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Definition
Goals of Pain Management
Pain Assessment & Reassessment
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Pain Management Techniques
Objectives

After completing this module the learner will be able to:

- Describe various definitions of pain
- Recognize the effects of untreated or under treated pain
- Identify appropriate nursing policies and procedures related to pain assessment and management
- Review how pain scales work and how the information is to be used in patient care
- Compare various pharmacologic and non-pharmacologic pain interventions
- Demonstrate knowledge by completing the pain post test with a score of \( \geq 80\% \)
Introduction

- More than 75 million Americans suffer from chronic pain
- Pain is the #1 reason for unscheduled doctor visits
- On average, 75% of patients receive inadequate pain management
- Pain is the leading cause of disability

American Pain Foundation Annual Report 2006
What is Pain?

- A subjective experience without objective measures
  - Self report is the most reliable indicator

- A complex experience that includes multiple dimensions
  - Unpleasant sensation
  - Emotional component
  - May be present with or without tissue damage

- Whatever the patient or patient’s advocate says it is
Test Your Knowledge

The single most reliable indicator of pain is:

a. Blood pressure & heart rate
b. The family’s report of pain
c. Whether the doctor believes the patient has pain
d. The patient’s self report
Test Your Knowledge

Answer:

d. The patient’s self report
Pain Pathophysiology

Nociceptive

- Associated with an acute noxious stimulus
  - Somatic - arising from skin, bones, muscle, or connective tissue
  - Visceral - arising from organs

Neuropathic

- Arises from injury or abnormal function of the central or peripheral nervous system
Classifications of Pain

- **Acute**
  - Short duration
  - Expectation of recovery
  - May have increased vital signs
  - Treated aggressively to avoid development of chronic syndromes

- **Chronic or Persistent**
  - Lasts beyond normal healing period
  - Exists without physical evidence
  - Depression is a common co-morbidity
  - Vital sign changes may not be evident
  - Affects all aspects of life
Classification of Pain

- **Cancer or malignant**
  - Result of tumor growth, metastases, or cancer treatment
  - Experienced by most cancer patients at some time
  - Adequate control is possible for 90% of patients with present methods available
  - Aggressive treatment provides best quality of life

- **Neuropathic pain**
  - Result of damage to:
    - Nerves
    - Central Nervous System
    - Peripheral Nervous System
  - Difficult to manage
  - Requires use of multiple medications to treat
Effects of Pain

• Pain triggers several physiological stress responses in the human body

• Stress responses are:
  ■ Protective
  ■ Intended to alert the body and minimize damage or further harm
  ■ Potentially harmful if pain is prolonged
Effects of Pain

- **Acute pain**
  - Warning to body that injury or damage has occurred

- **Persistent pain**
  - Changes the way the body perceives and interprets pain
Test Your Knowledge

Pain is objective and predictable based on the patient’s admitting diagnosis.

- True
- False
Test Your Knowledge

Answer: False

Pain is subjective and complex
Pain is whatever the patient or patient’s advocate says it is
Test Your knowledge

All pain serves as a protective response:
- True
- False
Test Your knowledge

Answer: True

However, prolonged pain can cause harmful effects
Goals of Pain Management

- Pain is widespread in nature
- The effects of pain can be damaging physically, psychologically, and emotionally
- The goal is to explore the best practices for treating pain as well as to comply with regulatory requirements that protect patient’s rights
Best Practice Resources

- **Standards**
  - Specific requirements for accreditation
  - Authoritative

- **Guidelines**
  - Developed based on current research
  - Recommendations for practice

- **Consensus statements & position papers**
  - Reflect the findings of a particular society or national organization considered experts in pain
Regulatory Requirements

- Organizational standards
  - Hospital Policy & Procedures

- Public accountability
  - Press-Ganey Patient Satisfaction Survey
  - Publicly reported data websites

- Regulatory agencies
  - The Joint Commission
  - Congress
  - California Health & Safety Code
Organizational Standards

SHARP HealthCare believes:

“All patients have a right to optimal pain relief”

Public Accountability

- Press-Ganey Patient Satisfaction Survey
  - “How well your pain was controlled?”

- Patient feedback on quality of care provided

- Guides hospital on process improvement
The Joint Commission

- Establishes standards on how pain is managed in organizations, including:
  - Assessment requirements & frequencies
  - Education requirements for patient/family
  - Monitoring requirements for patients in specific settings
  - Medication administration & reassessment frequencies
  - Data collection requirements that monitor the pain management process
• **Patient’s Rights & Research**
  - A provision was passed by Congress that states all patients have the right to have their pain managed.
  - This law is supported by the American Pain Society & other pain organizations.
  - A research study was initiated by congress to focus on the development of programs advancing the awareness & treatment of pain. This study will cover a ten-year period (2001-2011).

