

USE OF THE PAIN ASSESSMENT BEHAVIORAL SCALE (PABS) IN PACU

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The most common way to evaluate pain in the Post Anesthesia Care Unit (PACU) is verbal self-report. However, a significant number of patients are unable to verbally communicate due to the influence of anesthesia during recovery. Research is limited on how to identify pain level when patients are unable to self-report. The purpose of this study was to determine if the Pain Assessment Behavioral Scale (PABS) is a reliable method to assess pain in the PACU with adult patients. This 3-month study evaluated PACU patients measuring PABS scores at intervals, as compared to patient self-report.

A prospective, correlational, repeated measures and quasi-experimental design was employed. PABS and verbal scores were collected on a convenience sample of 308 adult PACU patients. Trained PACU RNs recorded PABS and verbal pain scores: on admission to PACU (T1), after emergence from anesthesia (T2), and when the patients were oriented to time and place (T3). Surgery types included 27% orthopedic, 21% general and 19% gynecology; age ranged from 19-91 y (mean 53 y); and 64% were female. PABS were lower at T1 1.47 ± 2.96 ; T2 1.82 ± 2.90 , T3 2.17 ± 2.65 than patient verbal scores at T1 1.47 ± 3.14 , T2 3.88 ± 3.44 , T3 4.63 ± 3.5 at all time points. Patients were more likely to receive pain medication if verbal and PABS scores were ≥ 5 at all time points (T1 77.3%, T2 80.8%, T3 90.2%). PABS and verbal scores correlated at T1 ($r=0.67$, $p=.00$), T2 ($r=0.57$, $p=.00$) and T3 ($r=0.502$, $p=.00$). However, kappa values decreased with time (T1 0.424; T2 0.269; T3 0.193).

Statistically significant correlations were found between verbal self-reports and PABS, yet clinically significant variability exists. While both scores were linked to analgesia administrations when scores were ≥ 5 , PABS may not be sensitive enough to guide clinicians' treatment decisions for pain. As patients emerge from anesthesia the PABS becomes less sensitive as compared to the verbal pain score. Further research is needed to examine pain scoring methods that are sufficiently sensitive and specific for patients unable to self-report.