

## PAIN MANAGEMENT

Pain is an unpleasant sensation and emotional experience linked to tissue damage. Its purpose is to allow the body to react and prevent further tissue damage. The experience of pain is different for everyone, and there are different ways of feeling and describing pain.

Common Misconceptions about pain:

- Chronic pain is a sign of personal weakness
- Chronic pain is a punishment for past actions
- Chronic pain means death is near
- Chronic pain always indicates the presence of a serious disease
- Pain will lead to a loss of independence
- The elderly, especially the cognitively impaired, have a higher tolerance for pain
- The elderly and the cognitively impaired cannot accurately self-report pain
- Patients in home care say they are in pain in order to get attention
- Elderly patients are likely to become addicted to pain medication

## Types of Pain

1. **Acute pain** is generally intense and short-lived. It is the body's way of alerting a person to an injury or localized tissue damage. Treating the underlying injury normally resolves this type of pain.

There are different types of acute pain:

- **Somatic pain** is superficial pain that is felt on the skin or soft tissues just below the skin.
  - **Visceral pain** originates in the internal organs and the linings of cavities in the body.
  - **Referred pain** is felt at a location different to the source of tissue damage, such the shoulder pain felt during a heart attack.
2. **Chronic pain** lasts far longer than acute pain. It often cannot be resolved. It can be mild or severe, it can be continuous, as in arthritis or it can be intermittent, as in migraines.
  3. **Intermittent pain** occurs on repeated occasions but stops in between.

## Pain Assessment:

The patient will be able to describe:

- the character of all pains felt by the patient, such as burning, stinging, or stabbing
- the site, quality, and radiation of pain, or where the pain is felt, what it feels like, and how far it feels like it spreads
- what factors aggravate and relieve the pain
- when the pain occurs throughout the day
- the impact on the person's daily function and mood
- the person's understanding of their pain

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Some of the pain measures used are:

- **Numerical rating scales:** These measure pain on a scale of 0 to 10, where 0 means no pain at all and 10 means the worst pain imaginable. It is useful for gauging changing pain levels in response to treatment or a deteriorating condition.
- **Verbal descriptor scale:** This may be used to measure cognitively impaired children, seniors, or people with autism or dyslexia. Instead of numbers, different descriptive questions are asked to narrow down the type of pain the patient is feeling
- **Faces scale:** A series of faces is shown to the person in pain, ranging from distressed to happy. This is mainly used with children and has also shown effective responses in people with autism.

### Wong-Baker FACES® Pain Rating Scale



### VERBAL PAIN INTENSITY SCALE



### Assessing Other Nonspecific Signs and Symptoms

Staff should be observing for nonspecific signs and symptoms that suggest the presence of pain, including:

- Restlessness
- Crying
- moaning and groaning, grimacing
- resistance to care
- reduced social interactions
- not eating
- sleeping problems

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### Treatment of Pain:

1. Non-steroidal anti-inflammatories (painkillers), available over the counter or on prescription at a range and strengths.
2. Opioids are prescribed for the most extreme acute pains, such as following surgery, burns, cancer, and bone fractures. Opioids are highly addictive, cause withdrawal symptoms, and lose effectiveness over time. They need a prescription.
3. Alternatives to medications:
  - a. Acupuncture
  - b. Nerve block
  - c. Psychotherapy
  - d. TENS
  - e. Surgery
  - f. Relaxations therapies, biofeedback
  - g. Heat and cold
  - h. Rest

### Managing pain in home care settings:

1. Comprehensive pain assessment (done by RN or therapist)
2. Patient/family pain management education (provided by skilled clinicians: nurses, therapists)
3. Assessment of medication compliance, side effects, effectiveness, ongoing pain management education (by MD, RN or therapist)
4. Patient/family counseling, spiritual support
5. Referral to resources as needed
6. Involvement of the rehabilitation therapists (PT, OT)
7. Interdisciplinary communication (report changes in pain to RN or your supervisor)