*Source: American Pain Society*
California Health & Safety Code states that the healthcare provider shall:

- Assess the patient for pain and if present, will be treated promptly, effectively, and for as long as the pain persists
- Include pain as an item to be assessed anytime a full set of vital signs are indicated. Pain is known as the “fifth vital sign”
- Ensure that a pain assessment is performed in a consistent manner that is appropriate to the patient
- Document the pain assessment in the patient's medical record in a manner consistent with other vital signs
Pain Assessment & Reassessment

The nurse’s role in care:

- Key to adequate assessment of pain
- Holistic approach to determine overall effect of the pain
- Advocate for patients in easing pain
Inadequate Pain Assessment

- It is sometimes difficult to assess for pain due to:
  - Lack of an objective measurement
  - Reliance on the patient’s ability to self report

- When inappropriately assessed, this can lead to under treated pain
When Pain is Under Treated

- Acute pain that is under treated can lead to:
  - Medical complications such as
    - Pneumonia
    - DVT
  - Delayed recovery
  - Progression of chronic pain conditions

- Chronic Pain that is under treated can lead to:
  - Limited daily activities
  - Increased disability
  - Negatively affecting quality of life
  - Unnecessary suffering
  - Increased risk for suicide
  - Anxiety, depression, anger, & fear
Elements of Pain Assessment

- Intensity – Pain Scale
- Location or origin
- Quality & pattern (description)
- Onset & duration
- Pain management regimen & its effectiveness
- Factors that alleviate or aggravate the pain
- Effect of the pain
- Acceptable level of pain
Potential Barriers to Effective Assessment

- Organizational
- Healthcare professional
- Patient/ family
Organizational Barriers

- Lack of:
  - Commitment to pain management
  - Access to pain specialists
- Time constraints on staff
Healthcare Professional Barriers

- Age, culture, ethical and spiritual beliefs
- Lack of knowledge or competency in managing pain
- Fear of inducing addiction
- Failure to appreciate the detrimental effects of pain

*To be an effective caregiver, explore your own attitudes and knowledge about pain*
Patient/Family Barriers

- Age, culture, ethical and spiritual beliefs
- Fear of addiction/dependence
- Fear of side effects
- Belief that pain means advancing disease or problems with treatment
- Desire to be a “good patient” and not complain
Pain Screening & Assessment

- Initial Screening
- Ongoing Assessment
- Discharge Assessment
Initial Pain Screening

Questions to ask:

- Do you currently have pain?
- Have you had any ongoing problems with pain in the recent past?
- What is your acceptable level of pain?
Initial Assessment Includes:

- Pain History
- Physical Exam
- Ratings of Pain Intensity
- Patient/family’s expectations and perceptions about pain and how they desire their pain to be managed
Acceptable Level of Pain

- Explain that pain rated above the acceptable level would interfere with their ability to perform activities
- Set realistic goals
- Remember that in the case of cardiac ischemia, or angina, a pain level above “0” is not acceptable

Upon admission, the patient is asked to rate an acceptable level of pain.
This may be a number or picture.
Ongoing Assessment

- Utilizes the same principles as an initial assessment

Evaluate:
- Changing nature of pain
- Effectiveness of each pain management intervention

Reassessment occurs:
- When there is a sudden and/or unexpected change in the nature, site or severity of the pain
- As part of routine vital signs
- Before and within one (1) hour after each “prn” pain intervention
- Upon transfer to a new level of care
Reassessment

- All patients are asked if they have pain or assessed if verbally unable to respond

- Document:
  - Patient’s response, *including if they deny pain*
  - The tool used to assess their pain
  - Patient responses to interventions must be documented within one (1) hour of the patient receiving the intervention

Notify the physician if the patient’s acceptable level of pain is not achieved within two (2) consecutive doses of prescribed intervention
Documentation

- **Initial pain screening:**
  - Done on admission and documented in the patient database

- **Comprehensive pain assessment:**
  - If the patient admits to current pain, or pain in the past 7-14 days, this is considered *clinically relevant* and more information should be obtained

- **Acceptable level of pain:**
  - Document on admission, once per shift, and with any change in patient’s condition.
Documentation

- Interdisciplinary Plan Of Care (IPOC)
  - Include:
    - Desired outcomes
    - Acceptable level of pain
    - Individualized interventions
  - Evaluate every 24 hours
    - Revise, as needed, according to patient response to treatment

Reassess before calling the physician to consider a change in treatment plan
Discharge Assessment

- Pain assessment continues until discharge
- Instructions at discharge are to include:
  - Education of pain management & medication
  - Information on supportive, non-pharmacological measures of pain relief
Test Your Knowledge

When should a comprehensive pain assessment be done?

