

C — Comfort and rest

12 statements · Recommended tool: CP-PAIN Pain & Comfort Score · Validated scales: NRS 0–10, FLACC, PAINAD

C1 Short-term pain

Group: Comfort and rest | Type: Actual problem

Definition: Pain of recent onset from injury, surgery, or illness that is expected to ease with healing.

Possible causes: Surgery; injury; procedures; inflammation

Signs and symptoms: Reports pain; grimacing; guarding; fast pulse; restlessness; high pain score

Scenario. After knee surgery, a woman rates her pain 7 out of 10 when moving.

S: "It hurts a lot when I move my knee."

O: Pain 7/10 on movement and 3/10 at rest; guarding; grimacing; pulse 98/min; day 1 after knee surgery.

Tools: CP-PAIN · NRS 0–10, FLACC, PAINAD ****CarePath diagnosis:**** Short-term pain related to surgery, as evidenced by reports pain and grimacing. ****Interventions and rationale**** | Intervention | Rationale |
|---|---| | Assess pain with a scale. | A pain scale gives a measurable score so the nurse can choose treatment and judge whether it is working. | | Give pain relief on time. | Giving pain relief on schedule keeps drug levels steady and prevents pain from becoming severe, which makes it easier to move and recover. | | Reposition. | Changing position and supporting the knee reduces strain on the painful joint and surgical site. | | Use cold or heat as ordered. | Cold reduces swelling and dulls pain after surgery, while heat relaxes tight muscles, so either one adds comfort to medicine when ordered. | | Re-check 30 to 60 minutes later. | Re-checking after 30 to 60 minutes shows whether the medicine worked and lets the nurse ask for changes if pain remains high. | ****Expected outcomes**** - Within 1 hour of pain relief: pain 3/10 or lower. - Moves and repositions without grimacing. - Sleeps in 2-3 hour blocks. ****Linking the data to the diagnosis**** On day 1 after knee surgery the woman says it hurts a lot when she moves her knee. She rates pain 7/10 on movement and 3/10 at rest, with guarding, grimacing and a pulse of 98/min. These show pain of recent onset from surgery that should ease with healing, so it is short-term pain and not long-lasting pain, which continues for months. The pain is present now, so this is an actual diagnosis. The plan aims for pain of 3/10 or lower within 1 hour of pain relief, movement and repositioning without grimacing, and sleep in 2 to 3 hour blocks.

CarePath diagnosis: Short-term pain related to surgery, as evidenced by reports pain and grimacing.

Intervention	Rationale
Assess pain with a scale.	A pain scale gives a measurable score so the nurse can choose treatment and judge whether it is working.
Give pain relief on time.	Giving pain relief on schedule keeps drug levels steady and prevents pain from becoming severe, which makes it easier to move and recover.
Reposition.	Changing position and supporting the knee reduces strain on the painful joint and surgical site.
Use cold or heat as ordered.	Cold reduces swelling and dulls pain after surgery, while heat relaxes tight muscles, so either one adds comfort to medicine when ordered.
Re-check 30 to 60 minutes later.	Re-checking after 30 to 60 minutes shows whether the medicine worked and lets the nurse ask for changes if pain remains high.

Expected outcomes: Within 1 hour of pain relief: pain 3/10 or lower. · Moves and repositions without grimacing. · Sleeps in 2-3 hour blocks.

Linking the data: On day 1 after knee surgery the woman says it hurts a lot when she moves her knee. She rates pain 7/10 on movement and 3/10 at rest, with guarding, grimacing and a pulse of 98/min. These show pain of recent onset from surgery that should ease with healing, so it is short-term pain and not long-lasting pain, which continues for months. The pain is present now, so this is an actual diagnosis. The plan aims for pain of 3/10 or lower within 1 hour of pain relief, movement and repositioning without grimacing, and sleep in 2 to 3 hour blocks.

C2 Long-lasting pain

Group: Comfort and rest | Type: Actual problem

Definition: Pain that continues for months or longer and affects daily life and mood.

Possible causes: Arthritis; nerve injury; cancer; back problems

Signs and symptoms: Pain for months; poor sleep; low mood; limited activity

Scenario. A man with back pain for three years avoids walking and sleeps poorly.

S: "My back hurts every day and I can't do anything."

O: Pain 6/10 for 3 years; guarded posture; avoids walking; sleeps 4 hours; low mood noted.

Tools: CP-PAIN · NRS 0–10, FLACC, PAINAD ****CarePath diagnosis:**** Long-lasting pain related to arthritis, as evidenced by pain for months and poor sleep. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Assess pain and its effect on life. | Long-lasting pain affects sleep, mood and activity, so assessing both pain and its effect on life shows which goals matter to the patient. | | Give regular medicines as ordered. | Regular scheduled medicines keep pain control steady, which works better than waiting until pain becomes severe. | | Teach pacing, gentle exercise, and relaxation. | Pacing, gentle exercise and relaxation keep joints and muscles moving, reduce fear of movement and lower the tension that adds to pain. | | Support mood. | Low mood and long-lasting pain feed each other, so emotional support can improve coping, sleep and willingness to be active. | ****Expected outcomes**** - Over 4 weeks: pain score down by at least 2 points, walks short distances daily, sleeps 6 hours. - Patient uses 2 coping methods. ****Linking the data to the diagnosis**** The man has had back pain for three years, now 6/10, and says his back hurts every day and he cannot do anything. He avoids walking, sleeps 4 hours, has a guarded posture and low mood. Pain lasting years that disturbs sleep, activity and mood fits long-lasting pain rather than short-term pain, which is recent and expected to settle. The problem is present, so this is an actual diagnosis. The plan aims over 4 weeks to lower the pain score by at least 2 points, restore short daily walks, raise sleep to 6 hours, and give the patient 2 coping methods.

