HealthStream Regulatory Script

**Pain Management**
*Release Date: June 2011*
*HLC non-CE Version: 603*
*HLC CE Version: 1*

- Lesson 1: Introduction
- Lesson 2: What is Pain?
- Lesson 3: Benefits of Pain Management
- Lesson 4: Assessing Pain
- Lesson 5: Treating Pain
Welcome to the introductory lesson on pain management.

As your partner, HealthStream strives to provide its customers with excellence in regulatory learning solutions. As new guidelines are continually issued by regulatory agencies, we work to update courses, as needed, in a timely manner. Since responsibility for complying with new guidelines remains with your organization, HealthStream encourages you to routinely check all relevant regulatory agencies directly for the latest updates for clinical/organizational guidelines.

If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.
Pain management is good medicine in several ways:

- **Ethically**: Clinicians have an ethical obligation to relieve pain and suffering.
- **Clinically**: Good pain management can promote clinical healing. This means shorter hospital stays and fewer readmissions.
- From a regulatory standpoint: Regulatory standards require clinicians to assess and treat pain.

This course will teach you how to manage pain in your patients.

You will learn:

- The definition of pain
- The benefits of managing pain effectively
- Best practices and guidelines for assessing pain
- Best practices and guidelines for managing pain
<table>
<thead>
<tr>
<th>Course Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>After completing this course, you should be able to:</td>
</tr>
<tr>
<td>• Identify basic types of pain in order to design effective management and improve patient outcomes</td>
</tr>
<tr>
<td>• List the benefits of treating pain to improve patient outcomes.</td>
</tr>
<tr>
<td>• Identify the components of a pain assessment necessary to improve patient care.</td>
</tr>
<tr>
<td>• Identify best practices for safely treating pain to improve patient care quality and outcomes.</td>
</tr>
</tbody>
</table>
This introductory lesson gave the course rationale and goals.

Lesson 2 presents background information on pain. This includes definitions of pain and types of pain.

Lesson 3 describes the benefits of treating pain.

Lesson 4 presents best practices and guidelines for assessing pain.

Finally, lesson 5 discusses the treatment of pain. This includes treatment options and monitoring.

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<th>Lesson 1: Introduction</th>
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<tr>
<td>Lesson 2: What is Pain?</td>
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<td>• Definitions</td>
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<tr>
<td>• Types</td>
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<tr>
<td>Lesson 3: Benefits of Pain Management</td>
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<tr>
<td>• Ethical</td>
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<tr>
<td>• Clinical</td>
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<tr>
<td>• Regulatory</td>
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<td>Lesson 4: Assessing Pain</td>
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<td>• Assessment</td>
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<td>• Reassessment</td>
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<td>Lesson 5: Treating Pain</td>
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<tr>
<td>• Pharmacologic intervention</td>
</tr>
<tr>
<td>• Non-pharmacologic intervention</td>
</tr>
</tbody>
</table>
Lesson 2: What Is Pain?

Introduction

Welcome to the lesson on defining pain and types of pain. This lesson presents background information on pain. This includes definitions of pain and types of pain.

Lesson 2: What is Pain?
- Definitions
- Types
One definition of pain is:

An unpleasant sensory or emotional experience associated with actual or potential tissue damage

This definition points out:
- Pain is unpleasant.
- Pain can be felt by the senses or the emotions.
- Pain has to do with physical injury. This is the biological function of pain: to warn the body of injury.

Reference 1
Another definition of pain is:

*An unpleasant sensation occurring in varying degrees of severity, as a consequence of injury, disease, or emotional disorder*

This definition points out:
- Pain is unpleasant.
- Pain can be more or less severe.
- Pain can have physical or emotional aspects.
- Pain does not *always* have to result from acute or ongoing physical injury. This differs from the previous definition.

Reference 2
A final definition of pain is:

*Whatever the person says it is, occurring whenever the person says it does*

This definition points out:
- Pain is subjective [glossary].
- When assessing pain, the clinician should ask the patient, whenever possible.

Reference 3
## Types of Pain

Pain may be categorized in different ways. For example, pain can be:

- [Nociceptive pain][glossary]
- [Neuropathic pain][glossary]

Placing pain in one of the following categories provides a basis for clinical decision making:

- Acute pain
- Acute exacerbation of a recurring painful condition
- Chronic pain
- Cancer pain

Let’s take a closer look.

References 3, 4
Acute pain lasts a short time. This is usually less than a month.

Acute pain has to do with disease or injury. Therefore, this type of pain serves its biological function: to warn of injury to the body.

Acute pain causes a physiological stress response [glossary].

This means that “fight-or-flight” symptoms are often seen with acute pain. These symptoms include:
- Sweating
- Dilation of the pupils
- Increased heart rate
- Increased blood pressure
- Increased respiratory rate
- Anxiety

Pain from an exacerbation of a recurring condition is due to a chronic organic condition that is not cancer, such as a migraine headache or sickle cell crisis. Pain free episodes normally occur.

References 4, 5
Acute pain that is not adequately treated can result in **chronic pain** conditions. Pain is chronic if it lasts more than three to six months.

