Pain Management

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Pain Management

INTRODUCTION

The American Pain Society and The Joint Commission considers pain to be the fifth vital sign – as important to assess and measure as pulse, respiration, temperature, and blood pressure. As with the traditional vital signs, steps must be taken to correct the situation when an assessment shows something is amiss.

Every patient has the right to effective pain management. Treatment of pain is also important to recovery. Uncontrolled pain can lengthen a patient’s hospital stay, decrease a patient’s activity level, and cause unnecessary stress on the body.

PURPOSE/OVERALL GOAL

This module explains types of pain, how it is evaluated, and how it is treated. Myths about pain, pharmacologic and non-pharmacologic management options, and end-of-life care are included.

The goal of this module is to help you as a healthcare worker understand effective ways in which pain can managed in order to deliver the highest quality care possible to patients.

COURSE OBJECTIVES

After completing this module, the learner should be able to:

1. Describe the types of pain that may be experienced
2. Define the impact of pain on individuals
3. Demonstrate how pain is assessed and evaluated
4. Define pharmacologic and non-pharmacologic ways of managing pain
5. Describe the role of pain management in end-of-life care
DEFINING PAIN

Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. It can be caused by trauma and a wide variety of disorders, diagnostic tests, or treatments.

Pain is the most common reason why people in the United States seek medical care.
- One in three Americans suffers from some form of chronic pain.
- More than 100 million Americans report chronic pain.
- Approximately 50 million Americans are partially or totally disabled by chronic pain.
- The annual economic cost of chronic pain in adults, including healthcare expenses and lost productivity, is estimated at $560 to $630 billion.

The Joint Commission (TJC) sets these standards to assess and manage pain:
1. All patients are screened for pain when admitted.
2. Patients are reassessed regularly for pain.
3. Patients are taught about pain control.

According to TJC, strategies for managing pain should take into account:
- The patient’s current presentation
- The healthcare provider’s clinical judgment
- The risks and benefits associated with pain-relief strategies, including potential risk of dependency, addiction, and abuse

It is important to remember that:
- Pain is very subjective.
- Pain is whatever the patient says it is.
- Pain may be experienced differently by each individual.
FACTORS INFLUENCING PAIN

A number of factors can influence the way in which pain is experienced:

- A person’s previous experience with pain
- The meaning of pain for each person
- A person’s beliefs about pain
- A person’s usual coping mechanisms
- A person’s psychological state

Family and social expectations can also play a role. The experience of pain may be influenced by the way a person was brought up to view and deal with pain, and by the expectations of the patient’s culture or society. In addition, some people are physically more or less sensitive than others to actual or anticipated injury.

It is also important to recognize that pain can increase because of social and emotional factors as well as changes in disease state.

In addition to discomfort, lack of pain relief can affect a patient’s:

- Immune system function
- Activities of daily living, such as sleep, nutrition, and mobility
- Ability to work
- Length of hospital stay

Remember: It is easier to manage pain BEFORE it becomes severe.
TYPES OF PAIN

Pain is often described as either acute or chronic. These terms describe the duration of pain and how it may respond to treatment – but they do not describe how severe the pain is. Cancer pain is sometimes considered as a separate type of pain.

Acute Pain
Acute pain is caused by a specific physical condition and generally lasts less than 4 weeks. Some examples are:
- Pain following surgery or a procedure
- Pain from an illness such as a sore throat or ear infection
- Pain following an injury

Acute pain:
- Has a well-defined onset
- Is temporary
- Is predictable
- Is treatable

Once the condition causing the pain no longer exists, the pain will go away.

Chronic Pain
Chronic pain is defined in various ways because it may not have a specific onset or time course. Typically, pain that lasts 3 to 6 months or longer is said to be chronic.

Chronic pain:
- May not respond predictably to treatment
- May not result from a particular injury or event

Cancer Pain
Cancer pain can be acute or chronic. If the cancer is not curable, the pain may worsen as the disease progresses. Cancer pain may be caused by:
- The disease itself
- Treatments (such as surgery, chemotherapy, radiation)
- Infections

Chronic pain and cancer pain can cause the most serious problems by:
- Interfering with a patient’s lifestyle and activities
- Reducing a patient’s quality of life
- Wearing a patient down
- Causing a patient to give up hope
- Causing a patient to consider suicide
MYTHS ABOUT PAIN

There are many myths about pain, and they can have a negative influence on effective pain management.

One common myth is that pain medication (especially drugs such as morphine, Demerol, or codeine) should not be used for long-term illness until there is no other choice, because they are addictive.

