

## ORIGINAL ARTICLES

## ASSESSMENT OF PAIN FOR NURSES IN NEONATAL INTENSIVE CARE UNIT

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## ABSTRACT

Pain can cause damage to the neonate in the short, medium and long term, increasing morbidity and mortality rates. The objectives of this study were to identify the advantages and difficulties of nurses related to the use of instruments to assess pain in neonates admitted to the neonatal intensive care unit. This is a qualitative research project whose data collected by means of semi-structured interviews with nine nurses. We used the Discourse of the Collective Subject (DSC) as the methodological framework to collect data leading to two themes: Facilities and Difficulties encountered by nurses in the use of instruments for assessing pain in neonates, which constituted the seven DSC. The difficulties encountered were resistance to the use of the instrument for assessing pain and difficulty in indicating if the assessment result was enough for analgesic prescription, compromising the autonomy of the nurse in pain management of neonates. The facilities encountered by nurses were the use a standardized and scientifically based instrument to assess pain and how it can guide care giving as it correlates the pain scores with the need for pharmacological or non-pharmacological therapy. Therefore, continuing education of the multidisciplinary team and efficient research on the treatment of pain in neonates are essential.

**Keywords:** Pain. Newborn. Pain Assessment. Neonatal Nursing. Intensive Care Unit, Neonatal.

## INTRODUCTION

Therapeutic intervention in hospitalized neonates in neonatal intensive care units (NICU) requires often-painful procedures that cause agitation, pain, anxiety and stress. In this context, these drives become iatrogenic environments in the process of growth and development of neonates. This problem is a product of the employment of technological resources of high complexity, whose progress has not been accompanied by the implementation of strategies to alleviate the suffering caused by them, in the care of hospitalized neonates in NICU<sup>(1)</sup>. It is considered essential that professionals working in NICU plan appropriate actions to minimize the

suffering of neonate caused by technological tools. However, for the implementation of such actions it is necessary to recognize the existence of pain and the evaluation of its intensity.

Tools to assess pain in neonates have described in the scientific literature from the Decade of 1980. A systematic review focused on this issue, held in 2004, revealed the existence of 35 instruments that can be used as resources to evaluate pain in neonates<sup>(2)</sup>. Despite the amount of available instruments, their use in clinical practice considered very scarce<sup>(3,4)</sup>. Consequently, the pain suffered by newborns are little identified when it occurs, is not evaluated and treated appropriately.

It is considered that the lack of scientific knowledge regarding the evaluation and treatment of neonatal pain represents one of the

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main obstacles to successful employment of analgesia resources available <sup>(5)</sup>. Results of studies show the direct influence of knowledge about pain and vocational training on its management <sup>(6)</sup>. In addition, the management of pain can be affected by different factors, such as knowledge and beliefs, beyond the technical competence of the health professional <sup>(5)</sup>.

Meet nurse experience in the use of the instrument to assess the pain in the neonate implies understanding as she experiences the pain of the newborn (RN), considering their perceptions, beliefs and attitudes. This understanding will allow you to understand your actions against the use of the instrument to assess pain, its difficulties and facilities in use, which may guide future interventions with respect to evaluation with the instruments. Accordingly, this study has as its objective to identify the facilities and difficulties of nurses regarding the use of instruments to assess the pain in hospitalized neonates in neonatal intensive care unit.

## METHODOLOGY

This is a descriptive and exploratory research <sup>(7,8)</sup>, qualitative in nature, because it enables the realization of investigations related to the professional practice of nursing that interprets the person as well as their ideas and actions, according to their individual and collective experiences, and their social interactions <sup>(9)</sup>.

This study conducted in four UTIN of hospitals located in the city of São Paulo, two private and two public, from March to July of 2009. We opted for these institutions because they adopt the pain as fifth vital sign and use some pain assessment instrument in neonates.

The research project has approved by the Research Ethics Committee of the school of nursing at the University of São Paulo, private Hospital and public Hospital, through proprietary process under the numbers 751/2008, 4/28/2009 and 795/05/2009, respectively. The participants of the survey informed about his anonymity and freedom to express their ideas, feelings and beliefs, according to an informed consent (TFCC).

The data collection done by conducting semi-structured interviews and recorded with nine

nurses who watched directly newborns in situations of pain, using some sort of tool for your evaluation. The time of performance in nursing area ranged from six to eighteen and, specifically, in the area of UTIN, ranged from four to twelve years.