CarePath diagnosis: Long-lasting pain related to arthritis, as evidenced by pain for months and poor sleep.

Intervention	Rationale
Assess pain and its effect on life.	Long-lasting pain affects sleep, mood and activity, so assessing both pain and its effect on life shows which goals matter to the patient.
Give regular medicines as ordered.	Regular scheduled medicines keep pain control steady, which works better than waiting until pain becomes severe.
Teach pacing, gentle exercise, and relaxation.	Pacing, gentle exercise and relaxation keep joints and muscles moving, reduce fear of movement and lower the tension that adds to pain.
Support mood.	Low mood and long-lasting pain feed each other, so emotional support can improve coping, sleep and willingness to be active.

Expected outcomes: Over 4 weeks: pain score down by at least 2 points, walks short distances daily, sleeps 6 hours. · Patient uses 2 coping methods.

Linking the data: The man has had back pain for three years, now 6/10, and says his back hurts every day and he cannot do anything. He avoids walking, sleeps 4 hours, has a guarded posture and low mood. Pain lasting years that disturbs sleep, activity and mood fits long-lasting pain rather than short-term pain, which is recent and expected to settle. The problem is present, so this is an actual diagnosis. The plan aims over 4 weeks to lower the pain score by at least 2 points, restore short daily walks, raise sleep to 6 hours, and give the patient 2 coping methods.

C3 Feeling sick to the stomach

Group: Comfort and rest | Type: Actual problem

Definition: An unpleasant urge to vomit, with or without actual vomiting.

Possible causes: Medicines; surgery; infection; pregnancy; pain; strong smells

Signs and symptoms: Queasy feeling; sweating; drooling; frequent swallowing; pale skin

Scenario. A patient after anesthesia feels sick and turns pale.

S: "I feel like I'm going to throw up."

O: Pale and sweating; swallowing often; retching; just out of anesthesia; blood pressure normal.

Tools: CP-PAIN, CP-SKIN, CP-BREATH · NRS 0-10, FLACC, PAINAD, Braden Scale, TIME wound chart, NEWS2, SpO₂, ECG ****CarePath diagnosis:**** Feeling sick to the stomach related to medicines, as evidenced by queasy feeling and sweating. ****Interventions and rationale**** | Intervention | Rationale |
|---|---| | Give anti-sickness drugs as ordered. | Anti-sickness medicines block the signals in the brain and gut that cause nausea, settling the urge to vomit. | | Keep the air fresh. | Fresh air in a well-ventilated room reduces stuffiness and odors that can worsen nausea. | | Offer small sips. | Small sips avoid overfilling the stomach, which can trigger vomiting, while still giving some fluid. | | Avoid strong smells. | Strong smells from food, perfume or cleaning products can set off nausea, so avoiding them removes common triggers. | | Give mouth care. | Mouth care removes unpleasant tastes and freshens the mouth, which makes nausea easier to bear. | | Sit upright. | Sitting upright helps the stomach empty and lowers the risk of vomit being inhaled, especially just after anesthesia. | ****Expected outcomes**** - Within 30-60 minutes of treatment: nausea resolved or mild (under 3/10), tolerates sips, no vomiting. ****Linking the data to the diagnosis**** After anesthesia the patient says they feel like they are going to throw up. The nurse observed pale skin, sweating, frequent swallowing and retching, with a normal blood pressure. These are typical signs of nausea, and the timing right after anesthesia points to medicines as the cause. The nausea has already started, so this is an actual diagnosis. The plan aims for nausea to be resolved or mild (under 3/10) within 30 to 60 minutes of treatment, with the patient tolerating sips and not vomiting.

CarePath diagnosis: Feeling sick to the stomach related to medicines, as evidenced by queasy feeling and sweating.

Intervention	Rationale
Give anti-sickness drugs as ordered.	Anti-sickness medicines block the signals in the brain and gut that cause nausea, settling the urge to vomit.
Keep the air fresh.	Fresh air in a well-ventilated room reduces stuffiness and odors that can worsen nausea.
Offer small sips.	Small sips avoid overfilling the stomach, which can trigger vomiting, while still giving some fluid.
Avoid strong smells.	Strong smells from food, perfume or cleaning products can set off nausea, so avoiding them removes common triggers.
Give mouth care.	Mouth care removes unpleasant tastes and freshens the mouth, which makes nausea easier to bear.
Sit upright.	Sitting upright helps the stomach empty and lowers the risk of vomit being inhaled, especially just after anesthesia.

Expected outcomes: Within 30-60 minutes of treatment: nausea resolved or mild (under 3/10), tolerates sips, no vomiting.

Linking the data: After anesthesia the patient says they feel like they are going to throw up. The nurse observed pale skin, sweating, frequent swallowing and retching, with a normal blood pressure. These are typical signs of nausea, and the timing right after anesthesia points to medicines as the cause. The nausea has already started, so this is an actual diagnosis. The plan aims for nausea to be resolved or mild (under 3/10) within 30 to 60 minutes of treatment, with the patient tolerating sips and not vomiting.

