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Original Article

AVALIAÇÃO DO DIAGNÓSTICO DE ENFERMAGEM "DOR AGUDA" EM PACIENTES INTERNADOS EM UMA CLÍNICA MÉDICO-CIRÚRGICA

EVALUATION OF THE NURSING DIAGNOSIS "ACUTE PAIN" IN HOSPITALIZED PACIENTS IN A MEDICAL-SURGICAL CLINIC

EVALUACIÓN DEL DIAGNÓSTICO DE ENFERMERÍA "DOLOR AGUDO" EN PACIENTES INTERNADOS EN UNA CLÍNICA MÉDICA-QUIRÚRGICA

Gabriela Tavares Boscarol[1], Camila Santana Domingos[2], Cristiane Chaves de Souza[3], Meire Chucre Tannure[4], Tânia Couto Machado Chianca[5], Patrícia Oliveira Salgado[6].

RESUMO

Objetivo: avaliar o diagnóstico de enfermagem "Dor aguda" em pacientes internados, em uma unidade de clínica médico-cirúrgica, a partir do uso de um *software*. **Método:** estudo quantitativo do tipo transversal, observacional e descritivo com pacientes internados em uma unidade de clínica médico-cirúrgica masculina e feminina de um hospital de ensino. A amostra foi composta por 100 pacientes. Os dados foram coletados por meio de entrevista previamente estruturada em um *software*. Na análise descritiva dos dados, calculou-se a taxa de prevalência e correlação de Pearson. Considerou-se nível de significância de 5%. **Resultados:** prevalência de 34% do diagnóstico de enfermagem "Dor aguda". A maioria dos pacientes tinha menos que 60 anos e era do sexo masculino. Nas últimas avaliações, 21 (61,8%) pacientes mantiveram queixa de dor, sobretudo, relacionada a procedimentos cirúrgicos e traumas. Verificou-se que a proporção de homens foi maior que a de mulheres na queixa de dor leve e moderada. Quanto maior o tempo de internação maior foi o número de pacientes com a queixa de dor resolvida (r= 0,384; p= 0,025). **Conclusão:** os dados deste estudo corroboram com os achados de outros autores no que tange à importância da avaliação da dor e intervenções adequadas em seu manejo.

Descritores: Enfermagem; Processo de Enfermagem; Software; Diagnóstico de Enfermagem; Dor aguda.

ABSTRACT

Objective: to evaluate the nursing diagnosis "Acute pain" in patients hospitalized in a medical-surgical clinic unit using a software. **Methods:** quantitative, cross-sectional, observational and descriptive study with patients hospitalized in a male and female medical-surgical clinic of a teaching hospital. The sample consisted of 100 patients. The data were collected based on a previously structured interview using a software. The Pearson's correlation test and the prevalence rate were calculated in the descriptive data analysis. A significance level of 5% was considered. **Results:** 34% prevalence of the nursing diagnosis "Acute pain". Most patients were less than 60 years old and were male. In the last evaluations, 21 (61.8%) patients maintained pain complaints, mainly related to surgical procedures and trauma. The proportion of men was greater than that of women in the complaint of mild and moderate pain. The longer the hospitalization time, the greater the number of patients with resolved pain complaint (r = 0.384, p = 0.025). **Conclusions:** the data found in this study corroborate the findings of other authors regarding the importance of pain assessment and appropriate interventions in its management.

Descriptors: Nursing; Nursing Process; Software; Nursing Diagnosis; Acute Pain.

RESUMEN

Objetivo: evaluar el diagnóstico de enfermería "Dolor agudo" en pacientes internados en una unidad clínica médico-quirúrgica a partir del uso de un software. **Métodos:** estudio cuantitativo del tipo transversal, observacional y descriptivo con pacientes internados en una unidad clínica médico-quirúrgica masculina y femenina, de un hospital universitario . La muestra fue compuesta por 100 pacientes. Los datos fueron recolectados a través de una entrevista previamente estructurada con base en un software. En el análisis descriptivo de los datos, se calculó la tasa de prevalencia y la correlación de Pearson. Se consideró un nivel de significancia del 5%. **Resultados:** prevalencia del 34% del diagnóstico de enfermería "Dolor agudo". La mayoría de los pacientes tenían menos de 60 años y eran del sexo masculino. En la última evaluación 21 (61,8%) pacientes mantuvieron queja de dolor, sobre todo relacionada a procedimientos quirúrgicos y traumas. Se verificó que la proporción de hombres fue mayor que la de las mujeres en cuanto a la queja de dolor leve y moderado. El mayor tiempo de internamiento resultó en mayor número de pacientes con la queja de dolor resuelta (r = 0,384, p = 0,025). **Conclusiones:** los datos de este estudio corroboran los hallazgos de otros autores en lo que se refiere a la importancia de la evaluación del dolor e intervenciones adecuadas en su manejo.