Telephone contact was held with the heads of nursing hospitals, during which explained the purpose of the research. Subsequently, the participants defined the day, time and place. The main issues was: "tell me about their experiences regarding the use of instruments to assess the pain in the neonate" and "tell me about the facilities and difficulties that you have found to use this type of instrument".

Data were analyzed according to the methodological referential of the collective subject discourse (DSC) because it performs the necessary correlations to the collective brings in his speeches; highlighting the intrinsic values, own culture, that are present in the daily life of social subjects. The DSC technique developed using the following steps: read every interview for familiarization with individual experiences, identification of key Expressions of each testimony, identification of passages of narratives directly related to the object of study and identification of the Central idea of the narrative, characterized by the abstraction of essence contained in each of the key Expressions. Grouping by similarity in directions of the Central Ideas and their respective key Expressions gave rise to the collective subject discourse, which consists of a speech synthesis prepared with similar senses speeches segments <sup>(10)</sup>.

## RESULTS AND DISCUSSION

From the Organization of data obtained through interviews, two themes emerged. Difficulties and facilities found by nurses in the use of instruments to evaluate pain in neonates, which constituted the seven DSC, presented below.

### Difficulties encountered by nurses in the use of instruments to evaluate pain in neonates

The impossibility of using the instrument is a predominant fact in the practice of nurse, especially in situations where the newborns

sedated or when neurological dysfunctions feature. Associates itself with the problem of shortage of human resources. These problems represent significant obstacles that interfere directly on the application of the assessment tool of pain in neonates.

### **Difficulty of application of the instrument to assess the pain**

The daily practice of the active nurses in NICU characterized by the need to carry numerous bureaucratic activities that go beyond the scope of the care of the neonate. In addition, the absence of behavioral changes, such as crying, restlessness and irregular breathing in newborns sedated and tubed, compromises the score of some pain scores included in the instrument, as noted in the accounts below:

(DSC1)

[...] In the dynamics of unity, happen several things causing the nurses end up being overload and fail to apply the instrument in all RNs (...). Failure to use the scale, sometimes it is because of several factors, lack of problem employees (...). My experience in applying the scales at tubed babes, sedated, is definitely a difficulty.

Authors point out that every scale of pain are difficult to use in neonates sedated, with movement limitation or undergoing tracheal intubation<sup>(11)</sup>. However, properly evaluate pain in the neonate must take into consideration, in addition to the score provided by scale, physiological and behavioral factors, once the exclusive use of the instrument is not valid in all situations<sup>(12)</sup>.

Studies conducted with nurses of ICU Neonatal and Pediatric ICUS corroborate the findings of this research, electing the lack of human resources and the lack of time, as factors that hinder the application of neonatal pain assessment tools<sup>(13)</sup>.

It observed that the lack of stimulus, coupled with the lack of awareness demonstrated by nurses, could result in forgetfulness of the application of the instrument. These conditions also contribute to the non-adoption of conduct individualized and effective in relieving pain in the neonate.

(DSC1)

[...] Another thing that hinders the use of the instrument is that, like it or not, in nursing has

some people very discouraged that do not have much interest, do not understand the real importance of (...). Therefore, it is a disadvantage because not everyone on the team is impressed with the use of the instrument (...). The disbelief characterizes the behavior of some members that do not use the instrument, which leads the professional not to look for the signs of pain and not to use the tools.

Although surveys have been developed about neonatal pain in the last decade<sup>(1-5)</sup>, the result of this study shows that there are still little sensitized and nurses committed to the importance of the use of the instrument for assessment of the pain of these children. It is believed that the fact the nurse training, for the application of the instrument to assess the pain in the neonate, not be performed periodically contributes to the difficulty of adherence and consciousness in its application. In the NICU, there's not a moment reserved for discussing how to handle the pain in newborns, as well as the strategies to assess and treat pain, as noted in the following lines:

(DSC1)

[...] There is a regular training on the scale. I find difficulty in accession of nurse to use the instrument to adhere to it and really feel that makes a difference to the child [...]. It's hard to get everyone to engage, educate, because some, older women, had a little resistance in relation to both the study of new instruments, how to train, which is something you have to divert some of what you're doing to stop assistance and analyze the pain through the instrument.

