PAIN MANAGEMENT

INTRODUCTION

Everyone has experienced pain. Some of us grin and bear it. Some ignore it. Research shows we need to take pain seriously. Unrelieved pain:

- Causes depression, anxiety and confusion
- Inhibits immune function
- Increases oxygen demand and respiratory dysfunction
- Even enhances tumor growth

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) released revised standards on the assessment and management of pain for all patients in all clinical settings. In this handbook, we'll walk through some of these standards and take a look at how they affect patient care.

BARRIERS TO PAIN MANAGEMENT

According to research, at least 90 percent (90%) of patients who suffer pain should experience relief. However, studies show that in healthcare nearly half of all patients with pain suffer needlessly. Let's look at some reasons for poor pain management:

- Some patients are not asked about pain. In one study of patients with pain, less than half were asked about pain.
- Pain evaluation is not standardized. When caregivers use different methods to evaluate the same patient's pain a confusing picture results.
- There are no handy lab tests to identify or verify pain.
- Many times there are few observable, objective physical signs of chronic pain. The body adapts to pain over time to protect against further stress or injury. Vital signs may appear normal. Grimacing and moaning may stop.
- Patients may hide pain because of personal or religious beliefs about pain, or because they want to be a 'good patient.'
- Misinformation about pain is common among healthcare workers. Despite common beliefs:
    - People with the same injury do not feel similar intensities of pain. Tolerance to pain is highly individual and fluctuates with emotional state and fatigue level.
    - Chronic pain does not increase a person's tolerance, it decreases tolerance to pain.
    - Pain can and does exist in some people without any identifiable cause.
    - Studies show that healthcare workers have unfounded fears about addiction, tolerance and side effects of opioid analgesics. The incidence of addiction in patients with no history of substance abuse is very low.

TYPES OF PAIN

According to the American Pain Society, pain is always subjective and exists when the patient says it does. Research shows that a patient's report of pain is the only reliable indicator of the existence and intensity of pain. JCAHO affirms that the patient is the authority on whether or not pain exists, not the healthcare team or the family.

Nociceptive Pain

- Caused when pain-sensitive tissue is damaged, activating pain receptors to warn you to protect yourself from further injury.
- Most common type of pain
- Typical with muscle or bone injuries, surgery, pressure from infections, inflammation or cancer.
- Reported as sharp, dull or aching, localized to a small area or generalized to a large area.
- Generally decreases as tissue heals
- Can become chronic if damaged tissues cannot heal and chronic inflammation is involved, e.g.osteoporosis, some types of neck or back pain or cancer.

Neuropathic Pain

- Caused by nerve damage or other changes to the nervous system.
- Reported as burning, tingling or aching over months or years.
- Examples include facial nerve problems, diabetes-related peripheral nerve problems and pain from amputated limbs.

Acute Pain

- Of short duration, typically less than one month.
- Often causes pupil dilation, sweating, hypertension, rapid heart rate, increased respiratory rate and anxiety.

Chronic Pain

- Lasts more than three to six months
- Can have a malignant origin, such as with AIDS, cancer or multiple sclerosis.
- Or non-malignant origin such as with fibromyalgia, osteoarthritis and some headaches.
- Called idiopathic when cause is unknown.

PAIN ASSESSMENT

Before pain can be assessed it must be identified. During admission ask patients if they have pain now or have experienced it recently. If present, a comprehensive pain assessment must be conducted. Proper pain assessment is the key to effective treatment. Healthcare professionals assess pain:

- At each new report of pain
- During and after pain intervention
- At regular intervals

Document when information is gathered from a source other than the patient, like a spouse or parent.

Pain Assessment must include:

- Location: indicate location on an anatomical diagram, clearly designating multiple sites of pain.
- Intensity: using a pain rating scale, have the patient rate the pain's intensity. Make sure the patient understands the rating scale beforehand. With one commonly used tool, patients rate pain from 0, meaning no pain, to 10, meaning the most severe pain. Using another tool, appropriate for children, adults and elders, patients choose the

face that best describes their pain. Choices range from a happy face with no pain to a very sad face with as much pain as can be imagined. Everyone assessing a patient's pain should use the same rating scale.

