
PAIN IN THE NEONATAL INTENSIVE CARE UNIT: WHERE WE ARE AND WHERE WE SHOULD GO

According to the World Health Organization (WHO), it is estimated that, each year, about 15 million premature babies are born in the world, and Brazil occupies the tenth position in absolute numbers, with 279,300 premature births per year⁽¹⁾. This reflects in higher number of newborns (RN) who require hospitalization in the Neonatal Intensive Care Unit (NICU), and depend on skilled and individualized care that demonstrate specific concern regarding pain⁽²⁾.

In this context, there is a need to create strategies for assessment and pain management of the baby hospitalized in the NICU, given their unique physiology and their limited ability to express pain, requiring, thus, a sensitive and attentive attitude by the staff watching this little being.

Empirical observation, supported by systematic evaluation of care scenarios, has pointed to isolated practices of pain management among professionals of the multidisciplinary team, resulting in varying levels of dissatisfaction with the quality of care provided. Therefore, reports of care are common, related to the diagnosis or management of pain, guided by the professional and subjective experience of the team members, which, in short, means leaving the newborn at the mercy of the good sense of each professional involved in this assistance.

In this perspective, when we discuss such theme, we do not aim to expose weaknesses on the performance of professionals working in the NICU, but to emphasize the importance of adopting a welfare scheme that consider this control as priority and essential to the welfare of the newborn.

It seems that the current problem does not lie in finding and creating new measures for the relief of pain, since such methods have already been widely investigated and disclosed. In this way, and yet we recognize that much has been advanced in this direction, although there is still much to be done; otherwise, how to justify the endurance of the so-high current percentages as those found in our master's thesis research, with 50% of procedures performed without the implementation of any pain relief measure? The challenge that arises, therefore, is to ensure that, when it is impossible to reduce the number of procedures, we use all the resources to, at least, reduce the suffering caused by them.

It is essential, therefore, to insert the discussion of this issue still in the graduation, seeing the formation of a professional who values his/her role within the unit and recognizes his/her importance as a transforming agent of reality. When improving his/her knowledge, this professional stands in constant restlessness in the face of inadequacies of this reality, motivating new studies that lead to the increasing improvement of care.

In this perspective, nursing care becomes more than the mere performance of procedures, but an attitude to change the know-how in nursing as a bridge between theoretical knowledge and practice, between empiricism and science, contributing, thus, to the enhancement of the profession and reflecting the qualification of care.

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