



English for Nurses: Communication, Listening & Speaking

Pain Assessment, Monitoring & Labs



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Learning Objectives

- 1. Master English vocabulary & phrases for pain assessment (including scales).**
- 2. Practice listening to & speaking about patient monitoring & status changes.**
- 3. Identify common English lab test names & understand their purpose.**
- 4. Practice communicating lab results and procedures.**
- 5. Apply listening & speaking skills through role-plays & a case study.**



Understanding Pain Holistically



PQRST & Scales

Provokes, Quality, Region, Severity, Timing. Use numeric (0-10) or Wong-Baker FACES scales.



Wong-Baker FACES

Helps children and those with communication barriers express pain levels.



Non-Verbal Cues

Observe grimacing, guarding, restlessness, or vital sign changes like increased HR/BP.



Cultural Nuances

Pain expression varies across cultures. Avoid assumptions and remain sensitive.

Describing & Rating Pain

Pain Vocabulary

- Sharp, Dull, Aching
- Burning, Stabbing
- Throbbing, Cramping
- Tender



Credit Picture: <https://wongbakerfaces.org/>

Rating Pain

Numeric: "Zero means no pain, ten is the worst imaginable."

Wong-Baker: "Point to the face that shows your pain."



Listening for Pain Clues



Descriptive Words

Listen for words describing pain quality.



Intensity & Emotion

Note numbers and words like "unbearable." Observe fear or anxiety.



Unsaid Information

Pay attention to hesitation or downplaying pain, especially in certain cultures.



Family Input

Consider family observations, but prioritize the patient's report.

Asking About Pain Clearly & Sensitive

Initial Questions

"Are you having any pain right now?"

"Can you tell me about your pain?"

Quantifying Pain

"Can you rate your pain on a scale of 0 to 10?"

"What does the pain feel like?"

Contributing Factors

"Does anything make it better or worse?"

For non-verbal cues: "I notice you're [grimacing]. Are you uncomfortable?"

Activity 1: Assessing Pain

Role Play

- Nurse & Patient pairs.
- Practice pain assessment.
- Switch roles and scenarios.

Patient Scenario

- Elderly Thai man,
- basic English
- Believes showing pain is weak.
- Has knee pain (5/10), but says "It's okay, little bit, but it is worse when moving."

Nurse:

- Use English questions,
- observe non-verbal cues,
- and be culturally sensitive to assess pain accurately.



Monitoring: Listening with Your Ears & Eyes



Monitor Alarms

Interpret HR, BP, SpO2 alarms.



Breathing Sounds

Identify wheezing, crackles, stridor.



Patient Reports

Listen to verbal cues: "I feel funny," "My heart is racing."



Visual Listening

Observe skin color, consciousness, restlessness.