a. Upon discharge
b. Upon admission
c. A few hours after admission
Test Your knowledge

Answer:

b. Upon admission
Test Your Knowledge

When should effectiveness of a PRN intervention be reassessed?

a. Only with vital signs
b. Before and within one (1) hour after each intervention
c. A few hours after admission
d. Upon discharge
Test Your Knowledge

Answer:

b. Before and within one (1) hour after each intervention
Pain Rating Assessment Tools

- There are a variety of tools used to measure pain intensity in different populations.
- These tools are used to describe & communicate how much pain a patient is feeling.
- They are also meant to measure how well interventions are relieving the pain.
Pain Rating Tools

- Numerical Scale
- Visual Analogue Scale (VAS)
- Pictorial/Faces Scale
- Non-Verbal Scale
Tool Selection

- Determined by the specific needs of the patient
  - Age
  - Ability
  - Cognitive development
  - Culture

- Most adults can score their pain on a numerical rating scale, or on a visual analogue scale

- Some adults who are nonverbal and/or cognitively impaired, and those with different cultural backgrounds, may communicate better using a scale with faces representing different emotions
Numeric Rating Scale

- Verbally administered or visually presented horizontal scale with numbers (0 – 10) and word anchors
- Patient is asked to rate pain from 0 to 10, with “0” indicating no pain and “10” indicating the worst possible pain
Visual Analogue Scale (VAS)

- A horizontal scale with word anchors at the extremes
- The patient is asked to designate a point along the line that represents their pain intensity
- The designated point correlates with the numerical rating scale on the tool
- Numerical rating can be assigned objectively
Wong-Baker FACES Scale

- Consists of 6 faces
- The patient chooses the face that best describes their pain
Word Descriptors

- Word descriptors are assigned to pain intensity based on the "0 to 10" numerical scale:

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>Numerical Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>0</td>
</tr>
<tr>
<td>Mild pain</td>
<td>1 to 3</td>
</tr>
<tr>
<td>Moderate pain</td>
<td>4 to 6</td>
</tr>
<tr>
<td>Severe pain</td>
<td>7 to 10</td>
</tr>
</tbody>
</table>
Specialty Populations

- Nonverbal/Cognitively Impaired
- Known or suspected drug users
- Non-English speaking
Nonverbal/Cognitively Impaired

- Behavioral observation is necessary to assess pain in infants, young children, & adults who cannot self report
- Behaviors may not always be linked to pain intensity as intensity varies among individuals
- Assess for the presence of a painful condition or procedure known to cause pain, & provide pain relief interventions accordingly
- Assess physiological indicators
Behavioral Indicators

Behavioral responses that may suggest the presence of pain include:

- Clinched fists
- Crying
- Grimacing
- Impairing mobility
- Increased confusion (elderly)
- Moaning
- Splinting
- Restlessness/agitation
- Rigid body posture
Physiological Indicators

Physiological responses that may suggest the presence of pain may include:

- Heart rate – tachycardia
- Blood pressure – hypertension or hypotension
- Respiratory rate – increased respiratory rate

Pain may be present in the absence of physiological indicators
Known Or Suspected Drug Users

- Are at high risk for severe injuries and other health problems
- May need help managing withdrawal from alcohol or other drugs while being treated for pain
- Require careful assessment & reassessment of pain to ensure that requests for medications are for pain management
- Should not be denied pain medication if needed for pain relief
Foreign Languages

- Instructions for the Wong-Baker FACES Pain Rating Scale
  - Available in Chinese, French, Italian, Japanese, Portuguese, Romanian, Spanish, and Vietnamese

- Instructions for the Numerical Rating Scale
  - Available in Chinese, French, German, Greek, Hawaiian, Hebrew, Ilocano, Italian, Japanese, Korean, Pakistan, Polish, Russian, Samoan, Spanish, Tagalog, Tongan, and Vietnamese

Available at:  [http://sharpnet/pharmacy/Pain-Management.cfm](http://sharpnet/pharmacy/Pain-Management.cfm)
Patient Education

After selecting the pain-rating tool that is best for the patient:

- Teach the patient how to use the scale
- Use the same tool consistently, unless a change in patient status necessitates switching to a different rating tool
Test your Knowledge

What factors must be considered when choosing a pain rating scale for a patient?

a. Age
b. Cognitive development
c. Cultural background
d. Patient ability
e. All of the above
Test Your Knowledge

Answer:

e. All of the above

- Age
- Cognitive development
- Cultural background
- Patient ability
Behavioral observation is necessary to assess pain in infants, young children, & adults who cannot self report

• True
• False
Test Your Knowledge

Answer:
True
Pain Management

Non-pharmacological
Complementary
Alternative
Pharmacological
Integrative
Non-Pharmacologic Treatments

