

Pain management

Pain is a universal experience that can vary in severity from mild discomfort to unbearable agony. The term pain can also denote a variety of feelings.

People are likely to think first of pain as the physical sensation, but the term can also symbolize various emotions: “a painful experience;” “a painful loss;” “a pain-in-the-neck;” “she’s a real pain.” Pain may not only have a physical dimension; it often has an emotional and spiritual component, and each aspect deserves attention if pain is to be treated successfully.



Pain is also a personal experience and is, therefore, unique to each individual. Each person’s experience of pain is different; and it is important to remember that given the same set of circumstances, the pain felt will differ from person to person. This is one of the basic aspects of pain management that must be kept in mind when caring for anyone in pain.

Although people may be diagnosed with the same disease or condition, any associated pain will differ from person to person. Each individual has a different ability to tolerate pain and uses different approaches to cope with pain. Individuals will respond in their own way to treatment offered for pain relief.

Myths

There are many myths about pain and how it may be expressed.

Myth 1 — Pain is a natural part of aging; therefore it should be expected.

This is not true. There is no scientific evidence to support that because one gets older they have to have pain. Some people will experience pain but it is usually associated with a medical condition and not with the process (condition) of aging.

Myth 2 — People with pain complain and focus on their pain. One might think that a person with pain, especially severe pain, must be concentrating on it. They focus continually on their pain often telling others about it.

If they do not complain, there must be no pain. ***This is not true.*** Many people do not complain or focus on their pain for a variety of reasons.

They may fear that the pain means their medical condition is getting worse and they are afraid of what that might mean. They may fear the diagnostic testing — it might be painful. Still others may believe that pain is a normal part of aging and they don't complain for fear of being a burden to their families or caregivers.

Myth 3 — A person in pain will not be able to sleep. *This is not true.*

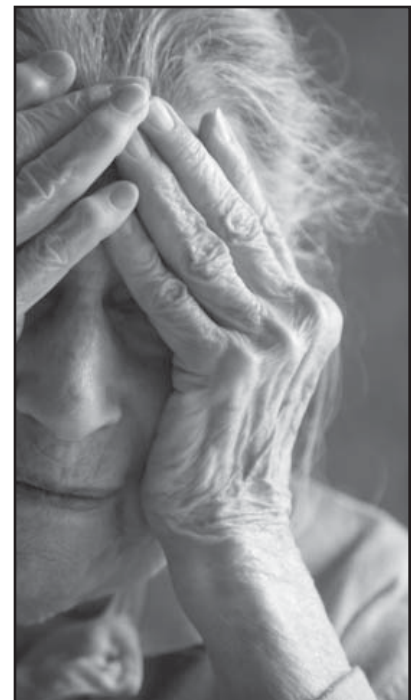
Experiencing pain regularly can be very tiring. People become exhausted from dealing with their pain. This can result in extended periods of sleep. It is possible for people to sleep more when experiencing pain.

Whose pain is it anyway

Pain is subjective. It cannot be verified. You cannot see, hear, or touch someone's pain. You must rely on what the person tells you. If the person states they are in pain, you must believe what they say. As the caregiver you must report any complaint of pain to the health care team since this information is used in the decision making and treatment process.

Because pain is also personal, the process for treating pain differs from person to person. What "hurts" to one person may "ache" to another. What one person calls "sore" another may call "aching."

You cannot equate your own personal pain experiences to those people for whom you care. For example, if you have experienced pain with a broken arm, don't assume you know exactly the extent of pain your person is going through. What you did to relieve the pain of the broken arm may not work for that person's pain. Each person experiences pain in their own and unique way.



Types of pain

There are different types of pain. The health care team uses the type of pain an individual has to confirm a diagnosis and decide on a treatment plan.

- **Acute pain** — is felt suddenly from injury, disease, trauma or surgery. There is usually tissue damage. Acute pain lasts a short time, usually less than six months and decreases with healing.
- **Chronic pain** — is any pain lasting longer than six months. Chronic pain can remain long after healing has taken place. Pain that lacks a well-defined physical cause, like chronic pain, is sometimes labeled as being “in the person’s head.” Thus, many chronic pain sufferers are not believed by family members, caregivers and health care professionals. The person might be labeled as “neurotic,” or “a complainer.” Consequently, many people experience frustration as a result. People with chronic pain need to be believed and have their pain recognized by both health care professionals and family members. Believing the persons reports of pain must be the basis of any good pain management program.
- **Radiating pain** — is felt in areas of the body away from the original cause. For example, pain from a heart attack is often felt on the left side of the chest, jaw, shoulder and arm. Remember that pain originating at one site can be felt in another part of the body.
- **Phantom pain** — is felt in a body part that is no longer there. There is the sensation of pain where the limb once was. For example, a person with an amputated leg may still feel leg pain.

