



Pain assessment in adult inpatients to the emergency department: A scoping review protocol

Filipe Vieira Franco¹  0000-0002-3713-0381
Patrícia Pontífice Sousa²  0000-0003-0749-9011
Maria Aurora Gonçalves Pereira³  0000-0002-1710-1663

¹ Escola Superior de Saúde Fernando Pessoa; Porto, Portugal

² Universidade Católica Portuguesa; Lisboa, Portugal

³ Instituto Politécnico de Viana do Castelo – Escola Superior de Saúde; Viana do Castelo, Portugal

ARTICLE INFO

Received: 27 July 2025
Accepted: 06 October 2025

Keywords:

pain
pain measurement
nursing
emergency service, hospital
inpatients
adults

Corresponding Author:

Filipe Vieira Franco; Fernando
Pessoa Health School, Porto,
Portugal;
filipevieirafranco@hotmail.com

DOI: 10.62741/ahrj.v2i4.75

ABSTRACT

Introduction: Pain is a subjective sensory and emotional experience, often present in patients who seek emergency services. Its proper assessment is essential to ensure safe, effective, and person-centered care. However, several studies indicate that pain continues to be underestimated or not systematically monitored in these contexts, which compromises the quality of care. Nurses play a crucial role in assessing and monitoring pain.

Objectives: Map and synthesize the available scientific evidence regarding the strategies, methods, instruments, and practices used by nurses in assessing pain in adult inpatients to emergency departments.

Methodology: A scoping review will be conducted according to the Joanna Briggs Institute (JBI) methodology and reported in accordance with the PRISMA-ScR checklist. Primary studies of a quantitative, qualitative, or mixed nature will be included, as well as gray literature. The bibliographic search will be conducted in databases such as PubMed, CINAHL, LILACS, and RCAAP. Two independent reviewers will perform the selection and extraction of data.

Results: The aim is to map current pain assessment practices in inpatients adult to emergency care, identify instruments used and possible gaps in knowledge.

Conclusion: This review will contribute to the improvement of clinical nursing practice by promoting evidence-based interventions for systematic and effective pain assessment in emergency departments.

INFORMAÇÃO DO ARTIGO

Recebido: 27 julho 2025

Aceite: 06 outubro 2025

Palavras-Chave:

dor
avaliação da dor
enfermagem
serviços hospitalares de urgência
paciente internado
adultos

Autor correspondente:

Filipe Vieira Franco; Escola
Superior de Saúde Fernando
Pessoa, Porto, Portugal;
filipevieirafranco@hotmail.com

DOI: 10.62741/ahrj.v2i4.75

RESUMO

Introdução: A dor é uma experiência sensorial e emocional subjetiva, frequentemente presente nos doentes que recorrem aos serviços de urgência. A sua avaliação adequada é essencial para garantir cuidados seguros, eficazes e centrados na pessoa. No entanto, diversos estudos indicam que a dor continua a ser subavaliada ou não monitorizada de forma sistemática nestes contextos, o que compromete a qualidade dos cuidados. Os enfermeiros assumem um papel crucial na avaliação e monitorização da dor.

Objetivos: Mapear e sintetizar a evidência científica disponível relativamente às estratégias, métodos, instrumentos e práticas utilizadas pelos enfermeiros na avaliação da dor em doentes adultos internados nos serviços de urgência.

Metodologia: Será conduzida uma scoping review segundo a metodologia do Joanna Briggs Institute (JBI) e reportada de acordo com a checklist PRISMA-ScR. Serão incluídos estudos primários de natureza quantitativa, qualitativa ou mista, bem como literatura cinzenta. A pesquisa bibliográfica será realizada em bases de dados como PubMed, CINAHL, LILACS e RCAAAP. Dois revisores independentes realizarão a seleção e extração dos dados.

Resultados: Espera-se mapear as práticas atuais de avaliação da dor em doentes adultos internados em contexto de urgência, identificar instrumentos utilizados e possíveis lacunas no conhecimento.