C4 Unable to sleep well

Group: Comfort and rest | Type: Actual problem

Definition: Trouble falling or staying asleep leaves the person unrefreshed.

Possible causes: Pain; anxiety; noise; caffeine; illness; shift work

Signs and symptoms: Takes long to fall asleep; wakes often; tired in the day; irritable

Scenario. A patient on a busy ward sleeps only three hours a night.

S: "I can't sleep with all the noise and I'm exhausted."

O: Sleeps about 3 hours per night; yawning; irritable; lights and alarms frequent on the ward.

Tools: CP-PAIN · NRS 0–10, FLACC, PAINAD ****CarePath diagnosis:**** Unable to sleep well related to ward noise and light, as evidenced by sleeping only 3 hours a night, yawning, and irritability. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Group care to allow rest. | Doing care tasks together leaves longer undisturbed periods, which allows the patient to cycle through deeper, more restful sleep. | | Reduce noise and light. | Less noise and light make it easier to fall asleep and prevent sudden waking, since the body treats sound and brightness as signals to stay alert. | | Avoid caffeine late in the day. | Caffeine is a stimulant that can stay active for hours, so avoiding it late in the day makes falling asleep easier. | | Teach relaxation. | Relaxation techniques lower muscle tension and anxiety, which helps the mind and body settle for sleep. | | Give sleep medicine only as ordered. | Sleep medicines can cause drowsiness, falls and slowed breathing, so they are given only as prescribed and after other measures. | ****Expected outcomes**** - Within 3 nights: sleeps at least 6 hours and reports feeling rested. - Patient names two sleep-promoting steps. ****Linking the data to the diagnosis**** The patient sleeps only about 3 hours per night and says they cannot sleep with the noise and are exhausted. The nurse saw yawning, irritability, and frequent lights and alarms on the ward. Poor sleep that leaves the person unrefreshed fits this diagnosis, and it has already occurred, so it is an actual diagnosis. It overlaps with noise or light disturbing rest, but here the main problem is the poor sleep and its effect on the patient. The plan aims for at least 6 hours of sleep within 3 nights, a rested feeling, and the patient naming two sleep-promoting steps.

CarePath diagnosis: Unable to sleep well related to ward noise and light, as evidenced by sleeping only 3 hours a night, yawning, and irritability.

Intervention	Rationale
Group care to allow rest.	Doing care tasks together leaves longer undisturbed periods, which allows the patient to cycle through deeper, more restful sleep.
Reduce noise and light.	Less noise and light make it easier to fall asleep and prevent sudden waking, since the body treats sound and brightness as signals to stay alert.
Avoid caffeine late in the day.	Caffeine is a stimulant that can stay active for hours, so avoiding it late in the day makes falling asleep easier.
Teach relaxation.	Relaxation techniques lower muscle tension and anxiety, which helps the mind and body settle for sleep.
Give sleep medicine only as ordered.	Sleep medicines can cause drowsiness, falls and slowed breathing, so they are given only as prescribed and after other measures.

Expected outcomes: Within 3 nights: sleeps at least 6 hours and reports feeling rested. · Patient names two sleep-promoting steps.

Linking the data: The patient sleeps only about 3 hours per night and says they cannot sleep with the noise and are exhausted. The nurse saw yawning, irritability, and frequent lights and alarms on the ward. Poor sleep that leaves the person unrefreshed fits this diagnosis, and it has already occurred, so it is an actual diagnosis. It overlaps with noise or light disturbing rest, but here the main problem is the poor sleep and its effect on the patient. The plan aims for at least 6 hours of sleep within 3 nights, a rested feeling, and the patient naming two sleep-promoting steps.

C5 Constant tiredness

Group: Comfort and rest | Type: Actual problem

Definition: Ongoing exhaustion that rest does not fix and that limits activity.

Possible causes: Anemia; cancer; poor sleep; depression; infection; heart disease

Signs and symptoms: Exhaustion; needs to rest; weakness; slow thinking; reduced activity

Scenario. A patient after chemotherapy cannot walk to the bathroom without resting.

S: "I'm so tired I can't even walk to the bathroom."

O: Needs rest after 10 meters; heart rate rises 25 beats on walking; hemoglobin 8.5 g/dL; on chemotherapy.

Tools: CP-PAIN · NRS 0–10, FLACC, PAINAD ****CarePath diagnosis:**** Constant tiredness related to anemia, as evidenced by exhaustion and needs to rest. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Plan rest periods. | Planned rest lets the body recover energy so the patient can take part in important activities without becoming exhausted. | | Space out activities. | Spreading tasks across the day prevents too much effort at one time, which would worsen exhaustion and raise heart rate. | | Treat causes. | Treating underlying causes such as anemia, as ordered, improves oxygen delivery to the tissues, which is needed to reduce fatigue. | | Encourage gentle activity. | Gentle activity maintains muscle strength and stamina, while long inactivity itself increases weakness. | | Teach energy saving. | Energy-saving habits, such as sitting for tasks and doing the most important things first, let the patient manage daily needs with less effort. | | Check blood tests. | Blood tests such as hemoglobin show whether anemia is improving or worsening and guide treatment. ****Expected outcomes**** - By day 3: walks to the bathroom with only one rest, lower fatigue score, energy-saving plan in place. - Patient states 3 energy-saving tips. ****Linking the data to the diagnosis**** After chemotherapy the patient says they are so tired they cannot even walk to the bathroom. The nurse found they need rest after 10 meters, their heart rate rises 25 beats on walking, and hemoglobin is 8.5 g/dL. This fits constant tiredness because the exhaustion is ongoing and limits activity, and anemia is the likely cause. It is an actual diagnosis because the tiredness is present now. The plan aims by day 3 for the patient to walk to the bathroom with only one rest, a lower fatigue score, an energy-saving plan in place, and 3 energy-saving tips stated by the patient.

