

Exploring the Invisible: Pain and Unconscious Bias

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Meet Kevin

- Age: 17 year old
- Weight: 68 kg
- PMHx: Sickle Cell Disease (SCD)

Kevin and his family recently moved to a smaller community and has not established care with a team. He was out tobogganing with friends last evening and woke up with acute pain to his left arm. He presents to the local, community ED department with his mother. He is stoic, distractable (on his iPhone), rating his pain 9/10 and repeatedly asks for Morphine.



Additional Information

- During the visit Kevin's mother becomes increasingly frustrated with how long it takes for Kevin to receive pain medication
- Kevin's mother repeatedly requests to speak to team members
- Some members of the team describe Kevin's mother as being a "difficult" parent that is giving staff a "hard time"

What are some initial assumptions you made?

After listening to Kevin and his mom's experience, you learn the following...



Brief Pain History

- Kevin experiences chronic pain related to vaso-occlusive episodes
- Kevin and his family can typically manage a pain crisis at home
- Frequency of crisis: 1-3 times a year but this year has been exceptionally stressful and has resulted in an increase in episodes
- Triggers: exposure to cold/hot temperatures, stress/fatigue, infection, dehydration

Current Pain Treatments

- Pharmacological: acetaminophen, ibuprofen, hydroxyurea, morphine for acute crisis
- Physical: apply heat to the area
- Psychological: distraction techniques

During your assessment, you gather the following:

Pain location: Left arm

Onset: Woke up in pain this morning after tobogganing with friend last night

Intensity (Numerical Pain Rating Score): Currently 9/10

Quality: sharp, stabbing

Sensory (L forearm): unable to perform a pin prick exam and gentle palpation due to pain.

ROM: significantly decreased ROM in L elbow and wrist.

Aggravating factors: cold temperatures

Easing factors: Tylenol and Advil with minimal effect

Functional Limitations

School: Kevin typically does very well academically and has applied to University programs. So far this year, he has missed a significant amount of school due to persistent pain and is having difficulty keeping up. One of his biggest worries is that he won't be able to graduate this year on time

Social: Kevin has been struggling with FOMO (fear of missing out), the disease process has limited his ability to engage in certain activities with peers/friends. He also really values family events/outings and he has been missing these due to pain.

Home environment: Kevin moved from Toronto to a smaller community with his parents and younger brother. Both parents are concerned about his transition to adult care and current experiences in local EDs with unfamiliar medical teams. His mother is very supportive and has always been a strong medical advocate for Kevin.

Mood and stressors: The social worker in the ER department conducts a social history and finds out that Kevin has been struggling with increased anxiety d/t the recent move, pandemic, transitioning to adult care, and school

Questions

- What are some initial assumptions that you may have made and how did they change when you learned more information?
- Can you identify potential barriers to care that Kevin and his family might be facing?
- How would you use the 3 P (pharmacological, physical, psychological) approach to manage Kevin's pain?
- What additional recommendations would you provide to Kevin and his family?