Conclusões: Esta revisão contribuirá para a melhoria da prática clínica de enfermagem, promovendo intervenções baseadas em evidência para uma avaliação sistemática e eficaz da dor nos serviços de urgência.

Introduction

Pain is one of the main reasons for seeking emergency services and has a direct impact on the patient's experience, recovery, and the quality of care provided.^{1,2} According to the International Association for the Study of Pain, pain is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage³” Its proper assessment is essential to ensure an effective therapeutic response.

Recent literature shows that, despite recognition of the importance of pain assessment, it continues to be underestimated and undertreated, particularly in high-pressure settings such as hospital emergency departments^{4,5}. Systematic pain assessment is considered an essential component of clinical practice, enabling effective monitoring and the implementation of appropriate interventions⁶.

However, several studies reveal significant barriers that hinder pain monitoring in these contexts, including the lack of specific training for nurses, the absence of standardized protocols, and work overload—factors that contribute to variability in practice and inadequate pain treatment.^{7,8} A study by Alqahtani et al. (2022) highlights that nurses often rely on personal judgment instead of validated scales, leading to inconsistencies in patient care.⁹ Similarly, findings by Silva et al. emphasize the gap in continuing education on pain assessment protocols in emergency care.¹⁰

This reality highlights the need to map and systematize knowledge about the strategies, instruments, and methods used for pain assessment, especially by nurses who play a central role in the first line of contact and patient follow-up¹¹. Thus, the problem under study focuses on the lack of an updated and comprehensive synthesis of evidence related to pain assessment in emergency departments, which considers the actual practices of nurses and identifies gaps in knowledge and training. Addressing this issue is relevant for the development of protocols that ensure effective and consistent pain assessment, promoting quality, patient-centered care¹².

Accordingly, a preliminary search was conducted in the Joanna Briggs Institute (JBI) Database of Systematic Reviews and Implementation Reports, the Cochrane Database of Systematic Reviews, CINAHL (via EBSCO), and MEDLINE (via PubMed). This search did not identify any existing or ongoing literature reviews specifically addressing the topic under investigation.

Objective

The objective of this scoping review protocol is to map and synthesize the available evidence on the strategies, methods, instruments, and practices used by nurses in the assessment of pain in inpatients to emergency departments, identifying good practices and areas where gaps exist that justify future research or training interventions.

Methodology

This scoping review protocol was developed following the JBI methodology for scoping reviews. The protocol was registered on the Open Science Framework (OSF) and is available at: <https://10.17605/OSF.IO/MFQH9>.

Research Strategy and Studies Identification

The review question was formulated based on the PCC (Population, Concept, Context) strategy, as recommended by the JBI Manual for Evidence Synthesis¹³. In this sense, the following main question is defined: what are the strategies, methods, instruments, and practices used by nurses in assessing pain in adult patients admitted to emergency departments? The study population corresponds to adult inpatients to hospital emergency departments, the concept focuses on the assessment of pain performed by nurses, and the context refers to hospital emergency departments. In addition, we aim to answer complementary questions, such as: what instruments are used by nurses in pain assessment? And what factors facilitate or hinder this practice in the emergency context?

This study will include studies that address adult patients (≥ 18 years) admitted to hospital emergency departments, in which the assessment of pain performed by nursing professionals is described. No restrictions will be applied regarding the gender or clinical diagnosis of participants. Studies that focus exclusively on other care settings, such as intensive care units or wards, will be excluded.

The central concept of this scoping review is pain assessment, understood as the systematic process of identifying, measuring, and monitoring pain, which may involve the use of clinical instruments, standardized scales, institutional protocols, or subjective and objective approaches. All methods of pain assessment performed specifically by nurses in their clinical practice will be considered. The context of this review corresponds to hospital emergency services, with no geographical or institutional restrictions. The focus will be on the context of hospitalization in the emergency department, excluding studies that focus only on outpatients or one-off visits without the need for hospitalization.

