

# Foundations of Safe and Effective Pain Management

*Evidence-based Education for Nurses, 2018*

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## **Module 1: The Multi-dimensional Nature of Pain**

Module 2: Pain Assessment and Documentation

Module 3: Management of Pain and Special Populations



*Adapted from: Core Competencies for Pain Management: Results of an Inter--professional  
Consensus Summit: Pain Med 2013; 14(7) 971-981*

**SHARP**

# Module 1: The Multi-dimensional Nature of Pain

## *Objectives*

- a. Explain the complex, multidimensional, and individual-specific nature of pain.
- b. Apply theories and science for understanding pain.
- c. Define terminology for describing pain and associated conditions.
- d. Describe the impact of pain on society.
- e. Explain regulatory agency influences on pain assessment and management.

# Safe and Effective Pain Management: *Core Values and Principles*

*Pain assessment and management can be challenging and complex; therefore, the following principles have been adopted at Sharp to help guide decision-making:*

- Patient-centered care and patient advocacy
- Empathy and compassion
- Inter-professional teamwork, collaboration, and communication
- Comprehensive care across the continuum
- Ethical treatment
- Cultural inclusiveness and health disparities reduction
- Evidence-based practice



# Terms for Describing Pain and Associated Conditions

**Pain**: An unpleasant sensory and emotional experience associated with or described in terms of actual or potential tissue damage; a subjective experience; whatever the patient or patient's advocate says it is.

## **Acute Pain**

- Short duration
- Expectation of recovery
- May have increased vital signs
- May serve as a warning of an underlying problem that requires a procedural intervention

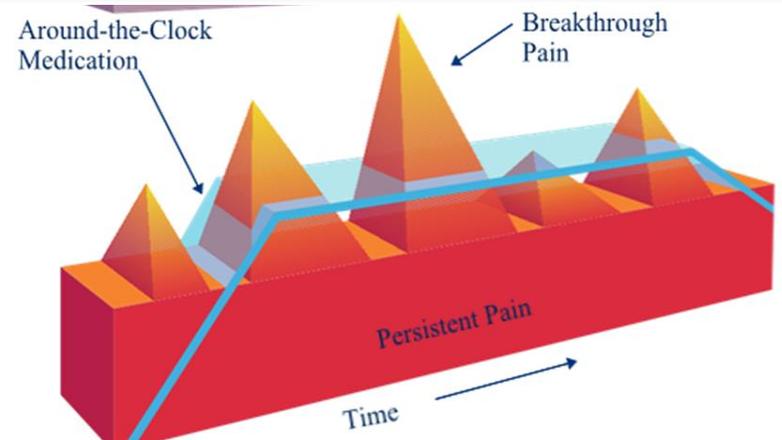
## **Chronic or Persistent Pain**

- Lasts beyond normal healing period
- Exists without physical evidence
- Depression is a common co-morbidity
- Vital sign changes may not be evident
- May affect all aspects of life



## **Breakthrough Pain**

Pain that increases above the level of pain addressed by the ongoing analgesics; this would include increased activity and end-of-dose failure



# The Complex, Multidimensional, and Individual Nature of Pain

**Affective Dimension:** emotional reaction (anxiety or fear contributing to or resulting from pain); impact on mood, sleep, socialization

**Behavioral Dimension:** response to stress; expression of pain; pain control behaviors

**Social, Cultural, Ethical Dimensions:** influence the meaning of pain and its management

**Sensory Dimension:**  
What provides relief and what makes worse?

**Physiologic Dimension:** general physical health; differences in threshold and sensitivity

**Cognitive Dimension:** beliefs, attitudes; attention; expectations;

**Pain Experience**

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graph TD; A["Affective Dimension: emotional reaction (anxiety or fear contributing to or resulting from pain); impact on mood, sleep, socialization"] --> PE((Pain Experience)); B["Behavioral Dimension: response to stress; expression of pain; pain control behaviors"] --> PE; C["Social, Cultural, Ethical Dimensions: influence the meaning of pain and its management"] --> PE; D["Sensory Dimension: What provides relief and what makes worse?"] --> PE; E["Physiologic Dimension: general physical health; differences in threshold and sensitivity"] --> PE; F["Cognitive Dimension: beliefs, attitudes; attention; expectations;"] --> PE;
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***Key Take-away: All dimensions should be considered when assessing pain and creating an individualized pain management plan.***

