PAIN MANAGEMENT IN PALLIATIVE CARE

Pain is a complex symptom; there are several types of pain and many causes of it. Pain is also extremely personal and unique to the person experiencing it. For these reasons, pain management is also complex and deeply personal.

Management of pain in the palliative care setting has evolved a great deal in recent years. Physicians and patients often choose to take a multidirectional approach, using more than one type of treatment to alleviate pain.

Also ask what makes the pain worse, or provokes it. Again, it could be movement or lying on a particular side. It could also be eating or touch. This again will help you avoid things that cause discomfort and provide important clues to the physician.

Assessing Non-Verbal Signs of Pain

It was mentioned early that it can be difficult to assess someone's pain if they are unable to verbalize it and/or unable to point to the FACES scale. There are some signs and symptoms that a patient may exhibit if they are in pain that can clue you in:

- Facial grimacing
- Writhing or constant shifting in bed
- Moaning or groaning
- Restlessness and agitation
- Guarding the area of pain or withdrawing from touch to that area

The more symptoms a patient has and the more intense they are will give you a clue as to how much pain they may be in. You can then record their pain as “mild,” “moderate,” or “severe.”

Keep a Record

One of the most important things you can do for the person you are caring for is to keep an accurate record of their pain and their pain treatments. Once you assess their pain, record the severity and location and any medications or treatments that you gave them. Take note whether the medications or treatments worked effectively. Also write down anything new they may have told you about what makes it feel better or worse. This is a great way to team up with your healthcare professionals to provide the best palliative care possible.

Example of a Pain Log

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Level of Pain</th>
<th>Location of Pain</th>
<th>Medication/Treatment Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/26 9:00 am</td>
<td>5/10</td>
<td>upper abdomen</td>
<td>Morphine 10mg</td>
</tr>
<tr>
<td>11/26 1:00 pm</td>
<td>3/10</td>
<td>upper abdomen</td>
<td>warm compress to abdomen</td>
</tr>
<tr>
<td>11/26 5:00 pm</td>
<td>4/10</td>
<td>headache and upper abdomen</td>
<td>Morphine 10mg</td>
</tr>
</tbody>
</table>
What is Pain?

The answer to this question seems obvious – pain is pain, right?

Pain is pain, but it's not all the same. The International Association for the Study of Pain (IASP) defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.” However, pain is a symptom that cannot be objectively assessed. I can’t look at a patient and know precisely what hurts, how badly, and what the pain feels like. Pain, therefore, is whatever the person experiencing it says it is.

Types of Pain

Pain can be divided into two categories: acute pain and chronic pain.

Acute Pain

Also known as “warning pain,” this type of pain comes on suddenly and signals that something is wrong inside the body. A classic example of this type of pain is an injury that results in a broken bone. The pain is sudden and warns the person that something has gone wrong. Infections, tumors, and internal bleeding are other examples. Acute pain can sometimes be eliminated by treating the underlying cause. A person may respond to chronic pain with fear, anxiety, and restlessness. If the underlying cause is untreatable, the pain may develop into chronic pain.

Chronic Pain

Chronic pain results when the underlying cause of pain cannot be treated. It is persistent and sometimes debilitating. This type of pain is often associated with a long-term or life-threatening illness. A person experiencing chronic pain may be depressed, withdrawn, and exhausted.

Physiological Types of Pain

It is easier to understand pain, locate its cause, and treat it by using physiological explanations of it. Pain can be divided into two types of physiological explanations: Nociceptive and Neuropathic.

Nociceptive Pain

This type of pain can either be somatic or visceral.

Somatic pain results from injury to parts of the body such as bones, joints, and soft tissues. It is usually well localized, and is often described as sharp, dull, aching, throbbing, or gnawing. Examples would include bone fractures, metastastatic cancer to the bone, tumors, and arthritis.

Visceral pain results from inflammation, distension, or stretching of the internal organs. It is not well localized and is often described as aching, cramping, deep pain, or pressure. Examples would include pain in the abdomen from a bowel obstruction and left arm/jaw pain from an acute myocardial infarction (heart attack).
Neuropathic Pain

Neuropathic pain results from injury to nerves in either the central nervous system or the peripheral body. It can be described as burning, tingling, shooting, stabbing, or shocking. Injury to the brain, brain tumors, diabetic neuropathy, and herpes zoster are all examples of things that may cause this type of pain. Neuropathic pain can be more difficult to treat than nociceptive.

Pain and Palliative Care

A person on palliative care or hospice may experience different types of pain. Pain may be related to the underlying disease of the hospice diagnosis. This type of pain is usually defined as chronic pain and can either be nociceptive or neuropathic. A person on palliative care or hospice may also experience acute pain. Some examples include pain from pressure ulcers (bed sores), injury from falls, or side effects from the underlying illness like internal bleeding secondary to liver disease.

Regardless of the type of pain, the severity of it, or the cause, palliative care and hospice are well equipped to treat it. Pain management is a primary goal of comfort care.

[Source: http://dying.about.com/od/paincontrol/tp/all_about_pain.htm]

I HAVE RECEIVED TRAINING IN PAIN AND PAIN MANAGEMENT IN PALLIATIVE CARE.

Signature: _________________________________ Date: _________________