Descriptores: Enfermería; Proceso de Enfermería; Programas informáticos; Diagnóstico de Enfermería; Dolor Agudo.

[1]Graduanda em Enfermagem pela Universidade Federal de Viçosa. [2]Enfermeira, Mestre em Ciências da Saúde pela Universidade Federal de Viçosa. [3]Enfermeira, Doutora em Enfermagem pela Universidade Federal de Minas Gerais. [4]Enfermeira, Doutora em Enfermagem pela Universidade Federal de Minas Gerais. [5]Enfermeira, Pós Doutora em Enfermagem pela Universidade de Iowa. [6]Enfermeira, Doutora em Enfermagem pela Universidade Federal de Minas Gerais.

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INTRODUCTION

The International Association for the Study of Pain (IASP, 1994), defines it as "an unpleasant sensory and emotional experience, associated with actual or potential tissue damage, or described in terms of such damage"[1].

According to Souza (2016), the pain is considered "multidimensional and inherent to human existence, part of the vital process of each individual". It refers, continuously, to health care environments, and with greater frequency, to hospitalized patients [2].

The pain can be classified as acute or chronic according to its temporal aspect. Acute pain constitutes an important warning sign and have limited duration in time and space, ceasing when the root cause is found. Chronic pain constitutes a disease, a process that persists, even after the restoration of the healthy condition of the individual[3].

In a humanistic vision, pain can be thought of as a sensory and emotional experience that adds real or potential tissue damage to cultural, mental and physical losses. This condition can be regarded as one of the main causes of human suffering, compromising the quality of life and bringing emotional, cognitive, social and cultural consequences to affected individuals[3].

Pain control should be a concern of nurses and, aiming to direct the care, during patient care, the methodological tool used is the Nursing Process (NP)[4]. When a patient is with pain, the nurse should be able to perform the first step of the NP, by a comprehensive data collection, with the description of the painful experience and its impact on the biological, emotional, spiritual functioning, as well as list the factors that contribute to their improvement or worsening.

Nursing Diagnoses (ND) represent the second stage of the NP. The NANDA taxonomy-International (NANDA-I) initially defined "pain" as "an experience and reported severe discomfort or an uncomfortable sensation, without difference between acute and chronic condition"[5].

In 1986, "Chronic Pain" was included as a ND for complaints of pain lasting more than six months. Only 10 years later, the diagnosis "Acute Pain" was integrated to the taxonomy and defined as "an unpleasant sensory and emotional experience arising from actual or potential tissue damage, or described in terms of such damage (International Association for the Study of Pain); sudden or slow onset from mild to severe, with an anticipated or predictable end"[5].

Despite the existence of more than 20 years of the ND "Acute pain", study points out that, regardless of the place where the nursing care occurs, nurses do not include the ND pain in the elaboration of the ND, a common problem in clinical exercise[6]. This fact can be justified by the professionals' difficulty to implement all stages of the NP, given the work overload or deficiency of knowledge about its use.

Thus, the use of a software to record the NP has been indicated as a tool able to contribute to its fast, accurate and complete deployment, favoring a higher availability of nurses for care activities, greater contact with the patients and operationalization of the steps of the NP[6]. The use of software seeks to achieve the deployment of the NP, integrating its steps into a logical structure of data, information and knowledge, for the decision making of nursing care, reestablishing a health condition favorable to the patient[6].

Upon the benefits from the use of information technologies for the implementation of the NP, a larger project is being developed, entitled "Evaluation of the applicability of a software with the nursing process at hospitalization units". In this project, the software Information System with the Nursing Process in Intensive Therapy (SIPETI - Sistema de Informação com o Processo de Enfermagem em Terapia Intensiva), which contains the steps of NP based on the basic human needs (BHN) theory of Wanda de Aguiar Horta, originally developed to be used in an intensive care unit for adults[6], was used in a medical-surgical clinic unit for adaptation.

The experience of data collection, using the software, showed that pain was a common problem identified in patients evaluated from admission until discharge, transfer or death, which made the researchers wonder about the factors related to it.

Therefore, this study was outlined with the objective of assessing the NP "acute pain" in patients hospitalized in a medical-surgical clinic unit, from the use of a software.

