Use of Ice to Reduce Pain With Betamethasone Injections

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Use of Ice to Reduce Pain With Betamethasone Injections

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Purpose
• To evaluate preterm labor patient preference regarding the use of ice to reduce injection pain associated with Betamethasone injections

Background
• Application of ice prior to IM injection has been shown to reduce a patient’s perception of pain when receiving IM injections.
• This has not been studied with antepartum patients receiving Betamethasone injections to enhance fetal lung maturity.

Assessment
• Current practice was nurse preference versus patient preference in regards to icing the injection site prior to injection administration.
• Nurses who were using ice varied in their techniques.

Goals
To determine if the use of ice before Betamethasone IM injections should be standard practice for antepartum patients in order to improve patient experience by reducing the pain of the injection.

Intervention
• Patients receiving IM Betamethasone receive two injections.
• First injection was given without ice and the patient rated her pain on a scale from 0 to 10.
• Second injection was given 24 hours later.
• Ice was offered before the second injection.
• After the second injection, the patient was asked to rate her pain and her preference for ice versus no ice.

Results
Data were collected on 23 patients.
• Those who preferred ice reported a 50% decrease in pain.
• Those who disliked ice reported a 35% increase in pain.
• Those with no preference reported a 0% difference in pain.

Implications for Practice
• Our data suggests that pain reduction with ice is an individual experience. Participants varied in their perception of the helpfulness of ice to alleviate injection pain.
• Recommendation will be to educate patients about the reported benefits of using ice before IM Betamethasone injections.
• Patients will be given the option of choosing ice vs no ice prior to injections.

Limitations
• Due to a small sample size, more data is needed to assure these findings are generalizable
• Variations in ice application time and nurses' scripting should be standardized to build confidence in future findings

References

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<thead>
<tr>
<th>Description</th>
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