# "The Silent Scream in Intensive Care: The Nurse's Role in Pain Assessment and Current Approaches"

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## ABSTRACT

Intensive care units are units where life-threatening illnesses are monitored and advanced technology and multidisciplinary approaches are used. Patients receiving care and treatment in intensive care units experience unpleasant emotional states, negative experiences, and severe pain during their time in intensive care. Pain is a universal and multidimensional experience, and regardless of its cause and type, effective pain relief is one of the fundamental priorities of healthcare. In the literature, pain assessment is considered the fifth vital sign for patients, and it is reported that pain assessment should be mandatory. Patients treated in intensive care units (ICUs) are often unable to verbally express their pain due to communication difficulties, altered consciousness, or intubation. This situation complicates the assessment and management of pain, making the nurse's professional role critical. Nurses have primary responsibility for the pain assessment and management process. This review examines the role of the nurse in pain assessment in intensive care within the framework of current studies.

**Keywords:** intensive care, pain, nurse

## Introduction

Pain is a subjective and multifaceted experience that everyone may encounter throughout their lives and that can lead to a decline in quality of life. Furthermore, pain is a subjective sensation shaped by an individual's past experiences and directly affects the patient's quality of life (Herr et al., 2019). Intensive care units are clinical settings characterised by high mortality rates, complex patient care, and time constraints; therefore, the pain experience of patients in this environment must be addressed with particular attention. In intensive care units, pain remains one of the most common clinical problems due to immobility, invasive procedures, and underlying disease conditions (Gelinas et al., 2022).

Patients treated in intensive care units are exposed to environmental stressors such as uncontrolled light, high noise levels, invasive monitoring procedures, and constant intervention,

and may experience pain even under sedation (Barr et al., 2018; Gelinas et al., 2022). Pain in intensive care patients can activate the sympathetic nervous system, leading to adverse haemodynamic effects such as tachycardia, hypertension, hypoxaemia, and increased oxygen consumption (Rijkenberg et al., 2020).

**1. Considerations for Pain Assessment in the Intensive Care Unit**

Pain assessment is a prerequisite for adequate pain management. Pain assessment must be thorough and accurate in order to effectively reduce the patient's pain. When assessing pain, the patient should be considered in all aspects, an accurate and detailed pain history should be obtained, the patient's position and behaviour during painful and pain-free periods should be observed, and the patient should be asked to describe their pain in their own words. In other words, the easiest way to assess pain is to ask the patient if they are in pain. When assessing pain, its physical dimension as well as its subjectivity must be taken into account, and the patient's pain report must be used as a basis. Thus, an analgesic plan appropriate for each patient in intensive care should be developed (Shaikh et al, 2018).

For pain assessment to be more reliable and effective, the patient's own pain report should be considered alongside their pain history, the views of their relatives, and behavioural and physiological pain indicators. Furthermore, the location, intensity, nature, onset, duration, rhythm, method of expressing pain, and factors that increase or decrease pain should be assessed in detail (Lindsay and Rosemary, 2014).

- Accurate, reliable, and complete information about the patient and the cause of the pain should be obtained.
- The patient's behavioural responses to pain and their expression of pain should not be approached with prejudice.
- The purpose of the measurement must be clearly defined,
- Different pain assessment methods should be used,
- A multidisciplinary team approach should be adopted in pain assessment (Barr 2013).

In addition, assumptions such as "no pain" for patients who cannot verbally express their pain can lead to misjudgements and inadequate treatment in pain assessment. Therefore, a more careful, attentive and systematic pain assessment is required for patients who have difficulty expressing their pain or cannot express it at all. Intensive care patients constitute a group of

patients who are unable to verbally express their pain due to sedation, mechanical ventilation, and changes in their level of consciousness (Arbour & Gélinas, 2020).