# Examples of Factors that Interfere with Pain Assessment and Management

## Patient Factors:

- Pt satisfaction based on unrealistic expectations
- Miscommunication
- Fears of addiction
- Language barriers
- Lack of adherence
- Fatalism (“It doesn’t matter”)
- Desire to be a “good patient” and not complain or burden providers
- Fear that using analgesics will mask true important symptoms



## Provider Factors:

- Lack of assessment skills
- Insufficient knowledge re: pain management treatment options
- Over-reliance on opioids
- Fear of adverse events
- Time constraints

## System Factors:

- Lack of effective monitoring
- Availability of integrative therapies

*Key Take-away: Address factors in the individualized IPOC*

## Challenge Question

A patient who has a history of substance abuse is expressing severe pain.

True or False:

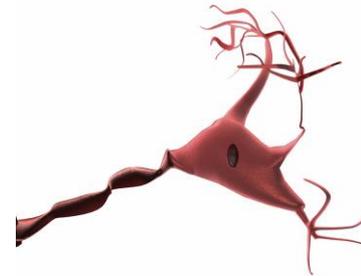
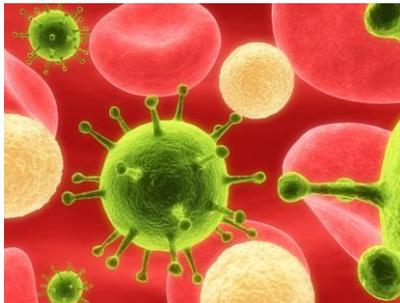
Assuming that the patient is exaggerating pain in order to obtain opioids and therefore ignoring the patient's report of pain is an example of unethical treatment.

True. All dimensions of pain should be assessed and an individualized plan of care should be developed.