- Cognitive behavioral therapies
  - Relaxation
  - Imagery
- Energy medicine
  - Reiki
  - Therapeutic touch
- Nutritional approaches
  - Vitamins
  - Herbs
Pharmacologic Treatment

- Highly individualized type of patient care
- Use depends on type and severity of injury
- Pain medication selection is determined by levels of pain
Medication Options & Pain Intensity

- Level 1
  - Mild 1-3 intensity
  - Moderate 4-7 intensity
    - Non-opioid
    - Adjuvant

- Level 2
  - Moderate 4-7 intensity
  - Severe 7-10 intensity
    - Opiates for moderate to severe pain
    - Non-opioid
    - Adjuvant

Level 3
- Severe 7-10 intensity
  - Opioids for severe pain
Adjuvant Medications

- Used in combination with opioid and non-opioids
- Used to enhance action or reduce side effects
- Examples include:
  - Stimulants
  - Steroids
  - Antidepressants
  - Anti-anxiety
  - Anticonvulsants
Non-Opioid Medications

- Used to treat mild to moderate pain
- Three types:
  - Cox 2 Inhibitors
    - Celecoxib
  - Non-steroidal anti-inflammatory drugs (NSAIDS)
    - Ibuprofen
    - Naproxen
    - Ketorolac tromethamine
  - Acetaminophen

Limit the patient’s daily dose of acetaminophen to 4,000mg. Excesses can cause hepatotoxicity.
Opioid Medications

Level 2 Opioids

- Used to treat moderate to severe pain
- Combination - opioid & acetaminophen
  - Limited dose due to acetaminophen
- May be timed release or immediate release
- Extended release formulations do not contain acetaminophen
- Examples:
  - Vicodan
  - Percocet
  - Avinza
  - Oxycontin

Level 3 Opioids

- Not to be combined with acetaminophen

Examples:
- Morphine
- Fentanyl
- Hydomorphone
- Dolophine

Cause constipation
- Give stool softeners or laxatives
Multi-modal Approach

- Use of multiple classes of analgesics to:
  - Treat pain centrally and peripherally
  - Minimize the doses of each
  - Minimize the side effects of each
- Use NSAIDs and Cox-2 inhibitors as the first line choice for mild to moderate pain
- When opioids become necessary, consider the synergism that non-opioids and adjuvants can provide
Pain Management in Special Populations

Elderly

- Often have acute and chronic pain at the same time
- Under report their pain
- Accept pain as part of aging
- May use words such as “ache” or “sore” instead of “pain”
- May take a variety of medications that could interact with pain medications
- Susceptible to side effects, including constipation
Children

- Feel pain just as intensely as older patients
- Need special tools to help them communicate their pain, such as using the Wong-Baker FACES pain rating scale
- May see pain as a punishment
- Always involve the parent or caretaker in the pain assessment process
Pain Management in Special Populations

Cognitively Impaired

• Feel pain just as intensely
• Mental function changes may interfere with the assessment process
• Healthcare provider may see behavioral changes as clues:
  ▪ Facial expressions
    ✦ Wrinkling forehead or grimacing
    ✦ Tightly closed/opened eyes
  ▪ Withdrawn behavior
  ▪ Hitting/biting
  ▪ Calling out or crying
Pain Management in Special Populations

Opioid Naive
- Patients who have not been taking opioid medications
  - Require frequent assessment
  - Careful titration of drug

Opioid Tolerant
- Patients who take opioid medication regularly
  - Drug effects change over time
  - Higher dose of drug required to obtain same effect of previous lower dose
Test Your Knowledge

What considerations should be given when selecting an appropriate pain medication?

a. Reported level of pain
b. Type of pain
c. Severity of pain or injury
d. All of the above
Test Your Knowledge

Answer:

d. All of the above

- Reported level of pain
- Type of pain
- Severity of pain or injury
Adjuvant medications are used in combination with pain medications to enhance the action or reduce side effects.

- True
- False
Test Your Knowledge

Answer:
True

Adjuvant medications have additive effects for pain relief, but do not relieve pain.
NSAIDs and COX2 are examples of medications to be considered for mild pain.

- True
- False
Test Your Knowledge

Answer:

True

When treating pain, limit the patient’s daily dose of acetaminophen to 4,000mg. Excesses can cause hepatotoxicity.
Discharge Teaching

• The importance of pain management needs to be reinforced to the patient, family and/or support person.

• Include education regarding:
  ▪ How to take the medication
  ▪ How to store the medication
  ▪ Drug-drug interactions
  ▪ Drug-food interactions
  ▪ Who to contact if pain increases or is not relieved
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Post Test

This concludes the Pain Management CBL Module

- Click on the “Take Test” button to complete the post test