and colour
Musculoskeletal	● Tense muscles local to injury ● Shaking or shivering ● Pilo-erection (goose bumps)	● Encourage relaxation ● Provide more comfortable bedding ● Support movement using analgesia, splinting and/or weight reduction strategies
Nervous	● Changes in pain processing ● Risk of pain becoming chronic	● Provide effective analgesia, closely monitor response and side-effects ● Raise concerns if pain not well managed
Brain	● Anxiety/fear ● Depression ● Poor concentration ● Inhibition or promotion of pain	● Communicate and inform effectively ● Assess anxiety, depression and catastrophisation ● Teach effective coping strategies ● Provide reassurance ● Be visible and responsive to patient's needs

DB&C = deep breathing and coughing; HPA axis = hypothalamic-pituitary-adrenocortical axis

Pain Deliberative Nursing Interventions

Yi-Tong Ma



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