# Theories and Science for Understanding Pain

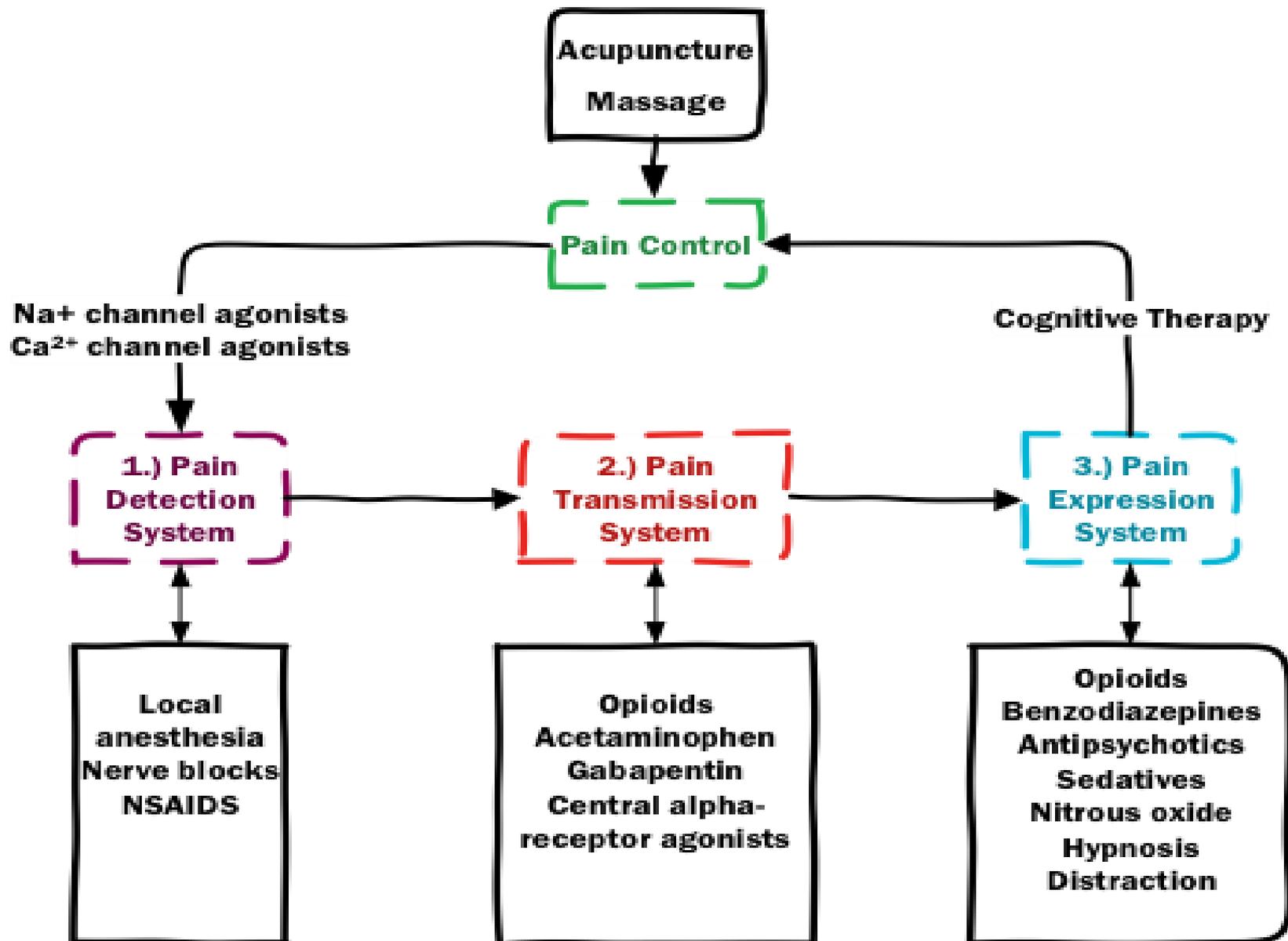
## *Pain Classifications*

- 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
  - Long-term opioids may cause worsening pain
  - Requires use of multiple medications to treat



# Theories and Science for Understanding Pain

*Multi-modal therapies work together for best relief*



## Challenge Question

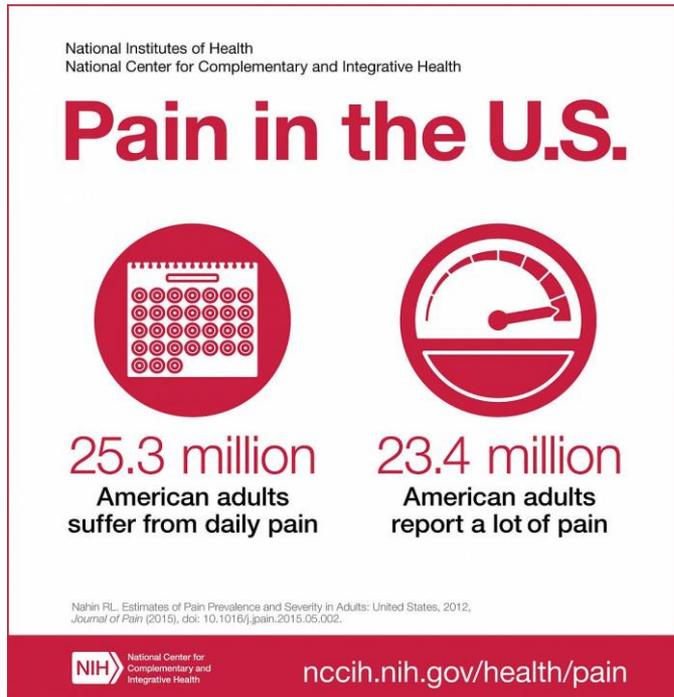
Kristine, is 76 years old and is admitted with a hip fracture. To reduce the amount of opioid necessary to control pain, she has received a nerve block. Which pain modulation system does the nerve block affect?

- A. **The pain detection system**
- B. The pain transmission system
- C. The pain expression system
- D. Both the pain transmission and expression systems