Chronic pain that is not due to cancer can be caused by changes within the nervous system. This type of pain remains long after an injury or disease. Therefore, chronic pain does **not** serve a biological function.

Other symptoms are often seen with chronic pain. These include:
- Physical exhaustion
- Loss of strength
- Progressive disability
- Sleep problems
- Decreased appetite or loss of taste for food
- Weight loss
- Constipation
- Decreased sex drive
- Depression

Chronic pain:
- Is more difficult to manage
- May be neuropathic in nature

Reference 4, 5, 6
<table>
<thead>
<tr>
<th>Select the answer that best fits the question.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain is:</td>
</tr>
<tr>
<td>a. Objective</td>
</tr>
<tr>
<td>b. Subjective</td>
</tr>
<tr>
<td>c. Never biologically useful</td>
</tr>
<tr>
<td>d. Easily measured and quantified</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Correct: B</td>
</tr>
<tr>
<td>Feedback for a: Incorrect. The correct answer is B. Pain is not objective. Pain is highly subjective.</td>
</tr>
<tr>
<td>Feedback for b: Correct.</td>
</tr>
<tr>
<td>Feedback for c: Incorrect. Pain serves an important biological function: to warn of injury to the body. The correct answer is B. Pain is highly subjective.</td>
</tr>
<tr>
<td>Feedback for d: Incorrect. Pain can be quite difficult to measure and quantify. This is because pain is so subjective. The correct answer is B.</td>
</tr>
</tbody>
</table>
Summary

You have completed the lesson on definitions and types of pain.

Remember:

- Pain has many definitions.
- Pain is unpleasant.
- Pain can be sensory or emotional.
- The function of pain is to warn of injury to the body.
- Pain can be more or less severe.
- Pain is subjective.
- Acute pain lasts a short time. Symptoms of the physiological stress response are often seen with acute pain.
- Chronic pain lasts more than three to six months. Many other symptoms are often seen with chronic pain.
Lesson 3: Benefits of Pain Management

Introduction

Welcome to the lesson on the benefits of treating pain.

This lesson describes the benefits of adequately treating pain and the Joint Commission requirements for pain management.

Lesson 3: Benefits of Pain Management
- Ethical
- Clinical
- Regulatory
Treating pain:
- Is ethical
- Promotes patient health and quality of life
- Meets regulatory standards

Let’s take a closer look at each of these features.
Medical professionals have an ethical duty to act in the best interests of their patients. This includes relieving pain.

Reference 9
Remember: Pain activates the physiological stress response (“fight or flight”).

This can be helpful. “Fight-or-flight” can help a person escape from the cause of pain. This removes the person from danger and prevents further injury.

But when pain continues for a long period, “fight or flight” continues, too. This is not helpful. Problems can develop. These include:

- Elevated blood pressure
- Confusion
- Abnormal hormone levels
- Metabolic abnormalities
- Constipation
- Lowered immunity
- Anxiety and fear
- Hopelessness
- Sleeplessness
- Suicidal thoughts

References 5, 10, 11
In short, prolonged pain is not just unpleasant. It is also harmful to the body as well as the emotional wellbeing of the patient.

Therefore, treating pain does not just relieve suffering. It also promotes overall patient health and wellbeing.

This can lead to:
- Shorter hospital stays
- Fewer readmissions
- Better quality of life

References 5, 10, 11
Regulatory Standards

Regulatory agencies recognize the importance of treating pain. According to The Joint Commission, pain management is a **patient right**.

The Joint Commission requires its hospitals to:
- Assess each patient for pain.
- Regularly reassess for pain.
- Treat pain (or refer the patient for treatment).
- Involve the patient in the pain treatment plan.
- Educate patients about pain.

Guidelines for assessment, treatment, and patient education are presented in the next two lessons

Reference 12

...
<table>
<thead>
<tr>
<th>Review</th>
</tr>
</thead>
</table>

**Select the answer that best fits the question.**

Chronic pain is:
- a. Biologically useful
- b. Physically harmful
- c. Psychologically unimportant
- d. All of these
- e. None of these

<table>
<thead>
<tr>
<th>Correct: B</th>
</tr>
</thead>
</table>

Feedback for A: Incorrect. Chronic pain remains long after the triggering injury or disuse. Therefore, it does not serve a biological function. The correct answer is B. Prolonged pain is physically harmful. This is due to prolonged activation of the physiological stress response.

Feedback for B: Correct. Prolonged pain is physically harmful. This is due to prolonged activation of the physiological stress response.

Feedback for C: Incorrect. Chronic pain can lead to psychological problems such as anxiety, fear, hopelessness, and suicidal thinking. The correct answer is B. Prolonged pain is physically harmful. This is due to prolonged activation of the physiological stress response.

Feedback for D: Incorrect. The correct answer is B. Prolonged pain is physically harmful. This is due to prolonged activation of the physiological stress response.