Among the factors related to the devaluation of the pain by the nurse, the accumulation of professional activities is largely responsible for the assessment of pain not be priority services. Another factor revealed is the lack of knowledge of the nurse about the detrimental effects of pain during hospitalization and in the hereafter of the neonate<sup>(13)</sup>.

The deficit of knowledge, attitudes and skills, coupled with inadequate assessment of pain, are important obstacles encountered by health professionals for the introduction of an assessment instrument<sup>(11-14)</sup>.

### **Resistance to use of pain assessment instrument**

The resistance to use the instrument for the

evaluation of the pain appears in the speech as a difficulty, seen by nurse as one more task to perform. In addition, the lack of adhesion instrument nurse stumbles on lack of time to fulfill numerous activities, such as controlling the neonate's vital signs, administer the diet and antibiotics, among others.

Other data reported is the fact that the instrument used for obtaining the prescription of analgesics for pain relief of the neonate. When the nurse is faced with the medical resistance in performing analgesia, is taken by a feeling of frustration, leading her to question why the use of the instrument.

The nurse's speech marked by the belief that the only way to achieve pain relief is through pharmacological measures. For her, the pain becomes primary factor when it comes to the relief of pain in the neonate. The use of non-pharmacological methods used sparingly, without the knowledge that it can employed as a strategy for pain relief.

Numerous non-pharmacological measures that can used for the relief of pain in the neonate. We know that pain treatment begins by attitudes of nurses in the NICU, as noise reduction and lightness, minimal intervention protocols neonate, among others, coming, finally, to drug therapy. The non-pharmacological treatment encompasses also non-nutritious and glucose water, in addition to methods such as massaging, packing and caress the neonate<sup>(11-14)</sup>.

#### (DSC2)

[...] The team, as a whole, it was very difficult to be engaged, to raise awareness, because some, especially older women at the time had a little resistance with respect both to the study of new instruments, how to train. [...] You do not always reaches a score that triggers what is medicated. Then, it frustrates. Therefore, we realize that some people end up developing resistance to the instrument. [...] So it may be that his score has not reached four, a number greater than four is what triggers the medical action, but you have a score two and three, in which you could trigger non-nutritive sucking, you could trigger glucose at the bottom of the tongue or the comfort of the child. The person even does, but she does not realize what she is doing is treating pain.

#### **The use of the instrument is not sufficient to ensure the analgesia of neonate**

In addition to resistance to use of instrument for evaluation of pain, we note that there is a difficulty with respect to the result of evaluating this instrument by itself be enough for prescribing of analgesia. The report marked by the lack of medical support as regards the evaluation of pain performed by nurse.

Although most invasive procedures in a NICU as painful to the neonate, there is a marked difference in the opinion of doctors and nurses about the evaluation of pain intensity of such procedures. The nurses, in General, evaluate the procedures as more painful than doctors do, perhaps by its continuing observation of the neonate.

Other data highlighted by nurse is their perception that the medical staff does not trust his assessment of pain does not appreciate the use of the instrument and not always prescribe the painkiller. The fact becomes evident when the nurse reports that applies the instrument, referred pain to the doctor who, in turn, makes a second assessment to really decide if will hold drug therapy or not.

The barriers encountered by nurses, while attempting to provide better pain control, reveal that one of the obstacles matched the lack of cooperation of doctors and inadequate prescription medicines analgesics<sup>(15)</sup>.

#### (DSC3)

[...] It is common to happen, especially on the part of surgeons, we apply the scale, get pain score and he does not prescribe analgesia. Sometimes, he thinks the child is agitated and that is not pain, even with the score of the Neonatal Infant Pain Scale (NIPS) accusing pain. It is not easy. [...] Above three score is pain. Therefore, we see that is in pain, if you go to see the scale, we say, ' look at that baby's doctor in pain! 'The NIPS gave more than three, four, five and some doctor, depends on whether the child had surgery. [...] Has the doctor doubts situations. Oh, is it pain? Oh, I think he is hungry. [...] We realize that, sometimes, when we note five in the assessment of pain to the child, we communicate to physicians and, sometimes, has doctors who do not give a shit what we are talking about, right? He does not take any kind of conduct, type, so do not give much importance to the scale.

