Pain management

Chapter 44
Pain is highly unpleasant and very personal sensation that cannot be shared with others.

Pain increase morbidity and mortality.

The definition of the pain is a mystical fact.

One of them: *an unpleasant sensation of emotional experience associated with actual or potential damage or described in term of such damage.*

it is a highly subjective and individual.

It is a body defense mechanism indicated that there is a problem.
Type of pain, pain may describe in term of:

- Duration
- Location
- Etiology

Duration

- **Acute pain**: lasted only through the expected recovery period
- **Chronic pain**: last beyond the usual course for recovery (6 month of duration)
Location:-

- **Cutaneos**: skin supcatuneos tissue. e.g. 1st degree burn.

- **Deep somatic**: rises from tendon, bones, blood vessels, nervous.

- **Visceral**: stimulation of pain receptor in the abdomen cavity, cranium and thorax. Ex. Obstructed bowel, Myocardial Infarction
Radiating pain is preserved at the source of pain and extended to the nearby tissue.

E.g. gall bladder stone felt in the right upper quadrant of the abdomen and radiated to back and to shoulder.
Referred pain felt in the part of the body that is considerably remote from the tissue causing pain.
Intractable pain is the pain that highly resistance to relief
Neuropathic pain: is the result of current or past damage to the peripheral or central nervous system and may not have a stimulus.
Phantom pain: This is painful sensation perceived in body part that is missing.
Concept associated with pain

- **Pain threshold**: is the amount of pain stimulation a person required in order to feel pain. (Pain sensation).

- **Hyperalgesia**: excessive sensitivity to pain

- **Pain reaction**: the automatic nervous system and behavioral response to pain.

- **Pain tolerance**: is the maximum amount and duration of pain that an individual is willing to endure.
Physiology of pain:

- How pain is transmitted and preserved is still incompletely understood.

- Whether pain is perceived and to what degree depends on the interaction between the body analgesia system and the nervous system transmission and stimulation of the stimuli.
Factor affecting the pin experience

- Ethnic and cultural value
- Developmental stage
- Environment and support people
- Past pain experience
- Meaning of pain
- Anxiety and stress
Pain history

- Location – “where is your pain?”
- Intensity - (sever, moderate, mild)
- Quality – “how does your pain feel like?”
- Pattern
  - time of onset (“when did/does the pain start?”);
  - duration (“how long have you had it?, how long does it last?”);
  - constancy (“do you have pain free periods? when? for how long?”)
Pain history continue…

- Precipitating factors – what triggers the pain or makes it worst?
- Alleviating factors – what measures or methods have you found helpful in lessening or relieving the pain? What pain medication do you use?
- Associated symptoms – do you have other symptoms before, during, after pain?
- Effects on ADL – How does it affect your daily life?
Pain history continue…

- Past pain experiences – Tell me about your past pain experiences that you have had and the effectiveness of pain relief measures.
- Meaning of pain – how do you interpret your pain? What outcomes do you expect from this pain? What do you fear most about this pain?
- Coping resources – what do you usually do to help cope with pain?
Nursing process

Assessment

- Pain history

Diagnoses

- Pain
- Chronic pain
- Altered coping
- Ineffective air way clearance
- Ineffective individual coping
- Altered health maintenance
- Knowledge deficit
- Impaired physical mobility
Planning
- Modifying Pain to enable partial or complete resumption of daily activity
- Enhance ability to control pain
- Demonstrate action to control pain and associated symptom

Implementation:
- Pain management.
- Pharmacological pain management: *opioid analgesia*. Nonopioids /NSAIDs
- Nonpharmacological pain management: *physical interventions* massage, Application heat or cold, Acupuncture others

Evaluation
PAIN MANAGEMENT

GENERAL STRATEGIES FOR PAIN:

- Acknowledging the client’s pain
  - Verbally acknowledge the presence of the pain
  - Listen attentively to what the client says about the pain
  - Convey that you are assessing the client’s pain to understand it better, not to determine whether the pain is real
  - Attend to the client’s needs promptly

- Assisting support persons – give info; discuss their emotional reaction

- Reducing misconceptions about pain

- Reducing fear and anxiety
  - encouraging verbalization
  - being honest and sincere
  - promptly attending to their needs
  - and giving accurate information
### Mnemonics for Pain Assessment

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<thead>
<tr>
<th>OLDCART</th>
<th>PQRST</th>
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<tbody>
<tr>
<td><strong>O</strong> – onset</td>
<td><strong>P</strong> – provoked</td>
</tr>
<tr>
<td><strong>L</strong> – location</td>
<td><strong>Q</strong> – quality</td>
</tr>
<tr>
<td><strong>D</strong> – duration</td>
<td><strong>R</strong> – region/radiation</td>
</tr>
<tr>
<td><strong>C</strong> – characteristic</td>
<td><strong>S</strong> – severity</td>
</tr>
<tr>
<td><strong>A</strong> – aggravating factors</td>
<td><strong>T</strong> - timing</td>
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<td><strong>R</strong> – radiation</td>
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<td><strong>T</strong> - treatment</td>
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COLDERRA
C – Characteristics
O – Onset
L – Location
D – Duration
E – Exacerbation
R – Radiation
R – Relief
A – Associated signs and symptoms