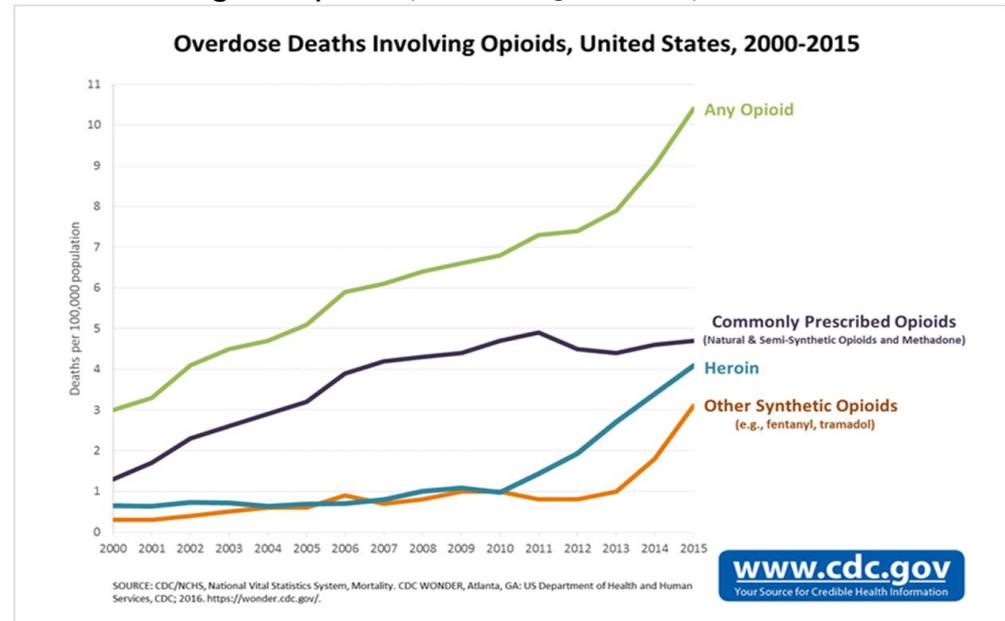
# Terms for Describing Pain and Associated Conditions

<b>Refractory Pain</b>	<ul style="list-style-type: none"><li>• Resistant to ordinary treatment</li></ul>
<b>Opiate Naïve</b>	<ul style="list-style-type: none"><li>• Patients who are not receiving opioids on a daily basis</li></ul>
<b>Addiction</b>	<ul style="list-style-type: none"><li>• A primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development</li></ul>
<b>Pseudo-addiction</b>	<ul style="list-style-type: none"><li>• Development of abuse-like behaviors that are driven by desperation surrounding unrelieved pain and are eliminated by effective pain management</li></ul>
<b>Physical Dependence</b>	<ul style="list-style-type: none"><li>• The body's normal response to the continued use of several classes of medications</li></ul>
<b>Tolerance</b>	<ul style="list-style-type: none"><li>• The body's normal response to continued exposure to medication, resulting in a reduction of one or more of the drug's effects over time</li></ul>
<b>Opioid Tolerant</b>	<ul style="list-style-type: none"><li>• Patient's who have been taking at least 60 mg or morphine equivalents per day for a week or longer</li></ul>

# The Impact of Pain on Society



91 Americans die each day from an overdose involving an opioid (www.cdc.gov; 2017)



- Patients have a right to effective, multi-modal pain treatment.
- Opioid use for acute pain is associated with increased risk of long-term opioid use, and death from overdose. (Shah, et al., 2017)
- The estimated costs of mismanaged pain are >\$6 billion per year from: increased LOS, readmissions, increased outpatient visits, rehab stays, etc.

**Key Take-away: Help patients learn how to manage pain while in the hospital to reduce the overall societal impact of mismanaged pain.**

# Regulatory Agency Requirements

**2012:** The Joint Commission (TJC) ***Sentinel Event Alert #49 Safe Use of Opioids in Hospitals*** underscored the need for:

- safe prescribing and administration of opioids
- appropriate monitoring
- use of non-pharmacologic alternatives



**2018:** TJC ***Pain Assessment and Management Standards*** require:

- staff and physician education
- technology for continuous monitoring
- individualized pain plan of care including realistic expectations and goals
- functional pain assessment
- multimodal therapy
- pain management performance improvement

# Summary of Key Points

- All dimensions should be considered when assessing pain for an individualized plan of care
- Understand the type of pain your patient is experiencing and use a combination of multi-modal therapies as appropriate for best relief
- Help patients learn how to manage pain while in the hospital to reduce the overall societal impact of mismanaged pain
- Regulatory agencies are supporting safe prescribing and administration of opioids, with correct monitoring, pain specialist reviews, and using multi-modal therapies including non-pharmacologic interventions.

# Author Information and References

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2018

For references and other resources, please visit:  
<http://sharpnet.sharp.com/pharmacy/Pain-Management.cfm>