

Cancer Pain with Standardized Nursing

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Abstract

Background: The incidence of cancer pain in patients with malignant tumors is relatively high, and pain control is poor, which is closely related to many factors, especially the nursing way. **Objective:** To explore the effect of standardized nursing model on pain control in patients with malignant tumors. **Methods:** 50 patients with malignant tumors treated in the Affiliated Hospital of Chengde Medical College from January to December in 2021 were randomly divided into 25 cases in the control group and 25 cases in the observation group. The pain control and medication compliance of the two groups were compared. **Results:** There was no difference in the corresponding score of admission pain between the two groups ($P > 0.05$), and the pain score of the observation group was lower than that of the control group ($P < 0.05$). The compliance rate was significantly higher than the control group ($P < 0.05$). **Conclusion:** Standardized cancer pain nursing can ease the pain of patients, and the medication compliance is better.

Keywords

Full-Course Standardized Nursing Process of Cancer Pain, Advanced Tumor, Cancer Pain, Medication Compliance Rate

1. Introduction

The incidence of malignant tumors is increasing year by year, 40% of patients will have cancer pain [1], and the incidence of patients in advanced stage is as high as 60% - 90%. If this symptom is not treated specifically, it will have a serious impact on the quality of life of patients [2]. Cancer pain often occurs due to tissue damage, which seriously affects the psychological, emotional and cognitive status of patients and reduces the quality of life. Persistent cancer pain can induce sleep disturbance and aggravate the physical and mental stress of cancer patients. Therefore, scientific nursing methods should be adopted to alleviate

cancer pain. The standardized nursing process is a nursing process planned and implemented to suppress cancer pain. Compared with routine nursing, standardized nursing emphasizes standardized implementation and perfect operation. As the treatment of cancer pain is a long-term process, under the condition of limited medical resources in China, cancer pain patients tend to choose home-based self-management after discharge and lack professional guidance. Therefore, patients are worried about opioid addiction and side effects, resulting in low medication compliance. Some patients have a lack of understanding of home self-management and lack of self-management methods; self psychological and pain assessment is not timely, resulting in anxiety, depression and other psychological problems. This study explored the effect of standardized cancer pain nursing on pain control and medication compliance.

2. Data and Methods

2.1. General Information

Fifty cancer patients treated in the Affiliated Hospital of Chengde Medical College from January to December in 2021 were randomly divided into two groups: the control group ($n = 25$) was treated with routine pain relief nursing, and the observation group ($n = 25$) was treated with cancer pain through the whole standardized process. The ratio of male to female was 28:22, and the age ranged from 34 to 76 years (58.64 ± 5.64). This study was approved by the Medical Ethics Committee of the Affiliated Hospital of Chengde Medical University.

2.2. Method

The three tiered principles of cancer pain treatment of the World Health Organization include: 1) Oral administration: oral administration is the preferred route of administration, and patients who cannot take oral administration can choose other routes of administration. 2) Timely administration: the drug has an effect time, and if it is not administered on time, it is easy to cause repeated pain and affect the long-term treatment effect. 3) Step by step: choose the drugs with different steps according to the degree of pain. 4) Attention to specific details: pay close attention to the patient's condition to avoid or reduce the occurrence of side effects. 5) Individualized administration: Each person's pain tolerance and drug sensitivity are different, and the dosage is different.

The control group was mainly carried out through routine pain relief nursing: the physical signs of patients were closely tested, the responsible nurse truthfully reported the main complaint of patients' pain to the doctor, and the doctor took corresponding measures according to the WHO three-step analgesic administration principle.

The observation group adopted the standardized nursing process of cancer pain and established a corresponding standardized management group of cancer pain degree. The members of the group were experienced tumor nurses, doctors,

pharmacists and psychological counselors. The evaluation of patients' pain degree mainly included text description score scale (VRS) and digital evaluation pain scale (NRS). Through the subjective consciousness of patients, the degree of pain was scored accordingly, and a multidimensional pain scale (BPI) and specific pain score scale belonging to patients were established to quantitatively evaluate the degree of pain of patients. At the same time, nurses needed to introduce the definition, how to produce and how to treat cancer pain to the subjects, and described the name of analgesic drugs used, how to use them, as well as possible adverse reactions and countermeasures, so as to continuously and dynamically evaluate and recorded the pain status for the patients. For patients in the advanced stage of cancer, after a long time of treatment and the torture of cancer pain, they needed to carry out corresponding psychological intervention and individualized psychological counseling, so that they established a positive attitude to face the treatment of cancer pain, and carried out regular telephone follow-up after discharge.

3. Observation Index

1) Pain control: compared the pain situation of the two groups before and after treatment, including the comparison of the pain degree and the total duration of the patients. The evaluation of the pain degree was measured by VAS, and the score range was 0 - 10 points. The higher the score, the stronger the pain feeling of the patients.

2) Medication compliance: recorded and compared the medication compliance of patients, and divided them into three levels: complete compliance, partial compliance and non-compliance. The compliance rate = (1 - number of non-compliance cases)/total number of cases × 100%.