Primary studies of a quantitative, qualitative, or mixed-methods nature will be included, as well as integrative reviews, clinical guidelines, technical documents, and gray literature, including academic dissertations and institutional reports, all openly accessible and available in Portuguese, English, or Spanish. No time-based filter will be applied. Letters to the editor, editorials, and opinion pieces will be excluded.

The search strategy will be developed in three phases, with the aim of identifying published and unpublished studies written in Portuguese, English, or Spanish. The first phase will consist of an exploratory search of the PubMed/MEDLINE and CINAHL databases to identify relevant free terms and controlled descriptors. Based on this

preliminary analysis, the final search strategy will be constructed, using DeCS/MeSH descriptors such as "Pain," "Pain assessment," "Inpatient," "Nursing," "Emergency hospital services," "Evidence-based nursing," and "Adults," as well as their respective synonyms. The generic Boolean phrase to be used, with the terms combined by Boolean operators, will be as follows: ("Adult"[MeSH] OR adult*[tiab]) AND ("Pain"[MeSH] OR pain[tiab]) AND ("Pain Measurement"[MeSH] OR "Pain Assessment"[tiab] OR "pain evaluation"[tiab]) AND ("Nursing"[MeSH] OR nurse*[tiab]) AND ("Emergency Service, Hospital"[MeSH] OR "Emergency Medical Services"[MeSH] OR emergency[tiab]) AND ("Inpatients"[MeSH] OR "hospitalized patient"[tiab]). This strategy will be applied to the MEDLINE (via PubMed), CINAHL (via EBSCOhost), LILACS and RCAAP databases, and will be adapted according to the specific characteristics of each database (Table 1). Whenever possible, a filter will be applied to restrict the results to studies with adult participants (≥ 18 years). Additional studies may be identified by analyzing the reference lists of the included articles.

Table 1. Search strategies used in each database.

Database	Research strategy	Results
MEDLINE (via PubMed)	("Adult"[MeSH] OR adult*[tiab]) AND ("Pain"[MeSH] OR pain[tiab]) AND ("Pain Measurement"[MeSH] OR "Pain Assessment"[tiab] OR "pain evaluation"[tiab]) AND ("Nursing"[MeSH] OR nurse*[tiab]) AND ("Emergency Service, Hospital"[MeSH] OR emergency[tiab]) AND ("Inpatients"[MeSH] OR "hospitalized patient"[tiab])	39
CINAHL (via EBSCOhost)	MH "Pain+" AND MH "Pain Measurement+" AND (MH "Nursing+" OR nurse*) AND (MH "Emergency Service+" OR emergency) AND (MH "Inpatients+" OR "hospitalized patient") AND (MH "Adult+" OR adult*)	17
LILACS	("Adults") AND ("Pain") AND ("Pain Assessment" OR "Pain Measurement") AND ("Nursing") AND ("Emergency Services, Hospital" OR "Emergency Service, Hospital" OR "Emergency Service") AND ("Hospitalized Patient")	0
RCAAP	adult* AND pain AND ("pain assessment" OR "pain measurement") AND nursing AND (urgency OR emergency) AND (hospitalization OR inpatient)	0

The identified references will be imported into Rayyan QCRI software, where duplicates will be removed. The selection of studies will be carried out by two reviewers independently, in two sequential stages: reading the titles and abstracts, followed by reading the full texts of potentially eligible studies. Any disagreements between the reviewers will be resolved by consensus or, if necessary, through the intervention of a third reviewer.

Data Extraction

Data extraction will be performed using a structured tool developed based on JBI methodological guidelines, which may be adjusted after an initial reading of the included studies. Bibliographic data (author, year of publication, country), study type and methodological design, participant characteristics,

pain assessment methods and instruments used, as well as the main results and recommendations presented will be extracted. Data analysis will be descriptive and narrative, using summary tables and thematic categorization, respecting the methodological nature of the included data.