Factors affecting pain

A person may handle pain well one time and poorly the next. This is because a wide range of factors can influence a person’s perception and tolerance of pain. Those factors can include: the meaning of pain, cultural background, religious beliefs, past experiences and emotions such as anxiety and depression.

Meaning of pain

Pain can have a range of meanings for different people. For cancer patients, increasing levels of pain may be associated with a worsening of the disease or impending death. On the other hand, the pain of childbirth is often viewed as having a special meaning because it results in the birth of a child. It is seen in a positive light.

If you fall and bruise your knee, you know the reason for the pain and that it will go away eventually. For some people this makes dealing with the pain easier since they know what to expect. Some types of pain, like chronic pain, are less straightforward. You don't always know why you continue to hurt and it is difficult to say how long it will last. Because you are unsure of the cause you place a different meaning on your pain.



Cultural background

A person's cultural background influences the meaning that person will attribute to a pain experience. Cultural differences about pain affect the way it is expressed and also affect our attitudes toward the use of pain medication.

Cultural background is a major influence in how one perceives and reacts to pain. But culture alone does not predict accurately how a person will respond to pain. People of some cultures are more expressive of their pain (and other feelings) than others. Hispanic, Middle Eastern and Mediterranean backgrounds tend to be expressive, whereas Northern European and Asian backgrounds tend to be less so.

Religious beliefs

Some people believe that pain has positive qualities because it provides a means of spiritual and moral cleansing. This belief is supported by many of the world's religions.

People sometimes believe that the endurance of pain associated with a disease may in some way raise their moral position and guarantee a more swift entry into the afterlife, a place free from all pain and suffering.

Pain and suffering are often seen to be the will of God, a means by which God tests loyalty, purifies and provides opportunity for salvation. These beliefs often enable people to accept pain with greater tolerance because the beliefs foster a great sense of hope.

Religious beliefs may also cause pain to be seen in a more negative light. Some people will view pain as punishment for sins of the past — a form of divine retribution. This can be very frightening for terminally ill patients who believe that they are soon to meet their “Maker,” especially if they view God as unforgiving.

Past experiences

We learn from past experiences. What we learn helps us know what to do or what to expect. A person may have had pain before. The severity of past pain, its cause, how long it lasted, and if relief occurred, all affect the person’s current response to pain. Knowing what to expect can help or hinder how the person handles pain. If someone has never had pain they may be very frightened and anxious when they experience it.

Anxiety

Anxiety relates to feelings of fear, dread, worry and concern. We feel uneasy, tense, troubled, or threatened. We may feel a sense of danger. Something is wrong but we don’t know what or why.

Pain and anxiety are related. Pain can cause anxiety. Anxiety increases how much pain we feel. Lessening anxiety helps reduce pain. For example, the nurse explains to Mr. Smith that he will have pain after surgery. The nurse also explains that he will receive medications for pain relief. Mr. Smith knows the cause of the pain and what to expect. This helps to reduce his anxiety and therefore the amount of pain felt.

Medications to relieve pain

Choosing an appropriate treatment for pain is a complex decision that depends on the cause of the pain, the underlying disease(s) and the person's general health.

We must also remember that the person's emotional, psychological and spiritual state needs to be considered in the treatment. Pain must be approached in a holistic manner considering the whole person and not just one aspect of his condition.



Pain can change constantly and an important part of effective pain management is to always review and re-evaluate procedures.

There are several types of medications available for pain relief. These are divided into three categories: Nonopioids, Opioids and Adjuvants.

- 1. Nonopioids** — This category includes Acetaminophen (Tylenol) and Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). These are used as initial therapy in mild pain because they are effective, are often available over the counter, and can be used effectively in combination with opioids and adjuvant analgesics if pain intensity increases. Examples of NSAIDs include, but are not limited to, Motrin, Advil, Toradol, Ordis, Naprosyn, and Aleve. Even though NSAIDs are effective in relieving mild pain, people who take them, especially if elderly, should be monitored carefully for adverse effects.
- 2. Opioids** — These medications are the major class of analgesics used in the management of moderate to severe pain. Many factors need to be considered when choosing the right opioid medication for the person with pain. These include the way the medication works, the person's overall health condition, pain intensity, the person's age, other diseases, current medications and the possible drug interactions, other treatments tried, and individual preferences.

The safe and effective use of opioids requires an individualized treatment plan. What worked well for one person, or even yourself, may not be what the next person needs. Examples of opioids include, but are not limited to, Morphine, Codeine, Fentanyl and Vicodin.

- 3. Adjuvants** — This category is for medications which are used to treat other conditions but act like a pain reliever in some conditions. Adjuvant medications may be used with an opioid medication or as a separate therapy in certain painful diagnosis. Examples include but are not limited to, Tegretol, Klonopin, and Neurontin.

Alternative approaches

Analgesics are the anchor of pain relief. However, most pain is best treated with a combination of medication and non-traditional approaches. For some types of mild to moderate pain, non-traditional approaches alone may provide sufficient relief.