3) Statistical Methods

SPSS 25.0 was used for analysis. The measurement data were expressed in mean ± standard. After t-test, the counting data were χ^2 test, the difference was statistically significant ($P < 0.05$).

4. Result

1) The sociodemographic and clinical characteristics of patients were summarized as follows, and there was no statistical difference between the two groups for each factor (**Table 1**).

2) There was no difference in the corresponding score of pain degree between the two groups at admission. The pain score and pain duration after discharge in the observation group were lower than those in the control group, and the difference was statistically significant ($P < 0.05$) (**Table 2**).

3) The medication compliance rate of patients in the observation group was 92% (23/25), and that of patients in the control group was 76% (19/25), the medication compliance rate of the observation group was significantly higher than that of the control group.

Table 1. The sociodemographic and clinical characteristics.

	the control group (n = 25)	the observation group (n = 25)
Classification of malignant tumors		
Breast cancer	10	9
Lung cancer	8	9
Gastric cancer	2	2
Colorectal cancer	4	3
Liver cancer	1	2
Gender		
Female	15	13
Male	10	12
Age		
>60	13	10
<60	12	20

Table 2. Comparison of pain scores.

	Pain score at admission	Pain score at discharge
control group (n = 25)	5.12 ± 1.2014	3.24 ± 1.052*
observation group (n = 25)	5.4 ± 1.472	2.56 ± 0.961
t	0.7368	2.3863

* $P < 0.05$.

5. Discussion

The number of malignant tumors in China is increasing, and the mortality of malignant tumors is also increasing. Most of the patients have developed into intermediate and advanced stage at the time of diagnosis, accounting for more than 15% of the total number of malignant tumors [3]. Patients with advanced malignant tumors usually have cancer pain, especially severe cancer pain, which seriously affects the therapeutic effect and quality of life of patients. Most patients with advanced malignant tumors are treated with drugs, and rational and scientific use of drugs can effectively relieve the cancer pain of patients [4]. The severe pain caused by tumor will produce psychological pressure, which has a negative impact on patients' mood, and lead patients to resist receiving corresponding treatment [5]. As the patient's condition progresses, the pain symptoms become more intense. Therefore, it is necessary to take corresponding positive measures for patients, so as to make the analgesic treatment for patients closer to the expected standard [6]. The core content of the standardized pain nursing management mode routinely used in clinic is to improve the service quality of pain management and enable patients to have a higher participation in the

treatment process [7]. In the actual clinical treatment, more targeted nursing intervention measures are taken for cancer pain patients, which play a certain role in promoting the compliance of patients with pain treatment. Patients can strictly follow the doctor's advice to reduce the degree of pain. The main purpose of cancer pain nursing is to reduce the pain of patients and enable patients to face treatment more actively. The process of cancer pain nursing is not only physical intervention, but also corresponding psychological intervention for patients, and patients' emotions can be in a more stable state. For cancer pain patients, most of them can be relieved by drug or non drug methods. However, in China, about 1/2 of cancer pain patients have not received standard treatment for cancer pain symptoms, especially those with severe pain, which aggravate pain symptoms due to fear of disease [8]. Therefore, it is necessary to carry out nursing intervention for cancer pain patients. On the basis of in-hospital care, the patients with cancer pain will be provided with multi-dimensional care. After discharge, the nursing service will be extended to families and communities. The patients' pain will be understood and mastered through telephone follow-up, home-based family follow-up, etc., the opioid use methods and precautions will be introduced, and the patients will be guided to develop good living habits, adopt healthy behavior styles, effectively relieve pain symptoms and improve the quality of life. At present, the nursing of cancer pain in China mainly focuses on hospital-centered continuous nursing and on-site service relying on community health service resources [9]. There is no systematic family nursing concept and special family nursing institutions for cancer pain. Treatment sites in developed countries are transferred from hospitals to community clinics and families, and home care for cancer pain is undertaken by professional home care teams or institutions [10]. Japan promotes the community-based comprehensive care system, provides economic support through long-term care insurance, and establishes a home care visit station to provide a variety of home care services for discharged patients [11]. In Poland, family pain management nurses, hospital nurses, professional family caregivers and family members not only participate in family nursing, but also undertake the tasks of health education, medical consultation, promotion of rehabilitation, and rational allocation of medical resources [12]. From foreign experience, scientific allocation of home care services and human resources can improve the quality of life and satisfaction of patients and promote the efficient utilization of limited health resources [13] [14]. Through the standardized nursing intervention of cancer pain, patients and their families can have a further understanding how to control cancer pain, and patients can better carry out corresponding treatment under self-regulation.

6. Conclusion

To sum up, for cancer patients, through the whole process standardized nursing mode of cancer pain for corresponding nursing work, the pain of patients has been better relieved, and the medication compliance of patients is better, which

should be vigorously promoted and used in clinic. This study only studied the effect of improving nursing methods on cancer pain, and future research should add some related factors, such as adjusting drug dosage, to increase clinical significance.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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