### Surgeon's disbelief regarding the assessment of pain in the neonate

For the nurses, the greatest source of stress concerns the disbelief of doctor surgeon with respect to the existence of pain in the neonate. Realize that the doctor believes that pain is part of the postoperative period.

There are reports about the team of Neonatologists be more affordable on the prescription painkiller in relation to the surgical team, because the first are always present in the NICU and in contact with the nurse, who constantly talks about the pain in the neonate.

There is also the fear of the use of painkillers, which may affect the clinical course of the neonate and may generate problems like abstinence and gastrointestinal changes and leaving, then, to be the solution for pain relief.

(DSC4)

[...] I think, sometimes, there is a disbelief of doctors in relation to nursing assessment. Depending on the doctor, he is kind of a freak and does not think its pain. When I apply the instrument, and they (doctors) do not give importance; gives impression that they do not trust us. [...] Therefore, I guess that is hard! Even with the use of the scale, you need to convince the doctor that there can be pain, because of the surgery, they assess the baby and, often, they don't want to perform analgesia for certain types of procedures and the surgeon is not worried. [...] Our great difficulty is that babies are surgical care by doctors of the surgical team and not by neonatologists and surgeons have that belief that the baby does not feel pain or the pain is part of the postoperative period. [...] I believe that the clinician is a little more sensitive to pain because he is all the time on the unit. [...] I believe, without a doubt, that for the surgeon, the procedure itself is more important than the pain of the RN. [...] I believe that doctors are afraid to medicate, because drugs are very harmful to the RN. [...] Has the abstinence syndrome, but what I find really, what is lacking, it is often study more analgesia in RN.

The lack of medical support and the absence of autonomy to prescribe painkillers promote a feeling of impotence and anger on nurse, leading her to realize himself unable to relieve the pain in the neonate.

Faced with the absence of prescription painkillers, the nurse is an obstacle that prevents it from continuing care of the neonate

in situations of pain, because only a doctor, a fact that that ends up limiting their autonomy and disregarding their decisions and contributions for the neonate <sup>(16)</sup>, prescribes pharmacological measures.

According to the result of the survey, another barrier found by nurses in an effort to provide effective control of pain, is the insufficient knowledge of the doctor about your patient <sup>(15)</sup>. The nurse's report shows that the surgeon focused only on the procedure, leading her to feel outraged given the absence of prescription painkiller for the neonate in situation of pain.

The nurse realizes that doctors for fear of the side effects of painkillers undertreat the pain. The myths of withdrawal syndrome and respiratory depression are still being a "ghost", preventing the prescription of opioids for the treatment of pain in the neonate. The risk of respiratory depression caused by opioids is still one of the reasons commonly used to justify the lack of administration of same <sup>(13)</sup>.

(DSC4)

[...] We feel bad, you cannot go there and prescribe because then it is not your purview. Will the medical conduct between opt or not the analgesia. [...] It makes sense that you feel very indignant when the scale gives score of pain and the doctor does not prescribe analgesia. It is very frustrating. [...] How can the doctor punching a baby without asking a local anesthesia? I was very upset because the surgeon did a procedure without local anesthesia. [...] I feel bad when I have to insist and the doctor does not make the analgesia. [...] I feel helpless when you realize all the nursing actions to ease the pain of the RN and I cannot solve the problem.

### Amenities found in the use of instruments to evaluate pain in neonates

The trajectory experienced by the nurse in the process of standardizing the use of the assessment tool of neonate pain represents one of the amenities found in the study and for the choice of the instrument that best fit the nursing staff, as well as the characterization of the neonates of the unit.

### Standardization of the use of an instrument for the assessment of pain in newborns

The nurse considers it essential to updated about the assessment of pain in the neonate. A protocol is set to establish timetables and time intervals that the instrument should applied. The evaluation of the pain happens to be periodic, documented and supported scientifically by the use of the assessment tool.

The standardization and application of instrument for evaluation of pain become essential as generate changes of nurse's conduct with regard to the care of the neonate. After use of pain assessment instrument, the nurse notes that his team will adopt practical attitudes that disregarded. Understand that drug therapy is not the only alternative available to promote comfort and stress reduction in the neonate.

The authors recommend that the pain in the neonate is valued as the fifth vital sign, systematic manner and treated by previously protocols pre-set. The pain management protocol becomes important, because its absence in NICU configures a major difficulty to deploy effective measures of pain control. We recommend the use of a protocol of analgesia, allowing an increase in the administration of analgesics and non-pharmacological methods for relief of pain in the neonate<sup>(13)</sup>.

