NURSING CARE OF PATIENT IN PAIN

Chapter 10 Williams/Hopper

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DEFINE PAIN

- Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does.

(Margo McCaffery, 1999)

2

DEFINE PAIN

- Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

(IASP, 2009)

3

WHY DOES PAIN EXIST?

- Warning sign
- Prevents further injury

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DEFINE SUFFERING

- Suffering represents a threat to one's self-image or life. Suffering is not synonymous with pain but is closely associated with it. Physical pain is closely related to psychological, social, and spiritual distress. Pain that persists without meaning becomes suffering.
  (Ferrell and Coyle, 2008)
- Suffering can be relieved if the pain is relieved

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CULTURAL CONSIDERATIONS R/T PAIN

- Box on Cultural Considerations on page 122 – Review
- Culture can affect
  - Expression and meaning of pain
  - Assessment of pain
  - Patient's preferences
  - Interventions for pain relief
- Never make assumptions

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TERMS TO KNOW

- Opioid
  - A narcotic drug with morphine like effect
- Physical Dependence
  - After a few weeks of opioid use, withdrawal symptoms occur if the drug is immediately discontinued
- Psychological Dependence
  - Compulsive use, craving, using when there is no pain present, addiction

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TERMS TO KNOW

- Tolerance
  - Normal biological adaptation. It takes more medication to achieve the same relief
- Ceiling Effect
  - The dose of medication which the maximum therapeutic effect is achieved

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MYTH VS. FACT WHEN TREATING PAIN

- A laughing person is not hurting
- If morphine is given too early to the patient with cancer pain, it will not work when the patient really needs it, toward the end, when the pain is the worst
- Respiratory depression is common in patient's receiving opioid pain medications
- Pain medication is more effective when given by an injection

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"CLOCK WATCHER"

A person who watches the clock and knows exactly when his/her next dose of medication is due is a drug seeker.

Myth or Fact?

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CRITICAL THINKING QUESTION:

- Your patient says, "I don't want to take the Vicodin too often because I don't want to become addicted."

How might you respond?

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PAIN TRANSMISSION

- Nociception
  - Result of tissue Damage
  - Usually time-limited and resolves when damaged tissue heals
  - Somatic:
    - Bones and joints, connective tissue, muscles…
    - Described as sharp or dull and aching
    - Can localize site and may be worse with movement
  - Visceral:
    - Involve organs and internal structures
    - May be crampy or dull and aching
    - Difficult to localize
- Neuropathic
  - Nerve Damage: numb, burning, tingling, crawling, stabbing, etc.
  - Difficult to describe; not typical "pain"
  - Almost always a chronic condition

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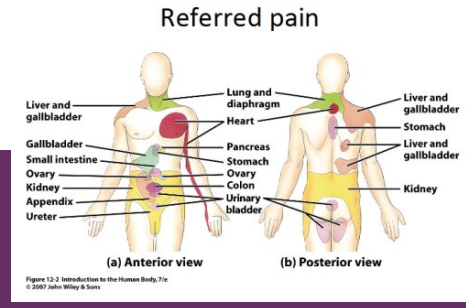
TYPES OF PAIN



- Acute Pain
  - Less than 3 months
- Chronic Pain
  - More than 3 months
- Cancer-related Pain
- Chronic Nonmalignant pain
- Referred pain
  - Pain felt in a part of the body other than it's actual source

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PAIN TREATMENT

- Analgesics
  - Opioids
  - Nonopioids
  - Adjuvants
- Opioid Antagonists
- Other Treatments

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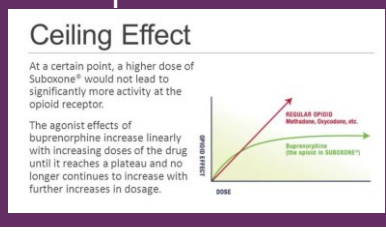
NONOPIOD ANALGESICS

- Used to treat mild pain
- Have a ceiling effect
- Do not produce tolerance or physical dependence
- Includes NSAIDS and Acetaminophen



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OPIOID ANALGESICS

- High Alert Drug
- Should be increased gradually to tolerate S/E
- If used for an extended time, gradually taper down dose to prevent withdrawal symptoms
- Can be added to nonopioids
- No ceiling effect
  - Watch for respiratory depression and sedation
- Can be short and long acting
  - If the patient is on a long acting, must also have short acting medication
- Morphine, Hydromorphone (Dilaudid), Meperidine(Demerol), Fentanyl(Duragesic), Methadone

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MEPERIDINE (DEMEROL)