CarePath diagnosis: Constant tiredness related to anemia, as evidenced by exhaustion and needs to rest.

Intervention	Rationale
Plan rest periods.	Planned rest lets the body recover energy so the patient can take part in important activities without becoming exhausted.
Space out activities.	Spreading tasks across the day prevents too much effort at one time, which would worsen exhaustion and raise heart rate.
Treat causes.	Treating underlying causes such as anemia, as ordered, improves oxygen delivery to the tissues, which is needed to reduce fatigue.
Encourage gentle activity.	Gentle activity maintains muscle strength and stamina, while long inactivity itself increases weakness.
Teach energy saving.	Energy-saving habits, such as sitting for tasks and doing the most important things first, let the patient manage daily needs with less effort.
Check blood tests.	Blood tests such as hemoglobin show whether anemia is improving or worsening and guide treatment.

Expected outcomes: By day 3: walks to the bathroom with only one rest, lower fatigue score, energy-saving plan in place. · Patient states 3 energy-saving tips.

Linking the data: After chemotherapy the patient says they are so tired they cannot even walk to the bathroom. The nurse found they need rest after 10 meters, their heart rate rises 25 beats on walking, and hemoglobin is 8.5 g/dL. This fits constant tiredness because the exhaustion is ongoing and limits activity, and anemia is the likely cause. It is an actual diagnosis because the tiredness is present now. The plan aims by day 3 for the patient to walk to the bathroom with only one rest, a lower fatigue score, an energy-saving plan in place, and 3 energy-saving tips stated by the patient.

C6 Itching or skin discomfort

Group: Comfort and rest | Type: Actual problem

Definition: Skin itch, burning, or irritation that disturbs rest and may lead to scratching damage.

Possible causes: Dry skin; allergy; kidney or liver disease; rash; medicines

Signs and symptoms: Scratching; red or broken skin; disturbed sleep; irritability

Scenario. An older woman scratches her legs until they bleed at night.

S: "My skin itches so much at night."

O: Scratch marks on legs; dry flaky skin; broken sleep; no rash; skin intact except scratches.

Tools: CP-PAIN, CP-SKIN · NRS 0-10, FLACC, PAINAD, Braden Scale, TIME wound chart **CarePath**
diagnosis: Itching or skin discomfort related to dry skin, as evidenced by scratching and red or broken skin. **Interventions and rationale** | Intervention | Rationale | | Keep skin moist. | Moisturizer restores the skin barrier and holds water in dry skin, which reduces the itch signals that drive scratching. | | Trim nails. | Short, smooth nails cause less damage when the patient scratches, especially during sleep, helping keep skin intact. | | Use cool compresses. | Cool compresses calm itching by dulling skin nerve activity and easing irritation. | | Avoid harsh soap. | Harsh soaps strip natural oils from the skin and worsen dryness and itching, so mild cleansers are used instead. | | Give itch medicine as ordered. | Itch medicine lowers the itch sensation, so the patient can rest and scratch less. | | Check for rash. | Checking for rash helps find a different cause, such as allergy or infection, that would need other treatment. | **Expected outcomes** - Within 2 days: itching 2/10 or lower, no new scratch wounds, sleeps through most of the night. - Patient moisturizes twice daily. **Linking the data to the diagnosis** The older woman says her skin itches so much at night, and she scratches her legs until they bleed. The nurse saw scratch marks, dry flaky skin and broken sleep, with no rash and skin otherwise intact. Dry skin explains the itch, and the lack of rash makes a rash-related cause less likely. Because itching and scratch damage are present, this is an actual diagnosis. The plan aims within 2 days for itching of 2/10 or lower, no new scratch wounds, sleep through most of the night, and the patient moisturizing twice daily.

CarePath diagnosis: Itching or skin discomfort related to dry skin, as evidenced by scratching and red or broken skin.

Intervention	Rationale
Keep skin moist.	Moisturizer restores the skin barrier and holds water in dry skin, which reduces the itch signals that drive scratching.
Trim nails.	Short, smooth nails cause less damage when the patient scratches, especially during sleep, helping keep skin intact.
Use cool compresses.	Cool compresses calm itching by dulling skin nerve activity and easing irritation.
Avoid harsh soap.	Harsh soaps strip natural oils from the skin and worsen dryness and itching, so mild cleansers are used instead.
Give itch medicine as ordered.	Itch medicine lowers the itch sensation, so the patient can rest and scratch less.
Check for rash.	Checking for rash helps find a different cause, such as allergy or infection, that would need other treatment.

Expected outcomes: Within 2 days: itching 2/10 or lower, no new scratch wounds, sleeps through most of the night. · Patient moisturizes twice daily.

Linking the data: The older woman says her skin itches so much at night, and she scratches her legs until they bleed. The nurse saw scratch marks, dry flaky skin and broken sleep, with no rash and skin otherwise intact. Dry skin explains the itch, and the lack of rash makes a rash-related cause less likely. Because itching and scratch damage are present, this is an actual diagnosis. The plan aims within 2 days for itching of 2/10 or lower, no new scratch wounds, sleep through most of the night, and the patient moisturizing twice daily.

