

Pain

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INTRODUCTION

- Effective **pain management** is a national and global challenge. Lack of integration of current knowledge and practice of effective **pain management** by health **care** professionals into day-to-day **care** adversely affects patients, resulting in unnecessary physical, psychological, and emotional manifestations.

What is pain?

- Pain is a signal in nervous system that something may be wrong.
- It is an unpleasant feeling, such as a prick, tingle, sting, burn, or ache.
- Pain may be sharp or dull. It may come and go, or it may be constant.
- Feel pain in one area of body, such as back, abdomen, chest, pelvis, or may feel pain all over.

DEFINITION OF PAIN

- “Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does” (McCaffery, 1989)
- “Pain is an unpleasant sensory and emotional experience, associated with or expressed in terms of actual or potential tissue damage” (IASP, 1989)

TYPES OF PAIN

1. Acute pain
 - Pain with sudden onset, usually follows injury, commonly decreases over a short time when body heals (i.e., days, hours, minutes).
2. Chronic pain
 - Pain lasting longer than three month.
3. Breakthrough pain
 - Transient increase in pain intensity over background pain, typically with rapid onset and severe intensity, generally self-limiting with average duration of 30 minutes.

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4. Nociceptive pain
 - Pain resulting from injury to healthy tissue (tissue-damaging tumors and/or chemicals from tumors).
5. Neuropathic pain
 - Pain resulting from damage to the peripheral or central nervous system (toxicities from certain kinds of cancer treatments or a tumor pressing on a nerve)
 - Characterized by shooting or lancinating pain.

PAIN ASSESSMENT

- ❖ Nurse needs to evaluate and assess patient before pain can be treated effectively.
- ❖ Pain assessment: It is a multidimensional observational assessment of a patients' experience of pain.
- ❖ Pain measurement tools are instruments designed to measure pain.
- **Assessment:**
 - Level or extent of pain, use of pain scale
 - Site of pain and any radiation of pain
 - Characteristics of pain, ex. Sharp, dull, burning
 - Is pain acute or chronic?
 - What elicits pain?
 - Patient desires in relation to pain?

PAIN ASSESSMENT GUIDELINES

Pain assessment guidelines were developed by the National Comprehensive Cancer Network (NCCN) recommendations:

- Pain intensity must be qualified.
- Formal pain assessment must take place.
- Reassessment of pain intensity must take place.
- Psychosocial support must be available.
- Specific educational material must be given

Pain Assessment

Pain assessment should include:

- Screening
- Prevention/pre-treating
- Reassessment

INITIAL RAPID PAIN ASSESSMENT

An initial, rapid pain assessment is appropriate for patients presenting in acute pain of moderate to severe intensity. A rapid assessment should include:

- Level of consciousness
- Characteristics of the pain
 - Intensity
 - Location
 - Duration
 - Quality

CONT..

- Changes in vital signs
 - ✓ Respiratory status
 - ✓ Heart rate
 - ✓ Blood pressure
 - ✓ However, absence of these autonomic responses does not mean absence of pain.

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Rapid assessment can be performed utilizing and/or considering:

- Self-report
- Pain intensity scales
- Numeric, verbal descriptive scales
- FACES pain scale
- Cultural preferences and sensitivities
- Established comfort/function goal.

CONT

Pain Assessment: Goals

- Characterize the pain
- Identify pain syndrome
- Infer pathophysiology
- Evaluate physical and psychosocial comorbidities
- Assess degree and nature of disability
- Develop a therapeutic strategy

Comprehensive Pain Assessment

A comprehensive pain assessment includes:

- Physical assessment
- Pathophysiology/etiology
- Review of relevant laboratory and imaging studies
- Subjective assessment
 - Intensity
 - Location
 - Temporal factors
 - Pain history
 - Medical history
 - Psychological history
 - Risk factors for under treatment of pain
 - Patient goal (comfort/function)

Cancer Pain Assessment

According to NCCN:

- Assess patients with cancer for all types of acute and chronic pain.
- Reassure patients and family that most cancer pain can be relieved safely, quickly, and effectively.
- Prepare clinicians, through basic and on going professional education, to assess cancer pain effectively.