- Not recommended for most patients
- Produces a cerebral irritant when broken down in the body
  - Can cause irritable moods to seizures
- Avoid in people over 65, impaired renal fx, or taking a MAOI antidepressant
  - Only use in young healthy people for a very short amount of time
- PO dose not recommended
  - Three to four times stronger

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METHADONE

- Longer duration than morphine
- Works great when given PO
- Can be used to help with detox from heroin and other opioids
- Do not discontinue if a patient is on Methadone maintenance.
  - May need to add to if a patient has pain after trauma/surgery

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OPIOID ANTAGONISTS

- Naloxone (Narcan)
  - Counteracts all opioids
- Used for over sedation or respiratory depression
  - Difficult to arouse and constricted pupils
- Also counteracts pain control
  - Client's will begin to have pain again

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ANALGESIC ADJUVANTS

- Enhance analgesics, have analgesic activity, or counteract side effects of other analgesics
- Corticosteroids
  - Acute/chronic cancer pain
- Benzodiazepine
  - Anxiety or muscle pain
- Antidepressants
  - Nerve pain
- Anticonvulsants
  - Nerve pain
- Stimulants
  - Counteract sedating effects

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PLACEBOS

- Administered inactive substitutes for analgesics
- Not Justified in the Treatment of Pain

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SCHEDULING OPTIONS

- Pain meds can be given scheduled or prn
- PCA: Patient controlled analgesia
  - A lock-out method prevents the patient from receiving too much medication
  - Has a PCA dose and a continuous/basal rate
  - Educate family that only the client is allowed to push the PCA button to administer medication

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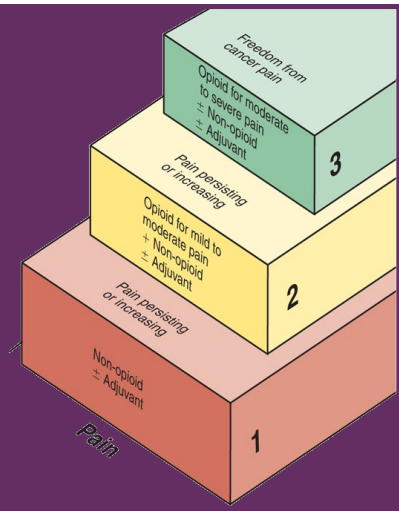
WHO LADDER (WORLD HEALTH ORGANIZATION)



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ROUTES FOR ANALGESIC ADMINISTRATION TABLE 10.3

- Oral
  - Preferred route
- Rectal
  - Used when client cannot take oral medications
- Transdermal Patch
  - May take up to 3 days before maximum relief
- IM
  - Rapid but slower than IV
- IV
  - Fastest route, PCA
- SQ
- Intraspinal

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PCA DOSING

- Basal Rate: Morphine 2mg/hr
- Demand Rate: Morphine 4 mg every 15 minutes.
- How many mg per hour will the patient receive if they pushed the PCA button every 15 minutes within the hour??
- Who is allowed to push the button?

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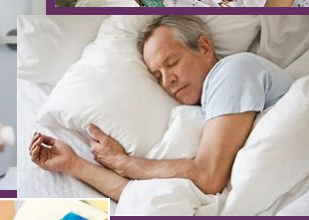
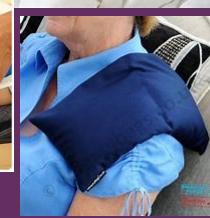
NONDRUG THERAPIES

- Sleep
- Warmth/cold
- Music
- Distraction
- Imagery/meditation
- Hypnosis
- Acupuncture
- Biofeedback
- TENS
- Massage







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NURSING ASSESSMENT: WHAT'S UP

- Where is the Pain?
- How Does it Feel?
  - Aching, knifelike, throbbing, burning, shock like, tingling
- Aggravating and Alleviating Factors?
- Timing
- Severity on a Pain Scale
- Useful Other Data
  - Affects on ADLs? Other symptoms
- Patient's Perception

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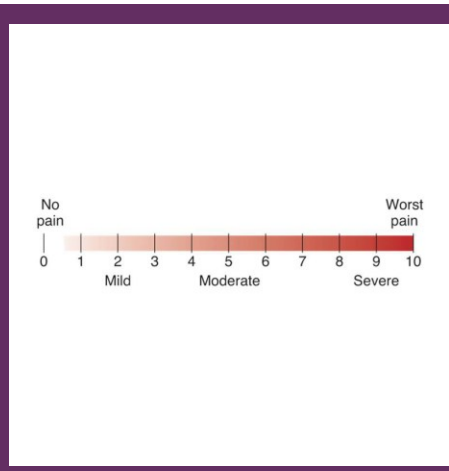
VERBAL PAIN ASSESSMENT TOOL



Pain (2:00)

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NONVERBAL PAIN ASSESSMENT TOOL

- A non-verbal patient can have pain!