C7 Side effects of pain medicine ⚠ URGENT

Group: Comfort and rest | Type: Actual problem

Definition: Drowsiness, nausea, constipation, or slowed breathing caused by pain medicines.

Possible causes: Opioid medicines; dose too high; older age; kidney problems

Signs and symptoms: Drowsiness; nausea; constipation; slow breathing; confusion; itching

Scenario. A patient after surgery is very sleepy and breathes six times a minute after morphine.

S: "I feel very sleepy and sick since the morphine."

O: Drowsy but rousable; respiratory rate 6/min; oxygen saturation 90%; nausea; no bowel movement for 3 days.

Tools: CP-PAIN, CP-ELIM, CP-BREATH · NRS 0–10, FLACC, PAINAD, Bristol Stool Chart, bladder scan, NEWS2, SpO₂, ECG ****CarePath diagnosis:**** Side effects of pain medicine related to opioid medicines, as evidenced by drowsiness, respiratory rate 6/min, oxygen saturation 90% and nausea (urgent: respiratory depression). ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Check sedation level and breathing rate before and after each dose; if drowsy or breathing slowly (under 10/min), hold the dose and call for help at once. | Opioids can slow breathing and cause sedation, so checking before and after doses spots danger early, and holding the dose and calling for help prevents further slowing of breathing. | | Give oxygen and prepare an opioid antagonist (for example naloxone) as ordered. | Oxygen supports low saturation while breathing is slow, and an opioid antagonist such as naloxone can quickly reverse the drug's effect on breathing when ordered. | | Give laxatives and anti-sickness medicine as ordered. | Opioids slow the bowel and trigger nausea, so laxatives and anti-sickness medicine relieve these effects and make the pain medicine easier to tolerate. | | Review the dose and timing with the prescriber. | The prescriber may lower the dose, change the drug or space out the timing to keep pain controlled with fewer side effects. | | Teach the patient and family warning signs. | A patient and family who know warning signs, such as unusual sleepiness or slow breathing, can alert staff early so harm is prevented. | ****Expected outcomes**** - Within 1 hour: alert and rousable, respiratory rate 12–20/min, oxygen saturation at target. - Pain controlled at 3/10 or lower. - Nausea settled and bowels open within 48 hours. ****Linking the data to the diagnosis**** After morphine the patient says they feel very sleepy and sick. The nurse found drowsiness but rousable, respiratory rate 6/min, oxygen saturation 90%, nausea and no bowel movement for 3 days. These are known opioid side effects, and the slow breathing is respiratory depression, so help is called first, before anything else. The problem has already occurred, so this is an actual diagnosis. The plan aims within 1 hour for an alert, rousable patient breathing 12 to 20/min with oxygen saturation at target, pain at 3/10 or lower, nausea settled, and bowels open within 48 hours.

CarePath diagnosis: Side effects of pain medicine related to opioid medicines, as evidenced by drowsiness, respiratory rate 6/min, oxygen saturation 90% and nausea (urgent: respiratory depression).

Intervention	Rationale
Check sedation level and breathing rate before and after each dose; if drowsy or breathing slowly (under 10/min), hold the dose and call for help at once.	Opioids can slow breathing and cause sedation, so checking before and after doses spots danger early, and holding the dose and calling for help prevents further slowing of breathing.
Give oxygen and prepare an opioid antagonist (for example naloxone) as ordered.	Oxygen supports low saturation while breathing is slow, and an opioid antagonist such as naloxone can quickly reverse the drug's effect on breathing when ordered.
Give laxatives and anti-sickness medicine as ordered.	Opioids slow the bowel and trigger nausea, so laxatives and anti-sickness medicine relieve these effects and make the pain medicine easier to tolerate.
Review the dose and timing with the prescriber.	The prescriber may lower the dose, change the drug or space out the timing to keep pain controlled with fewer side effects.
Teach the patient and family warning signs.	A patient and family who know warning signs, such as unusual sleepiness or slow breathing, can alert staff early so harm is prevented.

Expected outcomes: Within 1 hour: alert and rousable, respiratory rate 12–20/min, oxygen saturation at target. · Pain controlled at 3/10 or lower. · Nausea settled and bowels open within 48 hours.

Linking the data: After morphine the patient says they feel very sleepy and sick. The nurse found drowsiness but rousable, respiratory rate 6/min, oxygen saturation 90%, nausea and no bowel movement for 3 days. These are known opioid side effects, and the slow breathing is respiratory depression, so help is called first, before anything else. The problem has already occurred, so this is an actual diagnosis. The plan aims within 1 hour for an alert, rousable patient breathing 12 to 20/min with oxygen saturation at target, pain at 3/10 or lower, nausea settled, and bowels open within 48 hours.

C8 Pain near end of life

Group: Comfort and rest | Type: Actual problem

Definition: Pain during advanced illness that needs prompt and frequent comfort measures.

Possible causes: Cancer; advanced organ disease; pressure sores; muscle spasm

Signs and symptoms: Moaning; grimacing; restlessness; refuses to move; family distress

Scenario. A dying patient with cancer groans when turned.

S: (Cannot speak clearly.) Family: "He moans every time we turn him."

O: Moaning and grimacing on turning; clenches fists; observed pain score 7/10; advanced cancer.