(DSC5)

[...] We chose the NIPS because, at first, she was really the simplest scale. [...] We have a scale Pocket Guide. Therefore, all employees provided with the Guide, with the scale and NIPS given the instrument to all just so that everyone did it. In each room, had to apply this scale every four hours. [...] The NIPS was the scale that we had ever seen that used in various situations and for premature babies and premature infants. So, was the first choice? [...] From there, we go to the printed, look and follows the scale to see if the baby is in pain or not. Scoring score above four or equal or above four, which notes the pain, the Officer informs the doctor pediatrician.

### **Ground instrument regarded as facilitator to assess the pain in the neonate by scientifically**

Other data, which emphasized in the speech, is to guarantee a more objective and concrete evaluation of the pain involved in the use of the instrument transmits, based on scientific

evidence. With this, the nurse can obtain greater support doctor.

Findings from the research identified that nurse as important perceived the assessment tool by assist you in measuring the intensity of pain, beyond them consider it practical, fast and reliable<sup>(12)</sup>.

(DSC6)

[...] We are happy to know, through the instrument, that the child is not in pain, is not suffering. Ease of scale is you feel held to be able to help a baby who has no way to report verbally that you're in pain and you can say that at that moment he is feeling certain kinds of pain, it may be colic, can be cold. [...] Having the scale you can detect if the baby is presenting is pain or not. [...] So, is through the NIPS that he (RN) is telling you that he is in pain. Therefore, how do I detect that he has a pain whether it be emotional or physical, by the score. Because NIPS slob. So you do not just stay on I think the child is in pain. [...] You have signs and numbers that give you this confirmation on this issue and report to the doctor the pain of the RN you have a larger support, a more serious basis to be able to justify. [...] Its one thing for you to reach out and talk to the doctor, look, this child is in pain, crying, you are uncomfortable, that is not right. Another thing is you come and talk, check doctor I applied the NIPS in the child and she presented a score six, five of pain. I think it gives a greater seriousness for nursing.

### **The instrument generates new nurses' conduct with respect to the care of the neonate**

When performing the daily practice to assess the pain in the neonate through the instrument, to document the pain evaluation and request the conduct of relief, the nurse believes can begin a process of sensitization of all medical and nursing staff, aiming to achieve, in the long term, a greater awareness of health care professionals of excellence for neonatal pain.

The nurse realizes that the use of the instrument directs its assistance to the extent that allows you to detect the neonate pain score and distinguish if this pain requires pharmacological therapy or pharmacological not. In addition, from the use of the pain assessment instrument, the nurse changes his attitude while maintaining the physical, emotional and psychological comfort of the

neonate, featuring no pharmacological interventions for pain relief.

With regard to the use of non-pharmacological measures during painful procedures, studies show that nurses apply according to your individual assessment, but there is no frequency and systematization of this assistance. In this sense, the nurse plays key role in the development of actions aimed at the minimization of discomfort resulting from painful procedures carried out in neonates<sup>(17, 18)</sup>.

(DSC7)

[...] I believe that the tools help to improve the quality of life of newborns. You do not have only survival; you have survival with better quality of life. Because the result you get is much better survival. In addition, the instrument interferes with that. Interferes. Because from the moment that you control the pain, you benefit the one whom you are caring for. [...] Handling less babies, punching less often, using pharmacological methods. [...] The objective of the instrument is to maintain the comfort both physical as psychological and emotional for the baby. [...] The instruments have helped much because our team if grown in a way that without the instrument, without knowing of pain and pain assessment, she had this notion, this vision.

## CONCLUSION

The results of this study indicated that the nurse's commitment in the implementation of the instrument for assessing pain in neonates occurs when she has knowledge, skill and awareness of its importance. The standardized and scientifically informed use of the instrument was one of the facilities identified by nurses. With that, there were changes in care to newborn; they receive non-pharmacological

interventions to provide comfort and relief of their pain.

However, the inability to use the instrument in situations where newborns sedated or when present, associated with neurological dysfunction problems of shortage of human resources, represent significant barriers that interfere negatively in the application of the assessment tool of pain in neonates.