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PAINAD

Pain Assessment in Advanced Dementia Scale (PAINAD)

Behavior	0	1	2	Score
Breathing independent of vocalization	Normal	• Occasional labored breathing • Short period of hyperventilation	• Noisy labored breathing • Long period of hyperventilation • Cheyne-Stokes respirations	
Negative vocalization	None	• Occasional moan or groan • Low level speech with a negative or disapproving quality	• Repeated troubled calling out • Loud moaning or groaning • Crying	
Facial expression	Smiling or inexpressive	• Sad • Frightened • Frown	• Facial grimacing	
Body language	Relaxed	• Tense • Distressed pacing • Fidgeting	• Rigid • Fists clenched • Knees pulled up • Pulling or pushing away • Striking out	
Consolability	No need to console	• Distracted or reassured by voice or touch	• Unable to console, distract, or reassure	
			Total*	

* Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0–"no pain" to 10–"severe pain")

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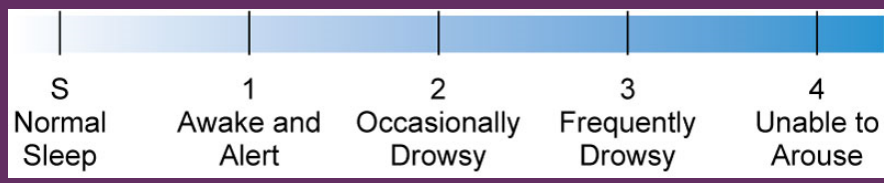
SEDATION SCALE



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WHEN SHOULD PAIN BE ASSESSED?

- On Admission
- Beginning of the Shift
- Whenever a patient complains of pain
- Within 30-45min after pain medication given

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OTHER EFFECTS OF PAIN

- Fatigue
- Disturbed sleep patterns
- Impaired mobility
- Self care deficits
- Ineffective Sexuality Pattern
- Fear
- Hopelessness

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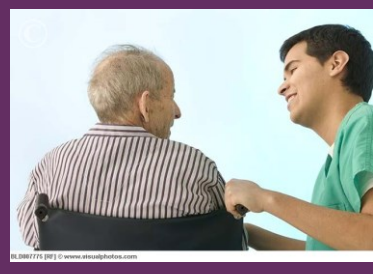
PATIENT EDUCATION

- Goals of pain management
- Side effects
- Frequency of dose
- Possible drug interactions



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DOCUMENTATION

- What should be included in your documentation?
  - Medication
  - Any non-pharmacologic measures used
  - Effects of treatment
  - Reporting any side effects
  - Patient education

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Which definition of pain is most important when planning care?

1. It is whatever the patient says it is.
2. It is associated with actual or potential tissue damage.
3. It is a sensory and emotional experience.
4. It is a protective mechanism.

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Your patient complains of pain of 4/10.There is an order for Vicodin 1-2 tabs every 4 hours prn and another order for Morphine 2mg IV every 2 hours prn. What would you do?

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Which patient is addicted to pain medication?

1. The patient who needs more and more opioid to achieve pain relief.
2. The patient who asks for pain medication before the ordered time interval allows.
3. The patient who continues to take opioids despite harmful effects.
4. The patient who is a "clock watcher."

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When asking the patient if he/she is having pain right now and they say yes, what other questions would you ask?

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Which type of pain occurs with tissue damage?

1. Nociceptive
2. Neuropathic

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You are taking care of a patient that is suffering pain in her left ankle due to a fracture from a skiing accident. What type of pain is she experiencing?

1. Acute
2. Phantom
3. Chronic
4. Controlled

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A patient requests pain medication but does not appear to be in pain. What action should the nurse take?

1. Do not administer the medication.
2. Administer half the ordered dose.
3. Advise the patient to wait until pain occurs.
4. Do a thorough pain assessment.

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A 65 year old patient is receiving analgesia postoperatively via a PCA pump. He expresses concern about accidentally overdosing himself. Appropriate information to give the patient includes:

1. "Even though I am not giving you the medication, I do assess your tolerance for the ordered dose at regular intervals."
2. "The doctor doesn't order enough medication that you would be able to overdose."
3. "I can ask the doctor to adjust your medication if you are worried."
4. "The PCA has a lockout mechanism that prevents you from giving yourself too much medication."

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