METHODS

This is a quantitative, cross-sectional, observational and descriptive study, carried out in the male and female medical-surgical clinic from a hospital in the *Zona da Mata Mineira*. The two clinics, where the software was employed, add 35 beds intended to care, in the majority, to

patients of the Unified Health System (UHS) of the clinical, general surgery and orthopedic medical specialties. The institution is recognized as a teaching hospital and classified as mid-sized.

The study population was composed of patients hospitalized in the male and female medical-surgical clinic, in the period from 9 January to 17 March 2017, totaling 271 patients. The sample size was determined by the non-probabilistic convenience sampling method, which is characterized by the use of objects or people more readily accessible as research subjects in a study[7].

The study included aware patients, of both sexes, aged over 18 years, admitted to the clinics and who agreed to participate in the research when the researchers carried out the data collection. The study excluded patients who, at data collection, were being subjected to tests, invasive procedures, who left the unit after discharge, death or transfer or refused to participate in the study.

For those patients who presented some cognitive deficit, by age or health condition, the companion was asked to sign the Informed Consent Form. The final sample was composed of 100 patients who met the inclusion criteria. There was no sample loss, because all enrolled patients were monitored daily until discharge, death or transfer.

For the use of the software, an inter-observer training was carried out, in order to qualify the researchers to describe the same phenomenon observed, obtaining the best likeness as possible[8]. After three cycles of training, the concordance index above 90% was reached, recommended by Coluci, Alexandre and Milani[8], in which the records were considered reliable and trustworthy, with the researchers considered trained and with skills necessary to begin data collection.

Data were collected through a previously structured interview, on SIPETI software, by two researchers, at the bedside of the patient, in the morning and afternoon periods. At the patient's admission, the first evaluation was performed with complete anamnesis and physical examination. In the subsequent days of hospitalization, evaluations were conducted regarding the physical examination only, since the researchers had access to the patient's history in the software.

The questioning about pain was part of the physical examination and was checked daily with the patient who responded to questions about presence of pain, intensity, site and type. For the assessment of pain intensity, the Numerical Pain Scale (NPS) was used, drafted by Huskisson[9], varying from zero to 10 points, with zero as lack of pain and 10, the worst pain ever felt by the patient, considering previous painful experiences. For criteria of descriptive statistical analysis, the intensity of the pain was stratified using the Analgesic Pain Scale (APS), drawn up by the WHO[10], categorizing in "absence of pain", when the intensity reported is zero; "mild pain", intensity from one to three, "moderate pain", intensity from four to seven; and "severe pain", intensity greater than eight. The site and the type of pain were assessed by means of a verbal report.

The data were organized in Excel®, version 2010, and, after verification of their consistency, were exported to the Statistical Package for Social Sciences (SPSS), version 23. The descriptive statistical analysis of the results was performed by means of absolute and relative frequencies. Seeking to investigate the relationship between the time of hospitalization with the status of the diagnosis of pain, Pearson's correlation was used. For the other variables, the Pearson's chi-square test was used. For statistical decision criteria, in all comparisons, the level of significance (α) adopted was of 5%.

The accomplishment of this research complied with the Resolution of the National Health Council (NHC) 466/12, which regulates researches involving human beings in Brazil. The project was approved by the Research Committee Ethics of the University (Ethical Opinion n. 45113815.7.0000.5153). The patients' anonymity was guaranteed. The objectives and the voluntary nature of the research were previously informed to all participants. All patients or their representatives were able to participate in the study after signing the ICF.

RESULTS AND DISCUSSION

During the period of two consecutive months using the SIPETI at the female and male medical-surgical clinics, 100 patients were assessed. The prevalence of "acute pain" was 34%.

Studies conducted in similar scenarios have shown high frequencies of ND, especially when it comes to patients in the postoperative period, ranging between 32.1% and 42.2%[11-12]. A survey carried out in a unit of immediate

postoperative and mediate in general surgery, showed that acute pain was a complaint of 42.2% among the 99 patients evaluated[11]. The authors reinforce the importance of the adequate pain management, as well as its judicious evaluation, because the feeling of pain can generate an energy expenditure higher than expected and affect negatively the patient's recovery. The nurse must have a continued focus on the patient's complaint of pain to avoid or minimize the occurrence of other nursing problems[12].

The age of patients ranged between 18 and 90 years, with the majority (31-91.2%) below the age of 60 years and mean age of 41.4 years, males (19-55.9%), *pardo* race (years old,9%) and with the Complete Elementary Education (17-50.2%) (Table 1).