- Quality: patient describes how the pain feels, e.g. throbbing, burning, tender, aching or pressure.
- Onset, duration, variations and rhythms: ask the patient when the pain starts, how long it lasts, if it's constant or intermittent, what makes it better or worse, and how it fluctuates over a 24-hour period.
- Specific causes of pain: identify situations or behaviors, such as exercise or eating certain foods, that increase or decrease pain so that interventions can be used to decrease or eliminate pain at these times.
- Manner of expressing pain: identify how patient expresses pain, e.g. facial expressions or behaviors.
- Pain relief: identify any past pain management strategies used and whether they did or did not work.
- Effects of pain: describe any impact of pain on sleep, appetite, mobility, lifestyle or relationships.

PAIN MANAGEMENT CARE PLAN

After assessing the pain, develop an initial care plan for its management. Patient and family input is important. Use your facility's standard format to document the pain assessment. All interventions should be noted, including pharmacologic and non-drug methods. Document all interventions including time, pain ratings before and after intervention, side effects or adverse effects and vital signs. Assess interventions on an on-going basis. A pain flow sheet makes it easy to identify a patient's pain status, the interventions being used to manage the pain, and which interventions are effective.

PAIN RELIEF INTERVENTIONS

Pain can be treated effectively. Patient and healthcare provider must work together to find the combination of therapies and the most effective dosing schedule. On-going evaluation of interventions is critical to finding what works best.

ANALGESIC PAIN RELIEF

Pain is often under treated because of a lack of understanding about opioids and other drug treatments. Let's look at some information based on research.

- How an analgesic is used is more important than the type. For instance, when pain is consistent, around-the-clock dosing is most effective. This dosing schedule keeps plasma analgesic levels high and reduces the patient's anxiety level.
- Patients with advanced diseases may need gradually increasing doses of opioids. Since the body develops tolerance to respiratory depression and sedation over time, these dosing increases are usually safe.
- It is important to monitor effectiveness of analgesics frequently.
- Use the pain intensity scale to determine relief. Make sure everyone is using the same intensity scale.
- The analgesic delivery method plays an important role in relief. Patient controlled analgesia works for some while spinal/epidural or intravenous routes are needed by others.

NON-DRUG PAIN RELIEF

Combining drug and non-drug methods offers the best pain relief. Non-drug pain relief methods enhance the effects of analgesics and help manage pain. Methods include:

- A supportive environment, in which expression of fears and feelings about pain is encouraged.
- Comfort measures such as repositioning the patient, therapeutic touch or massage.
- Physical and occupational therapy, which use heat or cold, ultrasound, exercise and other therapies to relieve tension, stiffness, spasm and pain.
- Behavioral techniques that help patients better cope and find relief through relaxation, meditation, biofeedback, imagery, distraction via music or humor, hypnosis or other psychotherapies.
- TENS units, or transcutaneous electrical nerve stimulation, that use gentle electric current to relieve some chronic pain
- Acupuncture and acupressure that relieve pain by stimulating specific body points.

For pain that cannot be managed otherwise there are therapies such as:

- Nerve block
- Spinal drug infusion
- Injections into trigger points
- Spinal cord stimulation
- Cutting nerves surgically to interrupt travel of pain signals to the brain.

EDUCATION AND PERFORMANCE MONITORING

Healthcare workers must educate patients and families about pain management and encourage their active participation. You must:

- Inform patients and families that pain relief is their right.
- Encourage patients to report unrelieved pain immediately.
- Inform patients about risks of pain and importance of effective pain management.
- Carefully review care plans for pain management upon discharge. Address physical and emotional needs, symptom management and the importance of on-going assessment and documentation of pain.

EFFECTIVE PAIN MANAGEMENT PROGRAM

With an effective pain management program:

- A committed, multidisciplinary approach is required. Multidisciplinary pain care committees oversee pain management in some facilities, developing policies and procedures for interventions, and monitoring their effectiveness.
- Pain assessment is part of everyone's daily practice.
- Everyone uses the same assessment, intensity and documentation tools.
- Success is measured by a patient's comfort level and ability to function.

SUMMARY

Pain management is fast becoming a top priority in healthcare. The American Pain Society recommends that pain be considered the Fifth Vital Sign – as critical to quality healthcare as monitoring blood pressure, pulse, respiration and temperature.