One of the most reliable tools used to assess pain in this patient group is the Critical Care Pain Observation Tool (CPOT), along with the Intensive Care Pain Observation Form, the Behavioural Pain Scale, and the Non-Verbal Pain Scale for Adults (Rijkenberg et al., 2020). The CPOT enables the objective determination of the presence and severity of pain by assessing behavioural indicators such as the patient's facial expression, body movements, muscle tension, and ventilator compliance. The regular and accurate application of these scales by nurses significantly increases the early recognition and appropriate management of pain in intensive care patients (Pudas-Tähkä et al., 2019).

**2. The Role of the Nurse in Pain Assessment in the Intensive Care Unit**

Nurses are the professionals who have the most contact with patients in the intensive care team. Therefore, both recognising pain and selecting the appropriate assessment tool are the responsibility of the nurse (Yava et al., 2021). Inadequate assessment of pain in intensive care can increase mortality and morbidity (Barr et al., 2018). Appropriate pain management increases patient satisfaction, accelerates recovery, and reduces the risk of complications (Mehta et al., 2020).

Critical care patients are often unable to verbally express their pain due to their critical condition. Nurses, who are with patients 24 hours a day, must identify pain early and intervene appropriately using behavioural and physiological indicators. Therefore, when verbal communication is not possible, pain assessment should be conducted through observation, physiological indicators, and behavioural scales (Arbour & Gélinas, 2020; Pudas-Tähkä et al., 2019). The most commonly used scales for pain assessment in intensive care patients include the Behavioural Pain Scale (BPS) and the Critical-Care Pain Observation Tool (CPOT) (Rijkenberg et al., 2020). The regular and accurate application and recording of these scales by nurses significantly increases the rates of pain recognition and management (Pudas-Tähkä et al., 2019).

In short, nurses in intensive care units should assess the presence of pain by comprehensively analysing physiological and behavioural indicators such as facial expressions, muscle tone, motor activity, and vital signs in patients who are unable to communicate verbally (Gélinas et al., 2022). The "silent cry" of an intensive care patient can often be detected by

nurses' clinical observation skills. In this context, empathy, ethical sensitivity, and professional awareness form the basis of nursing care in intensive care (Pudas-Tähkä et al., 2019).

## 3. Current Clinical Guideline Recommendations for Pain Assessment in Intensive Care Units

Recent studies in the literature have demonstrated that pain assessment protocols implemented under nursing leadership are an effective and reliable approach for the early identification and management of pain in intensive care patients and for improving patient outcomes. Gélinas and colleagues (2022) reported that the use of CPOT improved pain control by 35%. Furthermore, Mehta et al. (2020) noted that the implementation of sedation and analgesia protocols by nurses positively affected patient outcomes (Gélinas et al. 2022; Mehta et al. 2020).

Regular and correct application of evidence-based scales (e.g., CPOT and BPS) significantly increases pain recognition and treatment. Furthermore, a multidisciplinary approach and continuous training of nurses improve the quality of pain management in intensive care patients (Mehta et al., 2020).

The most effective, appropriate, and qualified pain management for intensive care patients is only possible with a comprehensive pain assessment and the consideration of current, evidence-based guidelines.

- Routine monitoring of pain is recommended in all adult ICU patients.
- The Behavioural Pain Scale and the Critical Care Pain Observation Tool (CPOT) are the most valid and reliable behavioural pain scales for monitoring pain in medically ill, post-operative, or trauma (excluding brain injury) adult ICU patients who are inaccessible.
- The use of vital signs alone (or observational pain scales that include vital signs) for pain assessment in adult ICU patients is not recommended.
- It is suggested that vital signs may be used as an indicator to initiate further pain assessment in these patients (Barr, 2013).

## 4. Conclusion

Pain in intensive care patients is often a silent but serious clinical problem that cannot be expressed verbally. This situation makes it difficult to recognise and manage pain, leading to negative effects on patient comfort and the recovery process. The literature indicates that nurses play a central role in the assessment and management of pain; consequently, the attention nurses pay to pain assessment is critical for both patient safety and the maintenance of quality of life. In intensive care, pain is not only a clinical problem; it is also a fundamental indicator of nursing care, and its effective assessment and management directly determine the quality of patient care.

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