**Clinical Assessment of Pain**

Introduction to assessing pain

A patient’s pain needs to be accurately evaluated in the context of their presentation. Pain may be acute, recurrent or chronic. The aims of assessment are to determine the cause of the pain, its nature and severity, and the effect of the pain on the patient. A comprehensive assessment forms the basis for appropriate management.

Pain is a personal experience, occurring when and where the patient says it does. Pain perception and the pain experience are influenced by a number of factors including the patient’s mood (especially depression, anxiety and delirium), past pain experiences, and other symptoms (eg insomnia, nausea) (see Figure 1.1). It is important to listen to, and believe, the patient’s description of their pain experience and the meaning that the patient ascribes to it. Explore the patient’s interpretation of their symptoms, particularly if similarities to previous experiences may have resulted in false implications being ascribed to the pain. Consider the patient’s symptoms in light of the underlying disease process, but understand that there is no direct correlation between the severity of pathology and the severity of pain.

 Factors influencing the perception of pain (Figure 1.1)

**Defining pain**

Pain is defined by the International Association for the Study of Pain as *‘*an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage’ [Note 1].

Nociceptive pain arises from actual or threatened damage to non-neural tissue and is due to the activation of nociceptors (receptors in skin and deep tissues that are sensitive to potentially noxious stimuli). Nociceptive pain can be subdivided into somatic (superficial and deep) and visceral, according to the origin of the nociceptive stimulus (see Table 1.1).

Neuropathic pain is caused by a lesion or disease of the somatosensory nervous system. For information on assessment of neuropathic pain, see Neuropathic pain: introduction.

Breakthrough pain and incident pain are terms that describe the pattern of pain. These pains can be nociceptive, neuropathic or both.

Breakthrough pain occurs *between* regular doses of an analgesic and reflects an increase in the pain level beyond the control of the baseline analgesia. This may just be an occasional natural fluctuation in pain or, if frequent, reflect inadequate baseline analgesia or management.

Incident pain occurs with, or is exacerbated by, physical activity or an event such as a wound dressing. Inadequate stabilisation of a fracture or cough can also cause incident pain.

Other terms that may be used to describe a patient’s response to a stimulus include:

• allodynia—a painful experience in response to normally nonpainful stimuli (eg to brushing or cold stimuli)

• hyperalgesia—an increased responsiveness to normally painful stimuli (eg to pinprick over skin and pressure over nerves)

• hyperpathia—an abnormally painful experience in response to a repetitive stimulus (eg repetitive pinprick). It manifests as an explosive increase in pain severity and/or an increased area of pain.

Note 1:  Merskey H, Bogduk N, editors for IASP Task Force on Taxonomy. Classification of chronic pain: descriptions of chronic pain syndromes and definitions of pain terms. 2nd ed. Seattle: International Association for the Study of Pain; 1994.

• previous pain comparisons (eg ‘Is this the worst pain you have had?’)

• any analgesia taken before presentation

• associated symptoms (eg fatigue, depression, urinary symptoms in renal colic)

• psychosocial issues, meaning of the pain to the patient and its impact (see Box 1.3)

• general medical and surgical history

• medication history (including prescription, over-the-counter and complementary and alternative medicines) and allergies

• use of illicit drugs

• physical examination relating to the possible pain cause and other relevant areas

• investigations that are relevant to the possible diagnosis.