Table 1 - Characterization of the study participants according to age, sex, self-reported race and education, Viçosa-MG, 2017.

Variables	N	%
Age (years)		
18-30	10	29.4
31-60	21	61.8
61-90	3	8.8
Sex		
Male	19	55.9
Female	15	44.1
Race		
White	8	23.5
Pardo	20	58.9
Black	6	17.6
Education		
Illiterate	2	5.8
Incomplete elementary school	5	14.7
Complete elementary school	17	50.2
Incomplete high school	3	8.8
Complete high school	6	17.6
Incomplete college	0	0
Complete college	1	2.9

Source: Study data, 2017.

The profile of the participants found in this study differed from a study that evaluated patients, in a similar scenario[13], regarding the age range, with higher prevalence (60%) in patients aged 50 years or more. However, concerning sex, the proportion of patients was similar, 52% were males and 48%, females[13].

The most frequent organic systems that caused the hospitalization gastrointestinal and musculoskeletal, in nine (26.5%) patients, followed by cardiovascular and kidney, in four (11.8%) patients, reproductive in three (8.9%) patients, hepatic, hematopoietic, metabolic, neurological and respiratory tract in one (2.9%) patient each. Regarding the clinical situation, the most patients (21-61,8%) were hospitalized for clinical reasons. The hospitalization time ranged between one and 10 days, and the average time was of 3.97 days. Regarding the clinical outcome, 30 (88.2%) patients were discharged from the hospital, two (5.9%) were transferred to another

hospital sector and two (5.9%) were transferred to another inpatient unit.

A study that evaluated the profile of patients hospitalized in a medical clinic[13] found a high prevalence of patients with cardiovascular diseases (60%), followed by respiratory and neurological diseases (40%) and smaller portion with infectious diseases, such as sepsis (12%) and erysipelas (8%). The literature is scarce in relation to studies addressing the organic systems that lead patients to hospitalization in scenarios similar to this research, which complicates the comparison to other studies. Nevertheless, these data are a reflection of the profile of patients who are treated at each service.

Despite the interventions during hospitalization to minimize or eliminate pain, 21 (61.8%) patients remained in pain at the last evaluation, conducted before the outcome, and only 13 (38.2%) had the ND "Acute pain" solved. In addition, of the 34 patients with the ND "Acute pain", only 17 (50%) had access to some form of analgesia, with the most used drug classes for pain relief, the ordinary analgesics (15-88,2%), non-steroid anti-inflammatory drugs (NSAIDS) (12-70,5%) and opioids (7-41.1%).

Although only 50% of the patients had access to pharmacological measures of pain relief in this study, the authors show that the medicines have an important role in the control of this complaint, when safely prescribed. A systematic review that identified the efficacy of medicines of the NSAID class in controlling pain associated with tissue inflammation or damage showed that this therapy becomes even better when associated with opioids, significantly reducing the prevalence of pain in the postoperative period[14].

In this study, of the 17 patients who had access to analgesia, the majority (15-88,2%) was medicated with ordinary analgesics. Similarly, a study that assessed the acute pain in patients in the emergency room, revealed that the ordinary analgesics represent the class therapy of first choice and used with greater frequency, having solved the pain condition in 25% of patients[15]. A systematic review, which evaluated the effectiveness of NSAIDS in control of acute pain found that 68.7% of the articles classified this drug class as "effective" in control of mild to moderate acute pain, when used alone or in combination with other medicines, besides being considered safe by 56.2% of the authors[14].

In addition to the pharmacological measures, it is worth stressing the importance of the implementation of non-pharmacological measures for pain relief. The application of heat and cold, exercise, massage, distraction, relaxation and comfort are some examples of non-pharmacological measures.

A systematic review[16] showed that the pharmacological and non-pharmacological measures complement in the relief of pain. The emotional support and improved positioning in bed were able to relieve the pain in 88.5% and 75.8% of the patients, respectively[16]. The literature shows that, despite pain management being the nurse's competence, there is a gap in the education regarding the management of this phenomenon, requiring a greater investment in training of professionals within this theme[16].

The evaluation of the related factors, presented by NANDA-I, for the diagnosis of "Acute pain" showed that more than half of patients (19-55.9%) were submitted to the action of damage-causing physical agents, i.e., the complaint of pain was mostly related to surgical procedures and traumas. Most patients (18-52.9%) complained of moderate pain in the abdominal region (10-29.4%), being reported as continuous by six (17, 7%) patients (Table 2).