Tools: CP-PAIN · NRS 0–10, FLACC, PAINAD ****CarePath diagnosis:**** Pain near end of life related to cancer, as evidenced by moaning and grimacing. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Assess often, including by behavior. | A patient who cannot speak needs pain judged by behavior, such as moaning, grimacing and clenched fists, so untreated pain is not missed. | | Give pain relief regularly as ordered. | Regular scheduled doses keep pain controlled continuously, which is kinder and more effective than waiting for pain to return. | | Reposition gently. | Slow, supported turning reduces pulling and pressure on painful areas and lessens the pain that movement provokes. | | Use comfort measures. | Comfort measures such as a calm room, gentle touch and good positioning add to medicine and ease distress. | | Support the family. | Families are often distressed by seeing suffering, so explanation and support ease their worry and help them take part in comfort care. | ****Expected outcomes**** - Observed pain score 3 or lower. - Comfortable during care. - Breakthrough medicine given within 30 minutes. - Family reports he looks at peace. ****Linking the data to the diagnosis**** The dying patient with advanced cancer cannot speak clearly, but his family says he moans every time they turn him. The nurse observed moaning, grimacing, clenched fists, and an observed pain score of 7/10. Because he cannot report pain, these behaviors are the evidence, and this fits pain near end of life rather than short-term pain after surgery. The pain is present, so this is an actual diagnosis. The plan aims for an observed pain score of 3 or lower, comfort during care, breakthrough medicine within 30 minutes, and the family reporting that he looks at peace.

CarePath diagnosis: Pain near end of life related to cancer, as evidenced by moaning and grimacing.

Intervention	Rationale
Assess often, including by behavior.	A patient who cannot speak needs pain judged by behavior, such as moaning, grimacing and clenched fists, so untreated pain is not missed.
Give pain relief regularly as ordered.	Regular scheduled doses keep pain controlled continuously, which is kinder and more effective than waiting for pain to return.
Reposition gently.	Slow, supported turning reduces pulling and pressure on painful areas and lessens the pain that movement provokes.
Use comfort measures.	Comfort measures such as a calm room, gentle touch and good positioning add to medicine and ease distress.
Support the family.	Families are often distressed by seeing suffering, so explanation and support ease their worry and help them take part in comfort care.

Expected outcomes: Observed pain score 3 or lower. · Comfortable during care. · Breakthrough medicine given within 30 minutes. · Family reports he looks at peace.

Linking the data: The dying patient with advanced cancer cannot speak clearly, but his family says he moans every time they turn him. The nurse observed moaning, grimacing, clenched fists, and an observed pain score of 7/10. Because he cannot report pain, these behaviors are the evidence, and this fits pain near end of life rather than short-term pain after surgery. The pain is present, so this is an actual diagnosis. The plan aims for an observed pain score of 3 or lower, comfort during care, breakthrough medicine within 30 minutes, and the family reporting that he looks at peace.

C9 Muscle cramps or spasms

Group: Comfort and rest | Type: Actual problem

Definition: Sudden, painful tightening of muscles.

Possible causes: Dehydration; low salts; overuse; pregnancy; nerve problems

Signs and symptoms: Sudden painful tightening; hard muscle; limping; waking at night

Scenario. A runner wakes with a painful calf spasm after losing fluids.

S: "My calf is cramping badly."

O: Hard painful calf muscle; sweating; sodium and potassium slightly low; sudden onset after exercise.

Tools: CP-PAIN, CP-FLUID · NRS 0–10, FLACC, PAINAD, MUST, fluid chart, glucose ****CarePath diagnosis:****

Muscle cramps or spasms related to dehydration, as evidenced by sudden painful tightening and hard muscle. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Stretch and massage gently. | Gentle stretching and massage lengthen the tightened muscle and improve blood flow, which can stop the spasm. | | Give fluids. | Fluids replace what was lost through sweat and correct dehydration, a common trigger for cramping. | | Check salt levels. | Sodium and potassium help muscles contract and relax normally, so checking levels shows whether low salts are contributing. | | Apply warmth. | Warmth relaxes the tight muscle and improves circulation, easing pain. | | Report frequent cramps. | Frequent cramps may point to an underlying problem such as an electrolyte imbalance or poor circulation that needs medical review. | ****Expected outcomes**** - Cramp relieved within 10 minutes. - Fluids taken. - No recurrence in 24 hours. - Patient states prevention steps. ****Linking the data to the diagnosis**** The runner woke with a painful calf spasm after losing fluids and says the calf is cramping badly. The nurse found a hard, painful calf muscle, sweating, slightly low sodium and potassium, and sudden onset after exercise. These findings fit muscle cramps related to dehydration, and since the cramp is happening now, it is an actual diagnosis. It is not a long-lasting pain problem because it started suddenly and should pass. The plan aims for relief within 10 minutes, fluids taken, no recurrence in 24 hours, and the patient stating prevention steps.

CarePath diagnosis: Muscle cramps or spasms related to dehydration, as evidenced by sudden painful tightening and hard muscle.

Intervention	Rationale
Stretch and massage gently.	Gentle stretching and massage lengthen the tightened muscle and improve blood flow, which can stop the spasm.
Give fluids.	Fluids replace what was lost through sweat and correct dehydration, a common trigger for cramping.
Check salt levels.	Sodium and potassium help muscles contract and relax normally, so checking levels shows whether low salts are contributing.
Apply warmth.	Warmth relaxes the tight muscle and improves circulation, easing pain.
Report frequent cramps.	Frequent cramps may point to an underlying problem such as an electrolyte imbalance or poor circulation that needs medical review.