Feedback for E: Incorrect. The correct answer is B. Prolonged pain is physically harmful. This is due to prolonged activation of the physiological stress response.
<table>
<thead>
<tr>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have completed the lesson on the benefits of treating pain.</td>
</tr>
<tr>
<td>Remember:</td>
</tr>
<tr>
<td>• Medical professionals have an ethical duty to relieve pain and suffering.</td>
</tr>
<tr>
<td>• Prolonged pain can be harmful to the body. Treating pain can promote overall patient health and wellbeing.</td>
</tr>
<tr>
<td>• According to The Joint Commission, pain management is a patient right.</td>
</tr>
<tr>
<td>• The Joint Commission standards require hospitals to assess for pain, treat pain, and educate patients about pain.</td>
</tr>
</tbody>
</table>
Welcome to the lesson on assessing pain.

This lesson teaches how to assess pain and the importance of reassessment during treatment. It also addresses the differences between addiction, physical dependence, and tolerance to opioid medication.

<table>
<thead>
<tr>
<th>Lesson 4: Assessing Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assessment</td>
</tr>
<tr>
<td>• Reassessment</td>
</tr>
</tbody>
</table>
Importance of Assessment

Assessment and reassessment of pain are important for:
- Developing a pain treatment plan
- Changing the plan as needed

References 12, 13
Baseline Assessment

The initial (or baseline) pain assessment should include the following components:

- Review pain history and description of the pain
- Determine type and cause of pain
- Assess intensity of pain
- Review analgesic [glossary] history
- Explore attitudes and beliefs about pain and pain treatment

Let’s take a closer look at each part.
The first part of the baseline pain assessment is to take a full pain history.

First, make sure you understand the words and terms the patient uses to talk about pain.

Then, find out:
- The location of the pain
- Whether the pain radiates
- When the pain started
- Whether the pain comes and goes
- What makes the pain flare up
- What makes the pain settle down
- What the pain is like (burning, stabbing, aching, throbbing, cramping)
- Whether the patient has a family history of pain

References 4, 7, 9, 14
During the pain history, be certain to screen for other symptoms. For example, ask about:
- Pain-related medical problems
- Depression
- Anxiety
- **Insomnia [glossary]**

Ask how pain affects the patient’s:
- Lifestyle
- Work
- Social activity
- Family
- Sex drive

References 7, 9
Type and Cause of Pain

Removing the cause is always the best way to treat pain.

Therefore, the second component of the pain assessment is to look for possible causes.

First, look for possible physiological causes. Second, look for conditions or situations that may affect how the patient experiences the pain. This would include mood changes such as:

- Depression
- Anxiety
- Worries
- Fear.

Take this opportunity to educate the patient about the types, and biological function of pain.

References 7, 8, 10
Intensity of Pain

The third component of the pain assessment is to determine the intensity of the pain.

This is important for two reasons:
- To ensure proper treatment
- To establish a “pain baseline.” [glossary] This baseline gives you a reference point to judge the results of treatment.

Pain intensity is measured using a pain scale.

Scales include:
- Numerical scales
- Visual analog scales
- The FACES Scale
- Behavioral scales

Let’s take a closer look at each.

References 7, 13
Numerical Pain Scales

Numerical pain scales ask patients to rate their pain from 0 to 5, 0 to 10, or 0 to 100, depending on the scale.

Numerical scales sometimes include verbal descriptions of pain, as well. This can help patients choose the right number for their pain. For example, descriptions might be:

- 0 = No pain
- 2 = Annoying pain
- 4 = Uncomfortable pain
- 6 = Dreadful pain
- 8 = Horrible pain
- 10 = Agonizing pain

Numerical scales are used for:

- Adults
- Adolescents
- Schoolchildren

References 7
Visual Analog Scales

Visual analog scales (VAS) ask patients to point to the place on the scale that shows their pain. “No pain” is at the far left of the scale. “Worst possible pain” is at the far right of the scale.

Many VAS have a length of ten centimeters. This makes it possible to measure the patient’s answer and give the pain a number value. For example, a patient who points to the middle of the scale has a pain value of “5 cm.”

This type of scale is used for:
- Adults
- Adolescents
- Schoolchildren

Reference 7
The Wong-Baker FACES Scale uses a series of faces.

The clinician must explain that each face shows a person who feels happy or sad because of hurting or not hurting:
- Face 0 is very happy because he has no pain at all.
- Face 1 hurts just a little bit
- Face 2 hurts a little more
- Face 3 hurts even more
- Face 4 hurts a lot.
- Face 5 hurts worst of all.

The patient then chooses the face that best shows his or her level of hurt.

The FACES Scale is used for:
- Children three years and older
- Elderly adults who are confused or forgetful
- Other adults who cannot use a VAS or numerical scale to show their level of pain
- Other adults who prefer the FACES Scale

References 7, 10
Behavioral Scales

The previous three scales are all self-reporting scales. This means that patients use these scales to tell about their own pain.

However, some patients cannot self-report. Behavioral pain scales must be used.

For example, the FLACC Scale is useful for infants and children who are preverbal [glossary].

The clinician observes the behavior of the baby in five categories:
- **Face**
- **Legs**
- **Activity**
- **Cry**
- **Consolability**

Each category is given a score of 0, 1, or 2, based on observed behavior (see table to the right). This gives a total pain score of 0 to 10.