Table 2 - Distribution of related factors, intensity, site and type of pain, Viçosa- MG, 2017.

Variable	N	%
Related factors		
Physical injurious agents	19	55.9
Biological harmful agents	15	44.1
Pain intensity		
Moderate pain	18	52.9
Mild pain	9	26.5
Severe pain	7	20.6
Pain site		

Abdominal region	10	29.4
Lower limbs	8	23.5
Upper limbs	4	11.8
Lumbar region	4	11.8
Head	3	8.8
Thoracic region	3	8.8
Genitourinary region	2	5.9
Type of pain		
Not informed	7	20.6
Continuous	6	17.7
Throbbing	5	14.8
On burn	4	11.8
In colic	3	8.8
Nagging	3	8.8
Sudden	3	8.8
Biting	1	2.9
In cramp	1	2.9
Tingling	1	2.9

Source: Study data, 2017.

Most of the study participants (55.9%) reported pain related to physical agents, especially surgical procedures. The authors found a strong association between physiological changes caused by major surgeries, especially orthopedic ones, and the presence of post-operative pain[17]. Although the pain in the postoperative period requires attention and care, its management is often inadequate, with little commitment of the nursing team in its evaluation and control, requiring greater training of professionals to use advanced strategies in the care to the pain[18].

Half of the patients reported continuous pain, even after the administration of medicines for its control. This datum reflects the need for greater empowerment of nursing in relation to pain management. The conduction of this study allowed for observing that the nursing team depends on a medical prescription to intervene regarding the patient's complaint of pain, forgetting their role in the implementation of non-pharmacological measures for its relief.

Importantly, patients who do not need to undergo a surgical procedure can also experience pain due to their health condition and suffer complications of uncontrolled pain. The study identified that the pain is a common complaint of more than 60% of hospitalized patients, not necessarily in the postoperative period, but with diagnoses that include acute respiratory insufficiency, acute exacerbation of chronic lung disease, congestive heart failure and multiple organ failure[19].

Procedures such as change of decubitus, dressings in wounds, punctures in central and peripheral accesses, tracheal aspiration, among others, to which patients can be submitted during hospitalization, also can cause some degree of pain[20].

Pain should be investigated as multidimensional, mainly its related factors. The demonstration of pain can be subjective and the professionals, particularly nurses, who are directly involved with the care, must consider the different aspects that are part of the painful experience. The factors related to pain, as well as their characteristics, must be identified earlier, so that specific interventions are performed to provide relief. An integrative review that provided conceptual and operational definitions of "acute pain" brought elements that help the nurse identify the patient with pain, including: self-report of presence of pain; self-report of the

characteristics of pain; behavior of distraction; expressive behavior, such as crying, agitation and surveillance; protective behavior; hopelessness; diaphoresis; pupil dilation; evidence of pain using standardized instrument for people who are unable to communicate verbally; facial expression of pain; changes in appetite; position to relieve pain; among others[20]. There stands out an analysis that also considers aspects related to age, emotional fragility and cultural identity of patients, because the pain can be disguised by the particularities of each person[21].

After evaluating the pain intensity presented by patients in this study, the majority (52.9%) complained of moderate pain. Other authors have found that the complaint of moderate pain was more frequent in male patients, in the immediate postoperative period (18%), followed by complaints of severe pain of maximum intensity by the scale of pain assessment (14%)[22].

There was a difference in the proportion of men and women according to the level of pain (p=0.004). The proportion of patients who complained mild and moderate pain was greater among men and only women complained of severe pain. Other authors have observed that most patients with complaint of acute pain were female (65.5%) and there was a higher frequency (51.7%) of complaint of severe pain in study participants, regardless of sex[23].

Furthermore, a study showed evidence about the perception of pain between the two sexes, but the exact differences and their relevance are not fully established[14]. A study suggests that women have a higher frequency of painful episodes, when compared to men, because they are more susceptible to pathological events that cause pain [15]. Nonetheless, pain can affect individuals of any age, sex and socioeconomic conditions, and the nursing staff is responsible for performing a comprehensive assessment of pain and using the clinical reasoning and NP to intervene and provide a positive outcome for patients.

There was a correlation between the time of hospitalization and the status of "acute pain" at the time of discharge. The greater the time of hospitalization, the greater the number of patients with the ND solved (r= 0.384; p= 0.025). The average time of hospitalization, observed in this study (3.97 days), proved to be smaller than the time found by other authors (8.5 days), when it comes to medical clinic inpatient units[13]. Nevertheless, the hospitalization unit where the study took place also considers that a surgical clinic receives patients in pre- and post-operative, which requires a shorter hospitalization time and early discharge when compared to patients of the medical clinic.