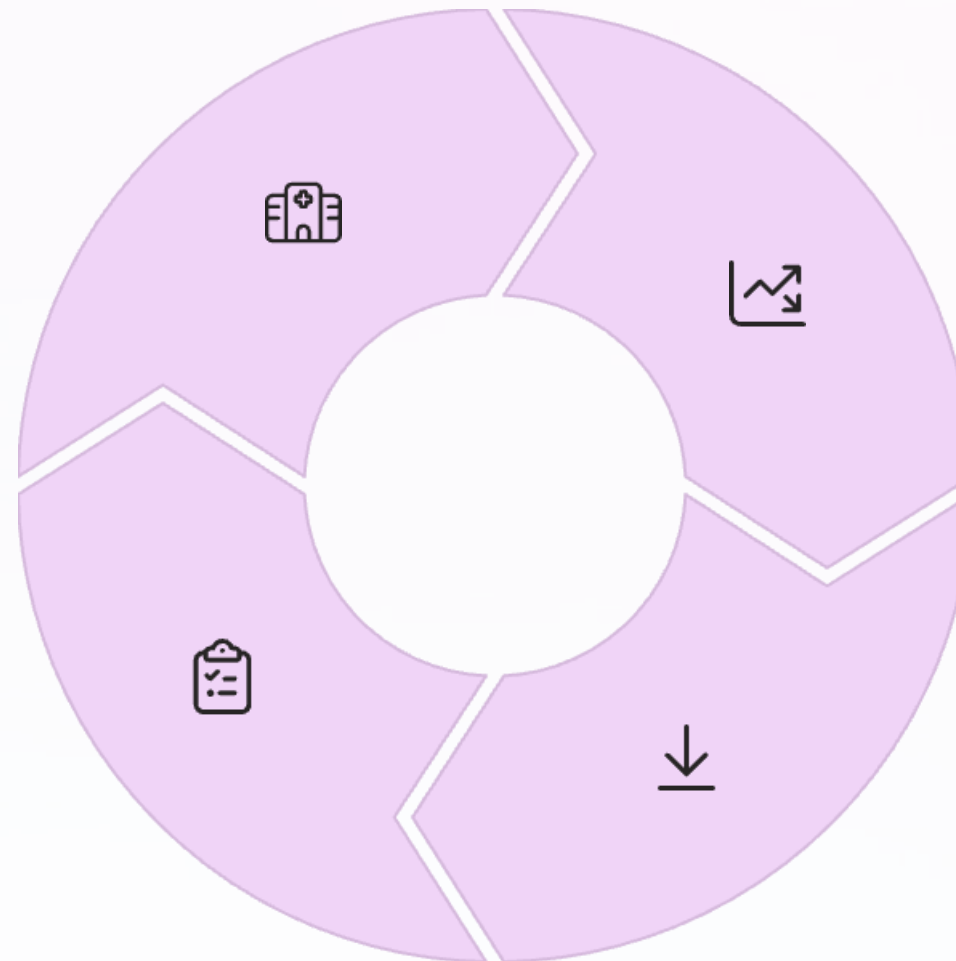
Reporting Changes & Explaining

Situation

"Dr. Lee, this is Nurse Pim calling about Mr. Chen in Room 201."

Recommendation

"I recommend we administer oxygen and re-evaluate."



Background

"He's post-op day 2 from a hip replacement."

Assessment

"His SpO2 dropped to 85%, and he reports increased shortness of breath."

Activity 2: Handover Listening



Handover Script

Instructor reads handover notes.



Active Listening

Identify key monitoring points for Mrs. Davis.



Task

Note two critical observations.

Handover details for Mrs. Davis: post-op Day 2 hip replacement. Vitals stable, but BP trended up to 160/95. Pain 3/10 with Paracetamol. Monitor calf closely; tenderness and redness noted. Labs pending.

Understanding Common Labs in English

CBC	Complete Blood Count	WBC, RBC, Hgb, Hct, Plt
BMP/Chem-7	Basic Metabolic Panel	Na, K, Cl, Glucose, BUN, Cr
LFTs	Liver Function Tests	ALT, AST, Bilirubin
Coags	Coagulation Studies	PT, INR, PTT
UA	Urinalysis	Urine components
Blood Cultures	Blood infection test	Bacterial growth



Credit Picture: <https://th.guidemedlab.com/plastic-labwares/vacuum-blood-collection-tube/vacuum-blood-collection-tube-2-10ml.html>



Communicating About Lab Tests

Listening	Speaking
<ul style="list-style-type: none">➤ Understanding verbal orders for labs.➤ Hearing results reported over the phone.➤ Listening to patient questions ("Why do I need this blood test?", "Will it hurt?").	<ul style="list-style-type: none">❑ Confirming orders ("So, you want a CBC and BMP?").❑ Explaining the procedure ("I need to draw a small amount of blood from your arm. You'll feel a small prick.").❑ Reporting results (especially critical ones).

Activity 3: Why This Test?

Match each common lab test with its primary purpose. Understanding the 'why' behind each test is key to effective communication.

Lab Tests

- 1. CBC
- 2. Glucose (in BMP)
- 3. Blood Cultures
- 4. Coags

Purposes

- a) Check for diabetes/blood sugar.
- b) Check for infection (Anemia, WBC).
- c) Check for bleeding risk.
- d) Check for bacteria in the blood (Sepsis).



Speaking: Reporting Lab Values

Clear, concise reporting of lab values is essential. Always state numbers clearly and indicate if they are high or low. For critical values, use the SBAR framework to ensure all vital information is conveyed.



State Numbers Clearly

Say "two point eight" for "2.8".



Indicate High or Low

Specify "Potassium is 2.8 (Low)".



Use SBAR for Criticals

Situation, Background, Assessment, Recommendation.

Activity 4: Critical Call!

Practice reporting critical lab values using the SBAR framework. This scenario simulates a real-life situation where clear and effective communication can be life-saving.



Scenario Setup

Nurse for Mrs. White. Potassium (K+) is 6.8 mmol/L (Critical)



Nurse's Role

Call the 'Doctor.' Report using SBAR in English.



Doctor's Role

Listen actively. Ask clarifying questions.

Case Study: Mr. Garcia

Review Mr. Garcia's case details.

Identify key information relevant to his condition and upcoming lab draws, paying attention to potential communication challenges.