Reference 10

<table>
<thead>
<tr>
<th>Category</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face</td>
<td>No particular expression or smile</td>
<td>Occasional grimace or frown, withdrawn, disinterested</td>
<td>Frequent to constant quivering chin, clenched jaw</td>
</tr>
<tr>
<td>Legs</td>
<td>Normal position or relaxed</td>
<td>Uneasy, restless, tense</td>
<td>Kicking or legs drawn up</td>
</tr>
<tr>
<td>Activity</td>
<td>Lying quietly, normal position, moves easily</td>
<td>Squirming, shifting back and forth, tense</td>
<td>Arched, rigid or jerking</td>
</tr>
<tr>
<td>Cry</td>
<td>No cry (awake or asleep)</td>
<td>Means of whimpers, occasional complaint</td>
<td>Crying steadily, screams or sobs, frequent complaints</td>
</tr>
<tr>
<td>Consolability</td>
<td>Content, relaxed</td>
<td>Reassured by occasional touching, hugging, or being talked to: distinguishable</td>
<td>Difficult to console or comfort</td>
</tr>
</tbody>
</table>
To treat pain effectively, pain scales must be used correctly and consistently.

Remember: Different scales are useful for adults, young children, and infants.

Therefore, hospitals should have a variety of pain scales available.

Once the right scale is chosen for a specific patient:
- The patient must be taught to use the scale correctly.
- The same scale must be used consistently. This means that the same scale should be used every time pain is assessed on the patient.

When pain scales are used correctly and consistently, pain can be tracked accurately over time. This makes it possible to determine:
- How pain is changing
- Whether treatment is working

References  5, 7
Drag and drop the terms to match the patient with the most appropriate choice of pain rating scale.
The next component of the pain assessment is to review the patient’s analgesic history [glossary].

Find out:
- What the patient has taken (or is taking) for pain. This should include:
  - Dosage
  - Frequency
  - Route of administration
- The effect of the medication. This should include:
  - How quickly it starts to relieve pain
  - How long it takes to reach maximum pain relief
  - How long the pain relief lasts
- Any side effects of the medication
- Any other successes, failures, or adverse reactions the patient has experienced when treating his or her pain.

References 4, 7, 10
The last component of the baseline pain assessment is to explore the patient’s attitudes about pain and pain treatment.

It is especially important to look at any attitudes or beliefs that might prevent the patient from:
- Reporting pain
- Following the pain treatment plan

For example, a very passive patient may not report pain. A stoic patient may refuse pain medication.

Take this opportunity to educate patients. Make sure patients understand:
- The importance of reporting pain
- The importance of treating pain

Ask the patient about his or her pain goal. Set a reasonable goal with the patient. Elimination of pain is not a reasonable goal. This is rarely attained. A reasonable expectation is a reduction in pain by 33% to 50%.

References 4, 5, 13
Attitudes and Beliefs About Pain and Pain Treatment (2)

Some patients may be afraid of addiction to opioid analgesics [glossary]. This can interfere with proper treatment of pain.

Be certain to ask patients about the fear of addiction. Ask about any other medication fears.

When necessary, educate patients about addiction. Explain the differences among:

- Addiction
- Physical dependence
- Tolerance

Addiction
Addicts show:
- Cravings for a substance
- An inability to control their use of the substance
- Use of the substance even when it is clearly harmful

Addiction is rare with long-term use of opioids to treat chronic pain.

Physical dependence
Physical dependence happens when the body adjusts to having a drug. Physically dependent patients develop drug-specific signs and symptoms when they:
- Suddenly stop using a drug.
- Rapidly reduce their dosage of a drug.

Physical dependence:
- Is normal with long-term use of opioids for pain
- Is not the same as addiction

Tolerance
With regular use of a drug, tolerance can develop:
- A constant dose of the drug produces less and less effect
- An increased dose of the drug is required.

Tolerance:
- Is normal with long-term use of opioids for pain
- Is not the same as addiction

Reference 7, 8
Attitudes and Beliefs About Pain and Pain Treatment (3)

Another important concept is that of “pseudo-addiction.”

Patients whose pain is inadequately treated may:
- Request higher doses
- Request more medication
- Be labeled as drug-seeking

In this case, providing adequate pain management is the appropriate therapy.

It is important to note that even patients with an addiction should have their pain adequately managed. This may include the use of opioids. Keep in mind that these patients may actually be more sensitive to pain. They may require higher doses of pain medication to achieve adequate relief.

References 4, 7
Drag and drop the terms in the list on the bottom to the proper place in the chart.

<table>
<thead>
<tr>
<th>Addiction (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient is not able to control his or her use of the drug.</td>
</tr>
<tr>
<td>The patient used the drug compulsively, without regard for harmful effects.</td>
</tr>
<tr>
<td>Very rare with long-term use of opioids to treat pain</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical dependence (PD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-specific signs and symptoms occur if the drug is stopped suddenly.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PD &amp; T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical consequence of long-term use of opioids to treat pain</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tolerance (T)</th>
</tr>
</thead>
<tbody>
<tr>
<td>An increased dose of the drug is required to produce the desired effect.</td>
</tr>
</tbody>
</table>
Reassessment

After the baseline assessment, pain must be reassessed on a regular basis.