This may mean, for example, that an opioid medicine may not be ordered for someone with cancer pain until the patient is dying, in order to prevent addiction. In some cases, pain medication may be withheld even at the end of life, because of side effects.

Other common myths are:

- Chronic pain cannot be managed.
- Sleep is a sign that a patient has no pain.
- Pain in the absence of obvious injury or other factors is a sign of serious illness.
- People of certain ethnic or cultural backgrounds will over-report pain and other groups will under-report pain.
- Someone in pain will always have changes in vital signs.
ASSESSING PAIN

As with other vital signs, pain needs to be assessed when a patient is first admitted and at certain times during treatment. Follow-up pain assessments should take place:

- At regular intervals
- After any intervention to decrease pain (to find out if the intervention helped)

There are a number of physical signs that can show that someone may be in pain, including:

- Grimacing, crying, moaning
- Tension
- Withdrawal
- Restlessness
- Guarded movements
- Rubbing the area of pain

Also keep in mind:

- Increased pulse, respirations, and blood pressure may also be signs of pain. These may not be accurate signs, however, so they should only be used when a patient is not able to report pain verbally.
- Record any physical signs you see, as well as the patient’s report of any pain. This will help you and other staff to be alert for the signs later.
- Remember that every patient experiences pain differently. Any signs you observe apply only to that patient.

Even though there may be some physical signs, the best indication of pain is what the patient says. To assess pain, your healthcare facility will have a pain assessment tool. The tool will have some kind of a rating scale. You need to become familiar with the assessment tool your facility uses.

For example, the tool might ask patients to rate their pain on a scale from 1 to 10, with 1 being no pain and 10 being the worst pain imaginable. Some facilities use a graphic scale with faces that range from a smiley face to one with a large grimace and tears for severe pain.

In addition to assessing patients for pain, you should discuss your facility’s policy regarding pain control. Explain to the patient and family the facility’s commitment to pain management, and tell them whom to notify if:

- The patient experiences pain
- The pain is not relieved after an intervention
EVALUATING PAIN

When a patient does report pain, evaluate using the following seven considerations.

1. **Onset:**
   - When did the pain begin?

2. **Duration:**
   - Is the pain continuous, or does it come and go?
   - If the pain is not continuous, how long does it last?

3. **Location:**
   - Where does it hurt?

4. **Description:**
   - What kind of pain is it? (for example, burning, stabbing, cramping, aching, biting, dull, sharp, gnawing)

5. **Severity:**
   - How severe is the pain? (using your facility’s pain assessment tool)
   - What kinds of things make the pain worse?
   - Is the pain associated with any particular activity? (for example, eating)

6. **Relief:**
   - Does anything relieve the pain and, if so, for how long?
   - What prescribed or over-the-counter medications (including dosage and frequency) has the patient taken to relieve the pain?

7. **Effects:**
   - How does the pain interfere with the patient’s normal activities of daily living?
PAIN MANAGEMENT STRATEGIES

Pain management strategies must be selected to meet the individual needs of each patient. This requires:

- An assessment of the pain
- An assessment of the effectiveness of previous interventions

Pain management decisions are not made by healthcare professionals alone. Pain is a unique experience for each individual, and patient education is an important part of the process.

When developing a pain management strategy, it is important to anticipate the patient’s pain needs and to take a preventive approach. This is especially true when the patient is undergoing procedures that are known to be painful, such as surgery.

A preventive approach to pain management can help to minimize stress on the patient and family. This approach also reduces problems associated with poor pain management, such as:

- Longer hospital stay
- Reduced mobility
- Increased stress on immune system
- Decreased energy reserves
NON-PHARMACOLOGIC PAIN MANAGEMENT

Non-pharmacologic interventions are alternative measures that do not use drugs. The methods selected depend on the needs of the patient.

Non-pharmacologic pain management methods include:
- Relaxation and distraction techniques
- Physical interventions

Relaxation and distraction techniques work best if they are practiced before they are needed for pain relief. They include:
- Deep breathing (with focus on breathing techniques)
- Listening to music
- Guided imagery
- Biofeedback
- Hypnosis

Physical interventions that can help in the treatment of pain include:
- Massage
- Exercise (especially for chronic pain)
- Applying heat or cold
  - No longer than 20 minutes
  - Be careful of extreme heat or cold that could damage tissue
- Acupuncture
- Position change
- TENS (transcutaneous electrical nerve stimulation), which controls pain by stimulating the nerves at the pain location and helping to block pain signals
NON-OPIOID MEDICATIONS

When medication is used to control pain, the best strategy is to use the least strong drug that still gives adequate pain relief. Usually, pain control measures begin with non-opioid (non-narcotic) drugs.

