NURSING CARE TO A CHILD WITH PHANTOM LIMB SYNDROME: A CASE REPORT

Background and Aims: Analysis of a clinical case regarding an uncommon health problem in paediatric age, the amputation of a limb and the subsequent “phantom limb pain (PLP)”. Aim of this work is to describe nursing care in a case of advanced nursing practice in PICU, with the need of multidisciplinary care and with multicultural implications.

Methods: Case report.

Discussion: The patient is a 9 years old child of Chinese nationality. She lives in Italy with her parents, has a hearing impaired brother and a disabled sister. The child had a road accident and suffered major injuries. Transferred to the PICU, the amputation of the lower right limb and a permanent tutor to the left limb were inevitable. After the surgery, the child suffered severe pain to the limbs and an onset of sepsis due to necrosis of the wounds. Treated with antibiotics, she recovered from the sepsis but the pain remained. The assessment data show nursing diagnosis related to the child and the family, from NANDA-I International taxonomy: Impaired physical mobility; Disturbed sensory perception; Disturbed body image; Acute pain, Post traumatic syndrome and Impaired parenting. For each of them the team identified related outcomes and nursing interventions.

Conclusions: The analysis of the case and the literature review show a lack of literature about the care of PLP in paediatric care, especially in nursing field. Nurses should have a major role with this kind of patients, not limited to pain monitoring and drug therapy administration.

EMLA CREAM VS NONPHARMACOLOGIC ANALGESIA FOR INTRAMUSCULAR INJECTIONS IN NEWBORNS

A national guideline on pain assessment for neonates requires that Pain assessment must be conducted using evidence-based standards. Until spring 2012 we did not have this in Denmark. A National Special Interest Group in Neonatal Nursing thus has developed a national clinical guideline on pain assessment for neonatal infants.

Method: This work has been carried out in collaboration with the national Clearing House for clinical guidelines to ensure methodological quality, and that recommendations reflect best evidence. A literature review was carried out and the validation of six pain score instruments was assessed. Clinical utility was also considered, as many NICUs in Denmark are inexperienced in pain assessment using a specific tool.

Results: A national guideline on pain assessment for neonates recommending the use of COMFORTneo or alternatively PIIP is now being approved for use in Denmark.

The pain assessment tool will be implemented in many NICUs during summer 2012.

Conclusions: The work with conducting a national guideline is very demanding and academic research skills are needed. Even though it is time-consuming it is essential to have evidence based standards in order to deliver nurse care of high standard. The National Special Interest Group in Neonatal Nursing has arranged a national conference for neonatal nurses about pain assessment, as well as training in and implementation of the pain assessment tool in daily clinical work.