Pain Management

Learning Objectives:

After completing this lecture, the students will be able to:

1. Describe the term of pain, and recognize the physiological processes related to pain perception.
2. Distinguish between different pain categories.
3. Identify data that should be obtained during pain assessment.
4. Name examples of nursing diagnoses for clients with pain.
5. Individualize a pain managements.
6. Describe pharmacologic and nonpharmacologic interventions for pain.

Nursing Management of Pain:

1. **Pain assessment:** For clients experiencing acute, severe pain, the nurse may focus only on location, quality, and severity, and provide interventions to control the pain before conducting a more detailed evaluation. For the person with chronic pain, the nurse may focus on the client's coping mechanisms, effectiveness of current pain management, and ways in which the pain has affected the client's body, thoughts and feelings, activities, and relationships.

A comprehensive pain history and physical examination include:

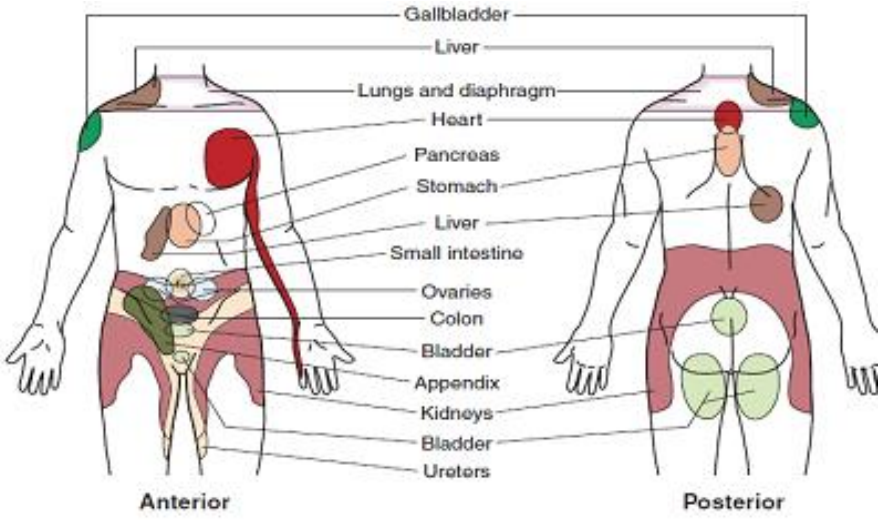
Descriptions	Questions to assess
Pattern	**Onset:** When did the pain start? Sudden or gradual onset? **Duration:** How long does it (Pain) usually last? **Constancy:** ➢ Do you have pain-free periods? When? And for how long? ➢ Continuous or intermittent, frequency, predictable occurrences, and time of day it occurs.
Location and radiating	➢ Where do you feel the pain ((Discomfort))? ➢ Identify the origin, location, and site of referred pain?
Quality	➢ What does pain feel like? ***Don't give the patient suggestions***? ➢ Descriptions include burning, stabbing, throbbing, crushing, pressure, sharp, dull, and achy? e.g., with myocardial infarction (crushing); intestinal infections (cramping); UTI (burning); and arthritis (aching). ➢ Is this pain different than the previous pain that you have?

Intensity	➢ How severe is the pain?
Aggravating factors	➢ What increases pain? e.g., exercise, certain foods, or stress.
Alleviating factors	➢ What helps to diminish or eliminate the pain? e.g., immobility, repositioning, eating or eliminating specific foods, analgesics, application of heat or cold, and repetitive behaviors, such as rocking, and rubbing.
Associated symptoms	➢ Do you have any other symptoms (e.g., nausea, dizziness, blurred vision, SOB) before, during, or after your pain?
Effects on ADLs	➢ How does the pain affect your ADLs (e.g., eating, working, sleeping, and social and recreational activities)?
Meaning of pain	➢ What does this pain mean to you? Does it signal something about the future or past?
Affective response	➢ How does the pain make you feel? Anxious? Depressed? Frightened? Tired? Burdensome?

2. **Nursing Diagnosis:** Example;
   - ❖ Acute pain related to tissue injury secondary to surgical intervention (as evidenced by restlessness; pallor; ↑ PR, RR, and systolic B/P).
   - ❖ Insomnia related to increased pain perception at night.
   - ❖ Ineffective airway clearance related to weak cough secondary to postoperative incisional abdominal pain.
3. **Outcome Identification and Planning:** Management goals include the following:
   - ✓ Reduce pain level whenever possible.
   - ✓ Improve functioning.
   - ✓ Develop self-help skills for coping.
   - ✓ Alleviate psychopathology, including anxiety and depression.
   - ✓ Improve relationships with family members and health care providers in order to meet individual needs.
4. **Implementation:**
   a. Acknowledging and accepting the client's pain (listen carefully to what clients says about the pain, an empathetic statement like " I m sorry you are hurting, I want to help you feel better"; lets the client know you believe the pain is real and intend to help.
   b. Giving the client the accurate information about pain.

c. Reducing fear and anxiety.
d. Preventing pain (e.g., administration of analgesics before surgery).
e. Pharmacological pain management such as **opioids** (narcotics) e.g., codeine, tramadol, morphine; **nonopioids** such as nonsteroidal anti-inflammatory {e.g., acetylsalicylic acid (aspirin), Ibuprofen, Meloxicam (mobic)}; and **coanalgesic** e.g., tricyclic antidepressants, anticonvulsants.
f. Nonpharmacologic pain management techniques e.g., massage, application of heat and cold, music therapy, distraction, and relaxation techniques.

5. Evaluation: The goals established in the planning phase are evaluated according to specific desired outcomes.



Sites of referred pain. (From Burton
wig [2011]. *Fundamentals of nursing care:*
s, connections & skills. Philadelphia:
vis, with permission.)