Think of pain as the “fifth vital sign.”

In other words, monitor and chart this parameter just as you would blood pressure, pulse, temperature, and respiratory rate.

References 7, 11, 12, 15
Reassessment (2)

The use of pain diaries by patients also can facilitate pain reassessment.

Information recorded in a pain diary should include the items listed in the image on the right.

References 16

<table>
<thead>
<tr>
<th>Information recorded in a pain diary should include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• When the pain was experienced</td>
</tr>
<tr>
<td>• Description/characteristics of the pain</td>
</tr>
<tr>
<td>• Pain rating</td>
</tr>
<tr>
<td>• Aggravating factors</td>
</tr>
<tr>
<td>• Relieving factors</td>
</tr>
<tr>
<td>• Effectiveness of treatment</td>
</tr>
</tbody>
</table>
Reassessment: What and Why

Monitoring and reassessing pain make it possible to:
- Identify and respond promptly to any new pain.
- Track the course of existing pain, including how the pain responds to treatment.

With each reassessment, ask the patient about the pain's:
- Location
- Intensity (using the chosen pain scale)
- Character and quality
- Onset, timing, and course
- Response to treatment

Document the patient's answers.

References 3, 7
Remember: Some patients cannot tell you about their pain. These patients include:
- Infants and preverbal children
- Cognitively impaired patients
- Sleeping patients

In these patients, reassess pain by looking for:
- **Behavioral changes**
- **Involuntary responses**

Click on each item above, to learn more about the changes and responses to look for when reassessing pain.

References 3, 14, 17

<table>
<thead>
<tr>
<th><strong>Behavioral changes</strong></th>
<th>The following behaviors may be signs of pain:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sleep disturbances</td>
</tr>
<tr>
<td></td>
<td>Fidgeting</td>
</tr>
<tr>
<td></td>
<td>Physical tension</td>
</tr>
<tr>
<td></td>
<td>Vocalization</td>
</tr>
<tr>
<td></td>
<td>Increased confusion</td>
</tr>
<tr>
<td></td>
<td>Withdrawal</td>
</tr>
<tr>
<td></td>
<td>Agitation</td>
</tr>
<tr>
<td></td>
<td>Guarding</td>
</tr>
<tr>
<td></td>
<td>Grimacing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Involuntary responses</strong></th>
<th>The following involuntary responses may be signs of pain:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sweating</td>
</tr>
<tr>
<td></td>
<td>Change in respiratory rate</td>
</tr>
<tr>
<td></td>
<td>Increased blood pressure</td>
</tr>
<tr>
<td></td>
<td>Increased pulse rate</td>
</tr>
<tr>
<td></td>
<td>Shortness of breath</td>
</tr>
<tr>
<td></td>
<td>Decreased blood oxygen levels</td>
</tr>
</tbody>
</table>

Changes in vital signs are not always reliable indicators of pain. A patient may be in pain without any vital sign changes.
**Select the answer that best fits the question.**

Pain should be monitored and charted routinely, just like blood pressure, pulse, temperature, and respiration rate.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. True</td>
<td>Correct: A</td>
</tr>
<tr>
<td>b. False</td>
<td>Feedback for B: Incorrect. This statement is true. Think of pain as the fifth vital sign.</td>
</tr>
</tbody>
</table>
You have completed the lesson on assessing pain.

Remember:

- When performing a baseline pain assessment:
  - Review the pain history.
  - Identify the type and cause of pain.
  - Determine pain intensity, using an appropriate pain rating scale.
  - Review the analgesic history.
  - Explore the patient’s attitudes about pain. Educate the patient on the importance of reporting and treating pain.
  - Explore the patient’s attitudes about pain treatment. Educate the patient on addiction, physical dependence, and tolerance with the use of opioid analgesics.

- Pain must be reassessed on a regular basis. This makes it possible to track how the pain responds to treatment. Reassessment also makes it possible to identify and respond promptly to any new pain.
- Think of pain as the “fifth vital sign.”
- Behavioral changes and involuntary responses may be used to reassess pain when patients cannot self-report.
Lesson 5: Treating Pain

**Introduction**

Welcome to the lesson on treating pain.

This lesson teaches the basics of medical treatment of pain, including drug and nondrug treatments. Barriers to adequate pain treatment are also discussed.

<table>
<thead>
<tr>
<th>Lesson 5: Treating Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Pharmacologic intervention</td>
</tr>
<tr>
<td>- Non-pharmacologic intervention</td>
</tr>
</tbody>
</table>
There are two general types of pain treatment:
- Pharmacologic (or drug)
- Non-pharmacologic (or non-drug)

Let’s take a closer look at each.
The following drugs are commonly used to treat pain:
- Acetaminophen
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Opioids
- Opioid + non-opioid combination drugs

Common examples are listed in the table to the right.

Reference 18
Patients have different responses to drugs that treat pain. Not all drugs are suitable for every level of pain.