Patient Overview

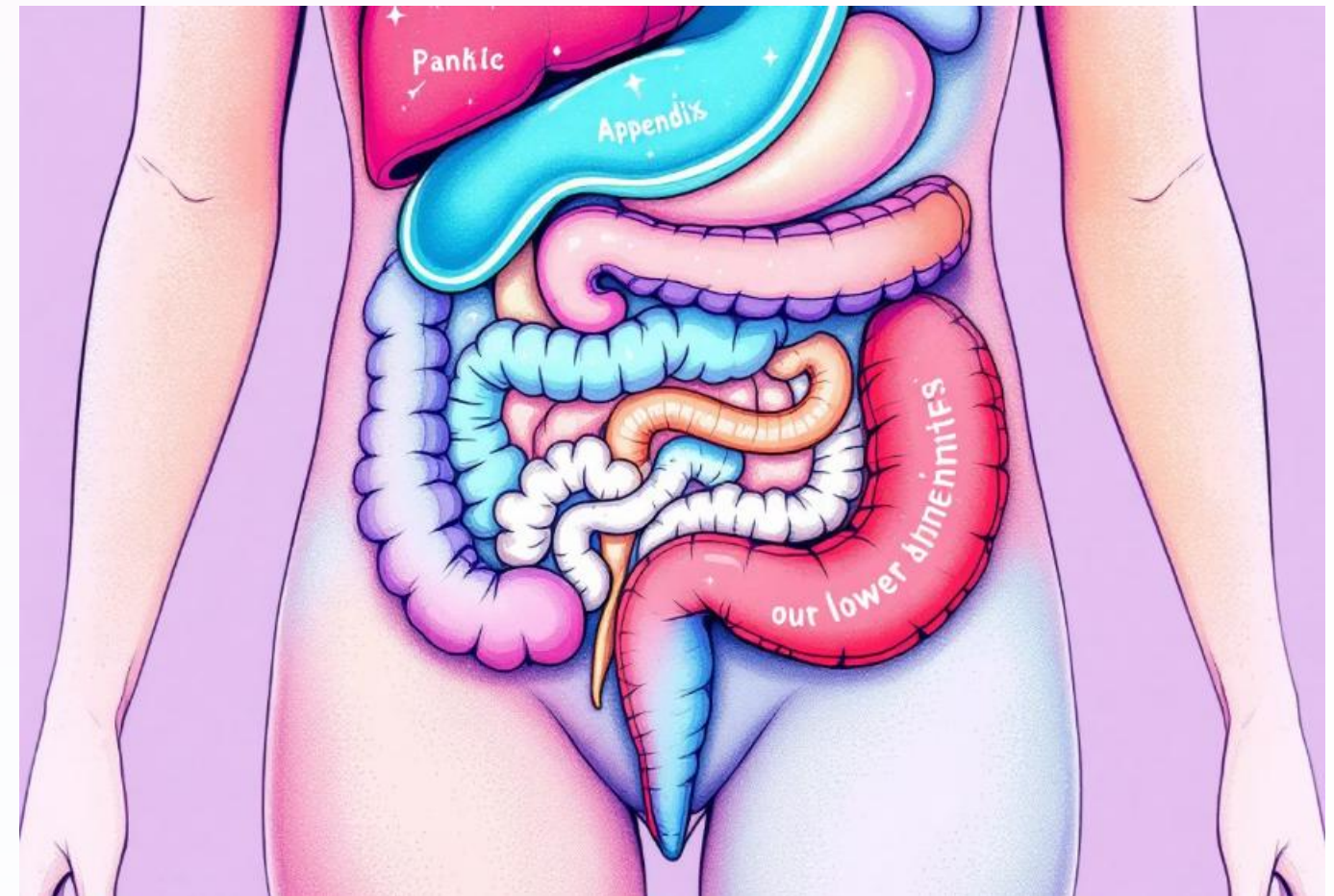
Mr. Garcia, 50, severe right lower quadrant pain. Suspected appendicitis. Strong accent.

Current Status

Pain 9/10, "stabbing," constant. Restless. T 38.9°C, HR 125, R 26, BP 140/90. Tachycardia.

Lab Orders

CBC, BMP. Need to draw blood. WBC 18.5 (High).



Activity 5: Reporting Mr. Garcia

Collaborate in groups to plan and deliver an SBAR report for Mr. Garcia. Focus on clearly communicating urgent findings, including pain, vitals, and the critical WBC result.



Listen & Discuss

Review Mr. Garcia's case. Identify urgent findings.



Plan & Speak

Plan SBAR report to surgeon. Decide roles. Practice clear communication.

Keep Listening, Keep Speaking!

Consistent practice builds fluency and confidence in healthcare communication. Don't hesitate to seek clarification when needed. Thank you for your participation!



Any Questions?



Practice is Key



**Ask for
Clarification**