

CO's CURE

Scripting: Pleuritic Pain

**Acknowledge patient's discomfort and assess the effect on the patient's activities of daily living (ADLs).
Work with the patient to assign a functional goal to their level of discomfort:**

"Hi (patient) my name is (nurse) and I will be taking care of you today. I understand you are having significant discomfort in your chest from your pleurisy. Can you tell me more about how that is affecting you?"

The patient describes the pain as sharp upon inhalation, stating it is preventing her from taking a full breath or using the incentive spirometer (IS).

"We want to make sure you can comfortably take deep breaths and use the IS, as this is critical to your recovery."

Discuss the multimodal plan, including nonpharmacologic options:

"I am going to get you a heating pad to apply to your back. This will help to relax some of the muscles that are tightening up from the stress of trying to breath. We are also going to give you a dose of ibuprofen and acetaminophen, both which will work together to reduce the pain and inflammation that come along with pleurisy."

"The doctor has also ordered lidocaine patches to apply directly to where your chest is hurting. These will help numb the areas that are uncomfortable. Have you ever used a lidocaine patch before?"

Patient answers. If no, double check for allergies and then educate the patient on the lidocaine patch.

"I notice in your chart you do not have any allergies to medications, is that correct?"

If patient answers "No", review their allergies to ensure the lidocaine patch is safe.

If patient answers "Yes", discuss lidocaine patch treatment option:

"Great, then we will go ahead and try the lidocaine patch. The medicine in the patch is an anesthetic, like what a dentist uses when they numb your mouth for dental work. I will put the patch directly on your skin. The medicine is used to relieve the pain that you're experiencing. This medicine works by stopping nerves from sending pain signals. Does that make sense?"

Confirm the patient’s understanding and answer any questions they have. Offer additional nonpharmacological therapies that might be comfortable for the patient:

“Sometimes closing the shades to reduce the light or playing some calming music has helped many of our other patients with similar pain. Would you like me to do that for you?”

Proceed with nonpharmacological requests. Let the patient know a timeframe in which the therapies should start to help, including a follow up plan to reassess level of comfort.

“These therapies combined will start to work in (timeframe) and should allow you to more comfortably take deep breaths. If that goes well, we can then try the IS again and get your lungs back on track to recovery.”

Make sure to answer any questions or address up front concerns that the patient may have:

“Are there any questions I can answer for you right now?”

The patient asks what will happen if these therapies are not effective at reducing her pain sufficiently. Let the patient know you will reassess their level of discomfort in one hour:

“If you are still not able to take a deep breath, we will chat with your provider about alternative options and make sure we come up with a plan together.”

End the conversation with reassurance to the patient that their recovery is the top priority:

“We are dedicated to making sure you reach a level of comfort that allows your body to heal from this pleurisy.”