Another obstacle to overcome is the impairment of nurse autonomy with respect to the management of neonatal pain. Often, the disbelief of the doctor about your assessment of pain prevents the analgesia of the neonate. In addition, the absence of a collaborative work between the members of the professional team also ends up harming the neonatal pain relief.

## CONSIDERATIONS FOR NEW STUDIES

We emphasize that there is an urgent need to understand the pain of the neonate as a sign of improper accommodation, as well as a transformation in institutional policy, aiming to encourage the treatment of this signal as a reference of quality of care. Thus, there is a need for permanent education of the multidisciplinary team and the effectiveness of research related to the adherence to the treatment of pain. A strategy, therefore, would be the discussion with the team of professionals about the variables that facilitate and hinder the effective adoption of appropriate interventions to the relief of pain in neonates.

We consider that this study could contribute to the critical reflection of nurses involved in the care to neonate suffering from pain, sensitizing them to interpret and minimize the pain in a human being who still cannot verbalize it.

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## AVALIAÇÃO DA DOR POR ENFERMEIROS EM UNIDADE DE TERAPIA INTENSIVA NEONATAL

### RESUMO

A dor pode causar prejuízos ao neonato a curto, médio e longo prazo, aumentando os índices de morbimortalidade. Os objetivos deste estudo foram identificar as facilidades e dificuldades dos enfermeiros relacionadas com o uso de instrumentos para avaliar a dor em neonatos internados em unidade de terapia intensiva neonatal. Estudo com abordagem qualitativa, realizado em quatro hospitais com nove enfermeiras, por meio de entrevistas semiestruturadas e analisadas segundo a metodologia do Discurso do Sujeito Coletivo (DSC), originando dois temas: Dificuldades e Facilidades encontradas por enfermeiros na utilização de instrumentos para avaliação da dor em neonatos, que constituíram sete DSC. As dificuldades encontradas

foram a resistência ao uso do instrumento para avaliação da dor e a dificuldade em indicar se o resultado da avaliação era suficiente para a prescrição analgésica, comprometendo a autonomia da enfermeira no manejo da dor do neonato. As facilidades encontradas pelas enfermeiras foram a utilização padronizada e embasada cientificamente do instrumento para avaliar a dor e seu direcionamento na assistência ao relacionar o escore da dor com a necessidade de terapia farmacológica ou não farmacológica. Dessa forma, é necessária a educação permanente da equipe multidisciplinar e a efetivação de pesquisas relacionadas com o tratamento da dor do neonato.

**Palavras-chave:** Dor. Neonato. Medição da Dor. Enfermagem Neonatal. Unidade de Terapia Intensiva Neonatal.

## EVALUACIÓN DEL DOLOR DE ENFERMERÍAS EN UNIDAD DE CUIDADOS INTENSIVOS NEONATAL

### RESUMEN

El dolor puede causar daños al neonato a corto, mediano y largo plazo, aumentando los índices de morbilidad y mortalidad. Los objetivos de este estudio fueron identificar las facilidades y dificultades de los enfermeros relacionadas con el uso de instrumentos para evaluar el dolor en los neonatos internados en unidad de cuidados intensivos neonatales. Estudio con abordaje cualitativo, realizado en cuatro hospitales con nueve enfermeras, por medio de entrevistas semiestructuradas y analizadas según la metodología del Discurso del Sujeto Colectivo (DSC), originando dos temas: Dificultades y Facilidades encontradas por enfermeros en el uso de instrumentos para la evaluación del dolor en los recién nacidos, que constituyeron siete DSC. Las dificultades encontradas fueron la resistencia a la utilización del instrumento para evaluar el dolor y la dificultad de indicar si el resultado de la evaluación era suficiente para la prescripción analgésica, comprometiendo la autonomía de la enfermería en el manejo del dolor del neonato. Las facilidades encontradas por las enfermeras fueron la utilización estandarizada y basada científicamente del instrumento para evaluar el dolor y su dirección en la asistencia al relacionar el puntaje del dolor con la necesidad de terapia farmacológica o no farmacológica. Así, es necesaria la educación permanente del equipo multidisciplinario y la efectuar de investigaciones relacionadas con el tratamiento del dolor del neonato.

**Palabras clave:** Dolor. Neonato. Medición del Dolor. Enfermería Neonatal. Unidad de Cuidados Intensivos Neonatales.

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