The World Health Organization (WHO) created a pain relief ladder for cancer patients. This ladder is useful for all types of pain. It gives clinicians a tool for finding the best drug for a patient.

Drugs are prescribed based on the patient's pain intensity.

First step treatments (for mild pain):
- Acetaminophen
- NSAID

Second step treatments (for moderate pain)
- Codeine + acetaminophen
- Hydrocodone + acetaminophen
- Oxycodone + acetaminophen
- Oxycodone + aspirin

Third step treatments (for severe pain)
- Fentanyl
- Hydromorphone
- Morphine
- Methadone

References 18, 19
Some types of chronic pain do not respond fully to commonly used drugs.

These types of pain may respond to:
- Antidepressants
- Anticonvulsants
- Corticosteroids

With these drugs:
- Pain relief is not immediate.
- There may be serious side effects.

References 5, 7, 18
Drug Treatment: Patient Education

Patients should be educated on drugs given for pain. Education should include:

- Regimen (When to take, how to take, etc.)
- Possible side effects
- Possible adverse reactions

References 3, 5, 7
All drug doses must be documented and assessed for effect. This helps ensure that drugs are working to control pain.

The following items should be documented:
- Time of dosage
- Intensity of pain (using a pain scale) before and after dosage
- Any side effects of the medication
- Any adverse reactions
- Patient vitals before and after dosage

References 3, 7, 15
Drug Treatment: Potential Barriers

Many studies have shown that pain is under-treated. Analgesics are often not prescribed when they should be.

Clinicians may not prescribe analgesics because:
- They do not consider treating pain important.
- They do not believe the patient’s report of pain.
- They do not know enough about treating pain.
- They are afraid of prescribing opioids to addicts or drug dealers.
- They are afraid of regulatory audits if they prescribe opioids.

Therefore, clinicians must be trained and educated on:
- The importance of treating pain
- Using opioids to treat pain
- Laws and regulations for prescribing opioids

Reference 9, 12
Placebos should not be used to treat pain.

It is unethical and improper to use placebos, in place of pain medication, to:

- Assess or treat pain
- Determine whether pain is “real”
- Diagnose psychological symptoms seen with pain

Reference 3
Drug Treatment: The Elderly (1)

Pain is common in the elderly population and frequently is undertreated. Inadequately treating pain in the elderly may lead to:

- Decreased functional ability
- Delayed recovery or rehabilitation
- Falls
- Mood changes
- Appetite disturbances
- Increases in the cost of care
In elderly patients, drugs may have unusually strong or weak effects. This is due to factors common in the elderly population, such as:

- Chronic disorders
- Poor nutrition
- Taking many drugs
- Decreased drug absorption rate

Drugs in the elderly also tend to have a longer duration of activity and a higher peak of maximum activity.

Since the medications used to treat pain may have some of the same potential side effects, it is important to be careful when giving analgesics to elderly patients.

You should monitor these patients closely.

Reference 20, 21
Pain experienced by children is also commonly undertreated. This is because clinicians:

- Mistakenly believe that children, particularly infants, do not perceive pain like adults
- Mistakenly believe that pain does not affect children in the same way as adults
- Fear unwanted effects from drugs used for pain
- May be unwilling to take the necessary time to address a child's pain

A key to adequate treatment of pain is to:

- Anticipate painful situations
- Use available drug and nondrug approaches to minimizing pain

Providing infants a pacifier and sucrose in water may decrease pain. All children may respond to the use of massage and the application of heat. Topical local anesthetics may be requested for procedures such as venipuncture. If more severe pain is anticipated, systemic drugs may be needed.

Reference 22
Review

Select the answer that best fits the question.

A patient is about to be given a dose of an opioid analgesic. Intensity of pain should be measured before and after this dosage, using a pain rating scale.

| a. True  |
| b. False |

Correct: A

Feedback for A: Correct. This statement is true.

Feedback for B: Incorrect. This statement is true.
Non-Drug Treatment

Many non-drug methods have been tried to relieve pain.

These methods may be used:
- Alone
- In combination with one another
- In combination with drugs

Non-drug treatment can:
- Relieve pain.
- Manage pain to improve a patient’s overall functioning and quality of life.

These methods are often called complimentary and alternative medicine (CAM). There is ongoing research in progress to find evidence to scientifically support these treatments.

References 7, 14, 23

Examples of non-pharmacological interventions:
- Folk remedies
- Distraction
- Imagery
- Relaxation
- Deep breathing
- Music
- Massage
- Heat/cold
Guidelines for non-drug treatment of pain include:

- Respect alternative approaches to pain relief. Allow the patient to use these approaches, unless specifically contraindicated [glossary].
- Bear in mind that herbal remedies can interact with drugs.
- Measure intensity of pain (using a pain scale) before and after all non-drug treatments, to assess effectiveness.
- Many non-drug methods focus on relieving the anxiety, tension, and other physical symptoms that come with pain. Drugs may be necessary to relieve the pain itself.

Reference 7, 23

Examples of non-pharmacological interventions:

- Hypnosis
- Prayer
- Meditation
- Counseling
- Transcutaneous electrical stimulation (TENS)
- Spinal cord stimulation
- Exercise
- Physical therapy
- Occupational therapy
You have completed the lesson on treating pain.