Expected outcomes: Cramp relieved within 10 minutes. · Fluids taken. · No recurrence in 24 hours. · Patient states prevention steps.

Linking the data: The runner woke with a painful calf spasm after losing fluids and says the calf is cramping badly. The nurse found a hard, painful calf muscle, sweating, slightly low sodium and potassium, and sudden onset after exercise. These findings fit muscle cramps related to dehydration, and since the cramp is happening now, it is an actual diagnosis. It is not a long-lasting pain problem because it started suddenly and should pass. The plan aims for relief within 10 minutes, fluids taken, no recurrence in 24 hours, and the patient stating prevention steps.

C10 Headache

Group: Comfort and rest | Type: Actual problem

Definition: Pain in the head that may limit rest and activity.

Possible causes: Tension; migraine; high blood pressure; dehydration; head injury

Signs and symptoms: Head pain; sensitivity to light; nausea; squinting; wants to lie in the dark

Scenario. A woman says her head is pounding and bright light makes her feel sick.

S: "My head is pounding and the light makes me feel sick."

O: Pain 8/10; squints in light; nausea; blood pressure 138/84; no neurological deficit.

Tools: CP-PAIN, CP-SKIN, CP-BREATH · NRS 0–10, FLACC, PAINAD, Braden Scale, TIME wound chart, NEWS2, SpO₂, ECG ****CarePath diagnosis:**** Headache related to tension, as evidenced by head pain and sensitivity to light. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Assess pain and warning signs. | Assessing pain and warning signs rates severity and detects danger signs that suggest a more serious cause than tension. | | Rest in a quiet dark room. | A quiet, dark room reduces light and noise, which worsen pain and nausea, so the patient can rest. | | Give pain relief as ordered. | Pain medicine acts on pain pathways or inflammation, lowering the pain so the patient can rest and recover. | | Report sudden severe headache or neurological signs. | Sudden severe headache or neurological signs can mean a serious problem such as bleeding or stroke, which needs urgent medical assessment. | ****Expected outcomes**** - Within 1-2 hours: pain 3/10 or lower and resting comfortably. - No neurological changes. - Patient names triggers to avoid. ****Linking the data to the diagnosis**** The woman says her head is pounding and the light makes her feel sick. The nurse found pain of 8/10, squinting in light, nausea, blood pressure 138/84 and no neurological deficit. Head pain with light sensitivity and nausea fits this diagnosis, and the lack of neurological signs fits a cause such as tension, though warning signs must still be watched. The headache is present now, so it is an actual diagnosis. The plan aims within 1 to 2 hours for pain of 3/10 or lower and comfortable rest, with no neurological changes and the patient naming triggers to avoid.

CarePath diagnosis: Headache related to tension, as evidenced by head pain and sensitivity to light.

Intervention	Rationale
Assess pain and warning signs.	Assessing pain and warning signs rates severity and detects danger signs that suggest a more serious cause than tension.
Rest in a quiet dark room.	A quiet, dark room reduces light and noise, which worsen pain and nausea, so the patient can rest.
Give pain relief as ordered.	Pain medicine acts on pain pathways or inflammation, lowering the pain so the patient can rest and recover.
Report sudden severe headache or neurological signs.	Sudden severe headache or neurological signs can mean a serious problem such as bleeding or stroke, which needs urgent medical assessment.

Expected outcomes: Within 1-2 hours: pain 3/10 or lower and resting comfortably. · No neurological changes. · Patient names triggers to avoid.

Linking the data: The woman says her head is pounding and the light makes her feel sick. The nurse found pain of 8/10, squinting in light, nausea, blood pressure 138/84 and no neurological deficit. Head pain with light sensitivity and nausea fits this diagnosis, and the lack of neurological signs fits a cause such as tension, though warning signs must still be watched. The headache is present now, so it is an actual diagnosis. The plan aims within 1 to 2 hours for pain of 3/10 or lower and comfortable rest, with no neurological changes and the patient naming triggers to avoid.

C11 Dry mouth or thirst

Group: Comfort and rest | Type: Actual problem

Definition: The mouth feels dry or sticky and the person is uncomfortably thirsty.

Possible causes: Fluid restrictions; mouth breathing; oxygen; medicines; fever

Signs and symptoms: Dry sticky mouth; cracked lips; asks for drinks; thick saliva

Scenario. A patient on oxygen says his mouth is dry all the time.

S: "My mouth is so dry."

O: Dry cracked lips; thick saliva; mouth breathing; on oxygen; fluid sips limited.

Tools: CP-PAIN, CP-FLUID · NRS 0-10, FLACC, PAINAD, MUST, fluid chart, glucose ****CarePath diagnosis:**** Dry mouth or thirst related to fluid restrictions, as evidenced by dry sticky mouth and cracked lips.