With regard to ethical considerations, as this is a scoping review based on publicly available secondary sources, approval by an ethics committee is not expected to be necessary. However, all included studies should have followed the appropriate ethical principles in the original study [10].

The data extraction process will be conducted independently by two reviewers, with any disagreements resolved by consensus or, if this is not possible, by a third reviewer. For this purpose, a standardized extraction tool will be used, developed specifically for this scoping review (Table 2). This preliminary tool may be refined throughout the process if additional relevant variables are identified during the reading and analysis of the included studies.

The extraction grid will include detailed information on the population (adult inpatients to hospital emergency departments), the central concept (pain assessment by nursing professionals), the context (admission to hospital emergency departments), and the methodological characteristics of the studies. These elements aim to ensure that the extracted data adequately correspond to the objectives and the review question formulated.

In order to promote consistency and uniformity in the extraction process, the two reviewers will jointly extract the data from the first five included studies in order to harmonize the interpretation of the criteria and the completion of the instrument.

Table 2. Data extraction toll.

1. Details of the scoping review

Title: Pain assessment in adult patients admitted to the emergency department: a scoping review protocol

Objective: Map and synthesize the available scientific evidence regarding the strategies, methods, instruments, and practices used by nurses in assessing pain in adult patients admitted to emergency departments.

Review Questions: What are the strategies, methods, instruments, and practices used by nurses in assessing pain in adult patients admitted to emergency departments?

2. Inclusion/exclusion criteria

Population: adult patients admitted to these departments

Concept: assessment of pain performed by nurses

Context: hospital emergency departments

Source of evidence: Primary studies of a quantitative, qualitative, or mixed-methods nature will be included, as well as integrative reviews, clinical guidelines, technical documents, and gray literature, including academic dissertations and institutional reports.

3. Data extraction

Reviewer name:

Date of extraction:

4. Details and characteristics of evidence sources

Title:

Author(s):

Year of Publication:

Journal, volume, issue, pages:

Country of origin:

5. Study details Objective(s)

Type of study:

Data collection procedure:

Participants (population/sample):

Inclusion criteria:

Exclusion criteria:

6. Details/results extracted from the source of evidence

Pain assessment tools:

Pain assessment methods and strategies:

Enabling factors and barriers:

7. Main conclusions

8. Implications for clinical practice

9. Suggestions for future studies

10. Relevant bibliographic references

11. Additional comments

Data Synthesis

The data extracted from the studies included in this scoping review will be organized and presented in tabular and/or diagrammatic form, facilitating the visualization and comparison of the information collected. These formats will allow mapping and describing the strategies, methods, instruments, and practices used by nurses in assessing pain in patients admitted to emergency departments.

The tabular presentation will be complemented by a descriptive narrative summary, which will address the relevant evidence extracted from each study. This analysis will allow us to characterize, categorize, and interpret the findings, highlighting trends, recurring approaches, identified barriers, and gaps in clinical practice. The analysis as a whole aims to provide a comprehensive overview of the state of the art in pain assessment in this specific care context.

Conclusion

This protocol aims to structure a methodologically robust scoping review, according to the guidelines of the Joanna Briggs Institute (JBI), with the purpose of mapping the existing scientific evidence on pain assessment performed by nurses in patients admitted to emergency departments.

By clarifying concepts and identifying evidence-based practices, this review is expected to contribute to

strengthening the quality of nursing care, defining more effective clinical strategies, and continuing professional development. In addition, it will inform institutional policies and evidence-based practices, promoting improvements in clinical governance.

The systematization of existing information may also support the development of guidelines for practice, as well as identify gaps that justify future systematic reviews or targeted empirical studies.

The methodological structure described in this protocol will allow other researchers to replicate or further this research, promoting the continuous development of knowledge in the area of pain in the hospital emergency context.

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