Remember:

- Drugs commonly used to treat pain are acetaminophen, NSAIDs, opioids, and opioid + non-opioid combination drugs.
- Antidepressants, anticonvulsants, and corticosteroids may be used for pain that does not respond to commonly used analgesics.
- Patients should be educated on drugs given for pain.
- All analgesic drug doses should be documented. Pain intensity should be measured and documented before and after each dosage.
- Clinicians must be trained and educated on pain management. They must understand the importance of treating pain, the use of opioids to treat pain, and the laws and regulations for prescribing opioids.
- Placebos should not be used to assess or manage pain.
- Elderly patients are often undertreated, but they have altered drug metabolism. Therefore, these patients must be monitored closely to ensure safe and adequate dosing.
- Children are often undertreated; therefore, it is important to anticipate painful procedures and treat with both drug and nondrug therapies.
- Non-drug methods can help relieve or manage pain. These methods can be used alone, in combination with one another, or in combination with drugs.
- Respect alternative or complementary non-drug approaches to treating pain. Offer drugs when indicated, as ordered.
Please remember that compliance is the responsibility of each organization. Provision of this list does not imply that the content of this course wholly or partially addresses the guidelines and references provided here.
## Course Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>analgesic</td>
<td>drug that relieves pain</td>
</tr>
<tr>
<td>subjective</td>
<td>taking place within the mind and modified by individual bias</td>
</tr>
<tr>
<td>acute</td>
<td>describing a condition with a rapid onset and short but relatively severe course</td>
</tr>
<tr>
<td>chronic</td>
<td>describing a long-term condition</td>
</tr>
<tr>
<td>physiological</td>
<td>of or relating to the physical functions of the body</td>
</tr>
<tr>
<td>psychological</td>
<td>mental or emotional in nature</td>
</tr>
<tr>
<td>physiological stress response</td>
<td>physical changes that occur in the body as a result of physical or emotional stress</td>
</tr>
<tr>
<td>radiate</td>
<td>to spread outward</td>
</tr>
<tr>
<td>insomnia</td>
<td>inability to sleep</td>
</tr>
<tr>
<td>pain baseline</td>
<td>an initial measurement of pain used as the basis of comparison for future pain measurements</td>
</tr>
<tr>
<td>preverbal</td>
<td>a child that has not yet learned to speak</td>
</tr>
<tr>
<td>analgesic history</td>
<td>description of the patient's prior experience with pain-relieving drugs</td>
</tr>
<tr>
<td>stoic</td>
<td>unresponsive to pain or pleasure</td>
</tr>
<tr>
<td>opioid analgesics</td>
<td>a class of pain-relieving drugs (morphine, heroin, codeine, methadone, etc.) derived from the opium poppy, containing opium, or produced synthetically to give opium-like effects</td>
</tr>
<tr>
<td>placebo</td>
<td>inert substance, &quot;sugar pill&quot;</td>
</tr>
<tr>
<td>pain goal</td>
<td>level of pain relief that is acceptable to the patient</td>
</tr>
<tr>
<td>neuropathic</td>
<td>the result of nerve damage</td>
</tr>
<tr>
<td>contraindicated</td>
<td>to make a treatment inadvisable</td>
</tr>
<tr>
<td>adjuvant</td>
<td>describing a secondary treatment for a condition</td>
</tr>
<tr>
<td>nociceptive pain</td>
<td>pain resulting from the stimulation of pain receptors in the body</td>
</tr>
<tr>
<td>neuropathic pain</td>
<td>pain resulting from abnormal processing by the nervous system</td>
</tr>
</tbody>
</table>
1. According to Margo McCaffery's definition of pain, a patient is in pain when:
   a. The patient says he or she is in pain.
   b. A physician decides the patient is in pain.
   c. A placebo does not relieve the patient's complaints of pain.
   d. The patient has physical symptoms (e.g., elevated pulse) that indicate pain.

Correct: The patient says he or she is in pain.
Rationale: McCaffery's definition stresses the subjective nature of pain.

2. Symptoms such as weight loss, constipation, and depression are often seen with:
   a. Acute pain
   b. Chronic pain

Correct: Chronic pain
Rationale: Chronic pain can lead to a constellation of symptoms.

3. The biological function of pain is to warn the body of injury. The type of pain that properly serves this function is:
   a. Acute pain
   b. Chronic pain

Correct: Acute pain
Rationale: Acute pain serves the warning function of pain.

4. Choose the true statement about the benefit of pain management:
   a. Pain management promotes overall health and wellbeing.
   b. The only benefit of pain management is relief of acute suffering.
   c. The Joint Commission does not recognize any benefits of pain management.
   d. Despite some benefits, pain management tends to lead to hospital readmissions.

Correct: Pain management promotes overall health and wellbeing.
Rationale: Pain leads to a physiological stress response. Managing pain controls this response, promoting overall health and wellbeing.