Patients that stayed longer in the medical and surgical clinics were discharged without complaint of pain, when compared to patients hospitalized for a shorter period. The reporting of pain is a remarkable characteristic in patients in the postoperative period, but the patient is commonly discharges still with complaint of pain, because the recovery will occur, in most part, in the home environment[17]. When it comes to the patient admitted to the medical clinic, the discharge happens upon the resolution of the majority of the complaints, including pain, which sustains the finding of this study.

A study that evaluated the acute pain in patients admitted to the emergency room found that, at the moment of the first assessment, 62.5% had severe pain and 37.5% reported moderate pain. Nonetheless, in a second evaluation, there was a predominance of the complaint of moderate pain (54.1%) and significant increase in the number of patients with mild pain, demonstrating that adequate interventions, during the hospitalization, have great efficacy in controlling pain[15].

Verbal communication is considered the gold standard for an effective assessment of pain, being the inability to communicate an obstacle for the identification and appropriate management of pain in hospitalized patients[20]. An integrative review showed that, in some countries, the verbal report of pain by the patient him/herself or the companion has been used for assessing pain, without an appropriate instrument. Nevertheless, in other places, including in some Brazilian scenarios, pain is assessed through standardized instrument for this purpose, such as the numerical and analog visual scale[20].

In the United Kingdom, for example, although there are no specific programs at hospitals to optimize the pain management, the professionals perform various activities of awareness and education about pain, causing patients to report it more frequently[19]. In the U.S.A., pain management programs have already been introduced for all hospitalized patients. The same occurs in Canada, where similar minimum standards are required for pain assessment and

management[19]. An integrative review identified gaps in the knowledge about pain assessment and management by critical care nursing in the world[20], which suggests that pain assessment can be even more devalued, in environments with minimal and intermediary care, in which the human and material resources are more scarce, such as the scenario of this study.

The use of SIPETI assisted in the identification of "acute pain" in 34 patients, as well as daily evaluation of the patient with complaint of pain at the bedside in an integrated manner. It was possible to evaluate not only the intensity of the pain presented by patients, but also other aspects involved in this human response, such as cite, type and related factors. An integrative review identified that nurses have demonstrated positive attitude in relation to the use of software to assist in the implementation of the NP in clinical practice[24]. The use of computerized systems revealed that the time spent in the care was lower, in addition to improving the acceptance of the patient and creation of individual care plans[24].

FINAL THOUGHTS

The present study observed, within a period of two consecutive months, that the pain was present in 34% of patients. Most participants were male (19-55.9%) and aged under 60 years. As cause of hospitalization, gastrointestinal and musculoskeletal organic systems (9-26.5%) were the most prevalent and the majority of patients progressed to hospital discharge. The total number of patients with the ND "Acute pain", 21 (61.8%) remained with the problem at the last evaluation. Only half of the participants had access to pharmacological measures for pain relief. In the majority of patients (19-55,9%), the pain related to physical agents. The greater the time of hospitalization, the better the prognosis in relation to pain.

The hospitalized patient goes through a delicate phase that can be accentuated by the experience of pain, and the nursing team has an important role in its control. Professionals should use scales and instruments that allow for the comprehensive evaluation of pain, considering the individuality of each patient and valuing their complaints. The training of nurses about the assessment of pain should start still in college, in order to increase the knowledge about its related factors and provide the appropriate use of instruments that allow quantifying it. The NP should not be dissociated from the nursing clinical practice, which allows for the creation of a specific and individual care plan, in order to schedule solving actions in pain control.

The sample size was a limitation of the study, once it does not allow for the extrapolation of the findings to larger populations or with differentiated profile. The findings of this study may contribute to the greater discussion on the subject, as well as better preparation of the nursing team to carry out the assessment and appropriate management of pain in any care scenarios, considering the individuality of the patients who seek the health service with the complaint of pain or that present it in certain moments of hospitalization.

Furthermore, the data found in this study allowed characterizing the ND "Acute pain" in medical-surgical clinic units, thus corroborating the findings of other authors regarding the importance of pain assessment and appropriate interventions in its management.

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Mailing address:
Gabriela Tavares Boscarol
Street Virgilio Val, 270 Downtown
ZIP CODE: 36570-023 – Viçosa/MG - Brazil
E-mail: gabiboscarol@gmail.com