Non-opioids are generally available in both over-the-counter and prescription strengths. They include:
- Acetaminophen (Tylenol)
- Nonsteroidal anti-inflammatory drugs (NSAIDS) such as aspirin, ibuprofen (Advil), and naproxen sodium (Aleve)

Non-opioids are usually taken by mouth or by suppository. They may also be used in combination with opioids.
- The most common side effect of acetaminophen is hepatotoxicity (liver involvement), which is most common with an overdose.
- The most common side effects of NSAIDS are stomach irritation and prolonged bleeding time.

If the non-opioid medication does not relieve the pain, it may require:
- An increase in dosage
- An increase in frequency
- An increase to the next level of drug
OPPIOID MEDICATIONS

Opioids (narcotics):
- Are drugs developed from plant-based opium
- Can be either natural or synthetic
- Are used for moderate to severe pain

Pure Agonists
One class of opioids is known as pure agonists, which refers to their specific mechanism for pain relief. These types of opioids include:
- Morphine
- Hydromorphone (Dilaudid)
- Fentanyl
- Codeine

Side effects of opioids include:
- Euphoria
- Sedation
- Constipation
- Nausea and vomiting
- Itching
- Urinary retention
- Hypotension
- Respiratory distress

Over time, patients may develop a tolerance for opioids, meaning they require higher dosages to achieve the same pain relief. However, the usual reason for increasing dosage is because of disease progression.

Patients who have received opioids for a long period of time may experience withdrawal when the drug is stopped. This means that patients should not be taken off the drug suddenly but should gradually decrease the drug level over several days.

There are two important things to remember about opioids and other pain drugs:
- Drug-seeking behavior MAY NOT be a sign of addiction.
- Drug-seeking behavior MAY BE a sign of inadequate pain relief.

Other Opioids
Other types of opioids – such as nalbuphine (Nubain) and butorphanol (Stadol) – provide less analgesia but fewer side effects. There is also a limit to their effectiveness.
- After a point, higher doses do not increase analgesia.
- These drugs are sometimes used to reverse analgesia and side effects caused by pure agonists.
Administration of Opioids

Opioids are given by mouth. As pain level increases, they can be administered in other ways to deliver a higher level of pain relief:

- Sublingually (under the tongue)
- Bucally (placed in the cheek area if the patient is unable to swallow)
- Dermal patch (for continuous release)
- Intravenous (IV) by continuous infusion or intermittent dosage
- Patient-controlled analgesia (PCA), which allows a patient to increase the dosage of an intravenous drug when the pain increases
- Intramuscular or subcutaneous injection
- Suppository
ADJUVANT MEDICATIONS

Other drugs that may help in pain control are adjuvants. These include:

- Corticosteroids
- Antidepressants
- Local anesthetics
- Anticonvulsants

These drugs are used to:

- Enhance the effectiveness of a primary analgesic
- Limit the side effects of a primary analgesic (usually an opioid)
- Treat concurrent symptoms that increase pain
- Provide analgesia for certain types of pain that are not relieved by opioids
PAIN AND END-OF-LIFE CARE

In healthcare, much of the focus is on curative care, in which the goal is for patients to get better. When this goal cannot be met, a patient is considered to be terminally ill.

The patient or family may have decided to discontinue curative treatment or there may be no curative treatment available. In this case, palliative care becomes necessary.

The objectives of palliative care are:
- To make the patient as comfortable as possible
- To support the patient and family during this end-of-life period

When caring for a terminally ill patient, you should:
1. Anticipate pain needs and provide relief before the pain becomes severe
2. Remember that larger doses of analgesia may be needed because of tolerance to the drug and/or because of the progressive disease state
3. Assess the patient frequently for pain management needs
4. Discuss the pain management plan with the patient and family
5. Assure the family that everything possible is being done to keep the patient comfortable

Opioids are often the medication of choice for end-of-life pain.
- They are safe and effective for treating moderate to severe pain.
- They have side effects that can be managed effectively.
CONCLUSION

Pain management is a critical part of patient care, and it is easier to manage pain before it becomes severe. So it is vital for healthcare workers to be able to identify signs of pain while setting aside their own beliefs and misconceptions about how pain is tolerated.

All patients in your care have the right to effective pain management. Your understanding of when and how to assess and treat pain is an integral part of your role as a healthcare provider.

REFERENCES:

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