5. According to the Joint Commission:
   a. Pain management is a patient right.
   b. Pain management has no known benefits.
   c. Facilities are not required to assess patients for pain unless the patient complains of pain.
   d. Facilities are required to treat pain only when the patient has physiological symptoms of pain.
Correct: Pain management is a patient right.
Rationale: The Joint Commission defines pain management as a patient right.

6. Different types of pain scales are used to determine the intensity of patient pain. If a patient is asked to point to the place on a scale that shows his or her level of pain, the pain scale being used is:
   a. FACES scale
   b. Numerical scale
   c. Behavioral scale
   d. Visual analog scale

Correct: Visual analog scale
Rationale: With a visual analog scale, the patient points to the place on the scale that shows his or her level of pain.

7. Different types of pain scales are used to determine the intensity of patient pain. If a patient is asked to point to the happy or sad image that shows his or her level of hurt, the pain scale being used is:
   a. FACES scale
   b. Numerical scale
   c. Behavioral scale
   d. Visual analog scale

Correct: FACES scale
Rationale: With the FACES scale, the patient points to the happy or sad face that shows his or her level of hurt.

8. The clinician should ask the patient about type, cause, and intensity of pain as part of the:
   a. Pain management plan
   b. Idiopathic pain diagnostic
   c. Baseline pain assessment
   d. Wong-Baker FACES scale

Correct: Baseline pain assessment
Rationale: During a baseline pain assessment, ask the patient about type, cause, and intensity of pain.

9. Choose the statement that most accurately describes pain reassessment:
   a. It is not useful to monitor and reassess pain.
   b. It is only necessary to assess pain at baseline.
   c. Pain should be monitored as the "fifth vital sign."
   d. Pain should be monitored only for patients taking analgesic drugs.

Correct: Pain should be monitored as the "fifth vital sign."
Rationale: Pain should be considered the fifth vital sign. In other words, monitor and document pain just as you would blood pressure, pulse, temperature, and respiratory rate.
10. Patients often require education about addiction to opioid analgesics. Patients should be taught that:
   a. Addiction is rare with long-term use of opioids to treat chronic pain.
   b. Addiction almost always occurs with long-term use of opioids to treat chronic pain.
   c. Long-term use of opioids always causes tolerance. This is the same thing as addiction.
   d. Long-term use of opioids always causes physical dependence. This is the same thing as addiction.

Correct: Addiction is rare with long-term use of opioids to treat chronic pain.
Rationale: Physical dependence and tolerance are normal with long-term use of opioids. Physical dependence and tolerance are not the same as addiction. Addiction is rare with long-term use of opioids to treat chronic pain.

11. Pseudo-addiction may be present when a patient:
   a. Requires more pain medication to get the same level of relief
   b. Develops uncomfortable symptoms when pain medication is stopped
   c. Craves taking a drug
   d. Requests more pain medication for better pain relief

Correct: Requests more pain medication for better pain relief
Rationale: Pseudo-addiction results from inadequate pain management

12. Percocet is one drug used to manage pain. What type of drug is Percocet?
   a. Opioid
   b. Acetaminophen
   c. Non-steroidal anti-inflammatory drug
   d. Opioid + non-opioid combination drug

Correct: Opioid + non-opioid combination drug
Rationale: Percocet is a combination drug.

13. According to the WHO pain relief ladder, a second-step treatment (for moderate pain) is:
   a. Fentanyl
   b. Methadone
   c. Acetaminophen
   d. Oxycodone + aspirin

Correct: Oxycodone + aspirin
Rationale: Oxycodone + aspirin is considered a second-step treatment.

14. Choose the correct statement about placebos and pain management:
   a. Placebos should be used to assess pain.
   b. Placebos should not be used to treat pain.
c. Placebos may be used to treat psychogenic pain only.
d. Placebos may be used to determine whether pain is "real."

Correct: Placebos should not be used to treat pain.
Rationale: It is unethical to use placebos to assess or treat pain in any way.

15. In elderly patients, analgesic drugs tend to have:
   a. Unusually short duration of activity
   b. Unusually high peak of maximum activity
   c. The same duration of activity as seen in all healthy adults
   d. The same peak of maximum activity as seen in all healthy adults

Correct: Unusually high peak of maximum activity
Rationale: For a variety of reasons, elderly patients may not respond typically to drugs. For example, drugs in the elderly tend to have an unusually high peak of maximum activity.

16. In children undergoing procedures, it is not appropriate to:
   a. Ignore cries of pain
   b. Anticipate painful situations
   c. Provide massage to the patient during the procedure
   d. Request local anesthetics before a blood draw

Correct: Ignore cries of pain
Rationale: Children feel pain like adults and should be treated for pain.

17. Somatogenic pain is:
   a. Pain with no apparent cause
   b. Pain with a physiological cause
   c. Pain with a psychological cause

Correct: B - Pain with a physiological cause
Rationale: Pain with a physiological cause is somatogenic pain.

18. Idiopathic pain is:
   a. Pain with no apparent cause
   b. Pain with a physiological cause
   c. Pain with a psychological cause

Correct: A - Pain with no apparent cause
Rationale: Pain with no apparent cause is idiopathic pain.