Pain Assessment Scales

Commonly used pain assessment scales can measure pain in three different dimensions:

- Sensation (intensity)
- Affect
- Behaviour

Numeric Rating Scale

- Measures pain intensity.
- Can measure frequency, duration, unpleasantness, or distress.
- Can also assess pain relief.
- Format:
 - ❖ 6-point scale (0–5)
 - ❖ 11-point scale (0–10)

Visual Analog Scale

- Measures pain intensity.
 - Can measure frequency, duration, unpleasantness, or distress.
 - Can also assess pain relief.
 - Format:
 - 10 centimetre line
 - Includes graphic rating scale that adds words or numbers between the extreme ends of the scale
 - **Visual Analogue scale**
- Self report
- How to use?**
- Ask the client using numbers from 0 = no pain through to 10 being the worst pain.

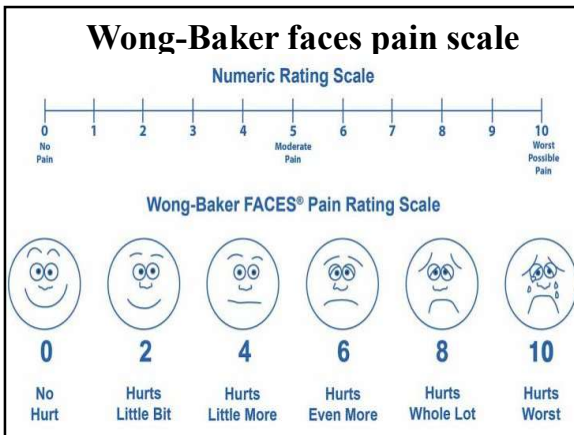
Numeric Rating Scale										
0	1	2	3	4	5	6	7	8	9	10
no										worst
pain										pain

Verbal Rating Scale

- Also known as simple descriptor scale
- Measures pain intensity
- Can measure frequency, duration, unpleasantness, or distress
- Can also assess pain relief
- Format:
 - List of adjectives describing different levels of pain
 - Example: “no pain/slight pain/mild pain/medium pain/ most severe pain imaginable”

FACES Scale

- Measures pain intensity
- Can measure frequency, duration, unpleasantness, or distress
- Can also assess pain relief
- Format:
 - Series of drawings representing facial expressions associated with varying degrees of pain.
 - Geriatric version available with more human-looking faces.



PAIN MEDICATIONS

- Non-steroidal anti-inflammatory drugs (NSAID's)
- Non-opioids
- Opioid narcotics
- Adjuvant drugs

Non-Opioid Analgesics

- Non-narcotic pain relievers used for mild to moderate pain.
- Ex. Acetaminophen-has both analgesic and anti-pyretic effects.
- Maximum dose is 4gms or 4000mg q 4 hrs.
- Side effect-hepatotoxicity

NSAIDs

- Non-steroidal anti-inflammatory drugs reduce inflammation and pain at the site of the injury.
- Over-the-counter
- Most common are: ibuprofen, naproxen, and aspirin
- Anti-inflammatory
- Analgesic
- Anti-pyretic
- Usual adult dose-600-1,000mg q 4hrs.
- Anti-platelet effect (decreases platelet clumping)
- Usual dose for anti-platelet is 81-300mg

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- May cause gastric irritation and bleeding.
- Do not exceed recommended dosage.
- Administer medication with food.
- Instruct patient to take with food at home.
- Instruct patient to notify immediately of any GI bleeding.

Narcotic Analgesics

Opiate/Opioid Analgesics:

- Used when non-opioid medications are ineffective in relieving moderate to severe pain.
- Usually effective in relieving visceral pain and deep somatic pain.

Narcotic Analgesics

- Work by binding with opiate receptors and stimulate the brain's production of beta-endorphins that decrease pain perception.
- Controlled substance
- Require a prescription
- Controlled or scheduled drugs due to greater capacity for addiction.
- Regulated by federal law.

NONPHARMACOLOGIC PAIN RELIEF

Physical comforts:

- Bed/positioning
- Bath positioning
- Massage
- Physical therapy
- Acupuncture
- Carefully support painful area
- Attention to Dressings
- Provide pressure relieving mattress
- Hot/cold packs
- Ensure medications and adequate hydration is given
- Encourage and assist with exercise
- Massage / touch

CONT...

Cognitive/ behavioral:

- Guided imagery
- Distraction training
- Relaxation training
- Active coping training
- Cognitive behavioural training
- Consider pain and palliative care training
- Diversional activities
- Confidence building

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Pain Follow-Up: Nursing Implications

- Routine follow-up
- Written follow-up plan
- Ensure access to prescribed medications.
- Review patient instructions.
- Set goals, then revise and review.
- Address system barriers.
- On-call/prn availability

Thank You