****Interventions and rationale**** | Intervention | Rationale | |---|---| | Give frequent mouth care. | Regular mouth care moistens the mouth, removes thick saliva and reduces germs, which improves comfort and protects the teeth and gums. | | Offer ice chips or sips if allowed. | Ice chips or sips give moisture in small amounts, easing thirst without going over the fluid limit set by the care team. | | Use lip balm. | Lip balm seals in moisture and prevents cracks, which are painful and can let germs in. | | Humidify oxygen. | Oxygen is dry and dries the nose and mouth, so humidifying it adds moisture to the air breathed in. | | Encourage fluids as allowed. | Allowed fluids replace losses and ease thirst, so the patient drinks as much as permitted without breaking the restriction. | ****Expected outcomes**** - Within 24 hours: mouth moist and lips not cracked. - Patient reports thirst relief. - Mouth care done every 2 hours. ****Linking the data to the diagnosis**** The patient on oxygen says his mouth is so dry. The nurse saw dry cracked lips, thick saliva, mouth breathing and limited fluid sips. These signs show the mouth is dry and sticky now, so this is an actual diagnosis, with the fluid limit and oxygen as likely causes. Because fluids are restricted, the plan must ease thirst within the limit, using mouth care and moisture rather than large drinks. It aims within 24 hours for a moist mouth and uncracked lips, the patient reporting thirst relief, and mouth care every 2 hours.

CarePath diagnosis: Dry mouth or thirst related to fluid restrictions, as evidenced by dry sticky mouth and cracked lips.

Intervention	Rationale
Give frequent mouth care.	Regular mouth care moistens the mouth, removes thick saliva and reduces germs, which improves comfort and protects the teeth and gums.
Offer ice chips or sips if allowed.	Ice chips or sips give moisture in small amounts, easing thirst without going over the fluid limit set by the care team.
Use lip balm.	Lip balm seals in moisture and prevents cracks, which are painful and can let germs in.
Humidify oxygen.	Oxygen is dry and dries the nose and mouth, so humidifying it adds moisture to the air breathed in.
Encourage fluids as allowed.	Allowed fluids replace losses and ease thirst, so the patient drinks as much as permitted without breaking the restriction.

Expected outcomes: Within 24 hours: mouth moist and lips not cracked. · Patient reports thirst relief. · Mouth care done every 2 hours.

Linking the data: The patient on oxygen says his mouth is so dry. The nurse saw dry cracked lips, thick saliva, mouth breathing and limited fluid sips. These signs show the mouth is dry and sticky now, so this is an actual diagnosis, with the fluid limit and oxygen as likely causes. Because fluids are restricted, the plan must ease thirst within the limit, using mouth care and moisture rather than large drinks. It aims within 24 hours for a moist mouth and uncracked lips, the patient reporting thirst relief, and mouth care every 2 hours.

C12 Noise or light disturbing rest

Group: Comfort and rest | Type: Actual problem

Definition: The surroundings are too noisy or bright for the person to rest.

Possible causes: Busy ward; alarms; staff talk; bright lights; roommates

Signs and symptoms: Cannot rest; irritable; covers eyes or ears; asks for quiet

Scenario. A recovering patient cannot sleep because hallway lights stay on.

S: "I can't rest because of the light and noise."

O: Awake and irritable at 2 am; hallway lights bright; alarm sounding nearby; sleeps in short bursts.

Tools: CP-PAIN · NRS 0–10, FLACC, PAINAD ****CarePath diagnosis:**** Noise or light disturbing rest related to busy ward, as evidenced by cannot rest and irritable. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Close doors. | Closed doors block hall light and noise, creating a quieter, darker space that makes rest easier. | | Lower voices and alarms. | Quiet voices and turned-down alarms reduce sudden sounds that wake people or keep them alert. | | Dim lights at night. | Dimmed lights at night support the body's natural sleep rhythm, which bright light disrupts. | | Offer earplugs and an eye mask. | Earplugs and an eye mask give the patient personal control over noise and light when the surroundings cannot be fully changed. | | Group care tasks. | Doing care tasks together leaves longer periods without interruption so the patient can sleep for longer stretches. | ****Expected outcomes**** - By day 2: sleeps at least 5 uninterrupted hours. - Noise and light reduced. - Patient says she feels more rested. ****Linking the data to the diagnosis**** The recovering patient says she cannot rest because of the light and noise. At 2 am she was awake and irritable, the hallway lights were bright, an alarm was sounding nearby, and she slept only in short bursts. The cause lies in the busy ward around her, so this fits noise or light disturbing rest and not a sleep problem from illness or pain. The problem is happening now, so it is an actual diagnosis. The plan aims by day 2 for at least 5 uninterrupted hours of sleep, reduced noise and light, and the patient saying she feels more rested.

CarePath diagnosis: Noise or light disturbing rest related to busy ward, as evidenced by cannot rest and irritable.

Intervention	Rationale
Close doors.	Closed doors block hall light and noise, creating a quieter, darker space that makes rest easier.
Lower voices and alarms.	Quiet voices and turned-down alarms reduce sudden sounds that wake people or keep them alert.
Dim lights at night.	Dimmed lights at night support the body's natural sleep rhythm, which bright light disrupts.
Offer earplugs and an eye mask.	Earplugs and an eye mask give the patient personal control over noise and light when the surroundings cannot be fully changed.
Group care tasks.	Doing care tasks together leaves longer periods without interruption so the patient can sleep for longer stretches.

Expected outcomes: By day 2: sleeps at least 5 uninterrupted hours. · Noise and light reduced. · Patient says she feels more rested.

Linking the data: The recovering patient says she cannot rest because of the light and noise. At 2 am she was awake and irritable, the hallway lights were bright, an alarm was sounding nearby, and she slept only in short bursts. The cause lies in the busy ward around her, so this fits noise or light disturbing rest and not a sleep problem from illness or pain. The problem is happening now, so it is an actual diagnosis. The plan aims by day 2 for at least 5 uninterrupted hours of sleep, reduced noise and light, and the patient saying she feels more rested.