Exploring the Invisible: Pain and Unconscious Bias

Project ECHO®

SickKids

Agenda

• Introduction to case	5 mins
• Breakout room	20 mins
• Large group discussion & Summary	20 mins

Learning Objectives

Upon completion of this case study, participants will be able to:

- Identify a 3P (pharmacological, physical, psychological) treatment plan
- Develop critical self-reflection skills to foster culturally safe patient care interactions
- Explore the implications of systemic barriers to the provision of safe healthcare delivery

Meet Kevin

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

Kevin and his family recently moved to the area and have 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 ER department with his mother. He is stoic, distractable (on his iPhone), rating his pain 9/10 and repeatedly asks for pain medications.

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

Pain Treatments

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

- Kevin has missed a significant amount of school due to persistent pain and anxiety; he may not be able to graduate high school this year
- 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
- 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

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 about pain medication
- Some members of the team describe Kevin's mother as being a "difficult" parent that is giving staff a "hard time"

Questions

- What are some assumptions you may have made?
- 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?