The following is a brief list of common non-traditional approaches to help control pain. Please contact your health care professional for additional methods of pain relief.

- 1. Distraction** — Means to change the person's center of attention. The person's attention is moved away (distracted) from the pain. Listening to music, playing games, singing, praying, watching television and needlework are some ways to divert attention from the pain.
- 2. Relaxation** — Means to be free from mental or physical stress. A relaxed state reduces pain and anxiety. Teaching the person to breathe deeply and slowly; and to contract and relax muscle groups helps produce a relaxed state. A comfortable position and a quiet room are important.
- 3. Guided imagery** — Is creating and focusing on a positive image. The person is asked to imagine a pleasant scene. Using a calm, soft voice encourages the person to focus on the image. Soft music, a blanket for warmth, and a darkened room may help.

Information gathering

You cannot see, hear, or feel a person's pain. You must rely on what the person tells you. Promptly report to the health care team any information you collect about pain. Use the person's exact words when you report and record. The following information is helpful when attempting to assess a person's pain:

- **Location.** Where does it hurt? Ask the person to point to the area of pain. Remember, pain can radiate. Ask the person if the pain is anywhere else and to point to those areas. If there is more than one pain site letters may be used to distinguish the different sites, for example “A” for the right knee, “B” for the left shoulder and so on.
- **Onset and duration.** To detect changes, ask the person, “Is the pain better or worse at certain times, certain hours, during the day or night, or certain times of the month?” “ When did the pain start?” “ How long has the pain lasted?”
- **Intensity.** The level of pain is identified using a pain rating scale. Ask the person to rate pain intensity for present pain, worst pain, best pain gets, and acceptable level of pain. If the person has more than one site of pain, letter designations can be used for tracking purposes. Does the person complain of mild, moderate, or severe pain? Please refer to the handout for examples of pain rating scales.
- **Description.** Ask the person to describe the pain. Write down what the person says. Use the person’s words when reporting to the nurse. The term “pain” is a medical term and may not be a term used by the general public. Please refer to the handout for a list of words that might be used to describe pain.
- **Precipitating factors.** A variety of activities and other events may cause or increase pain. These are called precipitating factors and include things such as: body positions, turning in bed, movement, laughing or breathing and exercise. To help determine what the cause or increase in pain is from, question the person as to what they were doing just prior to the pain or at the onset or increase in pain.
- **Factors relieving the pain.** If the person has had pain for some time, she may know which medications and doses are helpful and may have found some non-traditional methods helpful , such as cold packs or aroma therapy. If these non-traditional methods are helpful, they should be continued.
- **Impact of pain.** Help to identify how the pain impacts the person’s quality of life. For example, if pain interferes with sleep, a major goal may be to identify a pain rating that will allow the patient to sleep through the night without being awakened by pain.

Pain observed

When people experience pain, they normally manifest a range of different behaviors including verbalization and vocalizations. It should not be assumed that observable behaviors are direct expressions of the intensity or quality of the pain. Pain is not always “written all over a person’s face.”



If we are to accept the principle that “pain is what the person says” then verbalization is the most important way for someone to communicate that they are in pain. However, some people who are cognitively impaired or those who do not speak the language of those around them, are unable to verbalize that they are in pain. They may resort to nonverbal expressions to communicate their pain. Please refer to the handout for examples about how pain can be expressed nonverbally.

Vocalizations are used to a great degree to communicate pain intensity, although they are probably used to a much lesser degree by those with chronic pain. Examples of vocalizations include but are not limited to: crying, moaning, groaning, whimpering, whining, screaming and sobbing.

People use a range of body movements as a means of both expressing and controlling pain. Some body movements are extremely effective at reducing pain intensity and in preventing the return of pain thereby ensuring maximum comfort. Examples of body movements include but are not limited to: limping, rubbing the affected part, supporting or applying pressure to the affected part or area and guarding the affected area.

ADDITIONAL DHS RESOURCES

DHS's Safe Medication Administration: <https://tinyurl.com/ODHSSafeMeds>

DHS's Ensuring Quality Care tools and resources: www.tinyurl.com/APD-EQCTools-Resources

TRAINING CREDIT

To receive a certificate for training hours you will need to take a test. 100 percent accuracy is required to receive a training certificate. Tests are open book. Tests cannot be taken with assistance. Tests results will be sent via email from afhtraining@dhsosha.state.or.us.

All tests are graded in the order received. Processing tests can take up to 8 weeks.

ORDERING TESTS

Fill out the test order form and submit payment to SOQ-Self-study Program, PO Box 14530, Salem OR 97309. Test order form is found at: www.tinyurl.com/DHS-AFHTraining. The test order form contains all self-study courses available.

Tests are valid for 30 days from the date of purchase. Once a self-study test is ordered it is not transferable to another individual. **No refunds will be given.**

Questions or inquires?

Send questions or inquiries to: afhtraining@dhsosha.state.or.us



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