Pain: Uncontrolled vs New Onset

DEFINITION/PATHOPHYSIOLOGY

An unpleasant sensation that can range from mild, localized discomfort to agony. Pain has both physical and emotional components. The physical part of pain results from nerve stimulation. Pain may be contained to a discrete area, as in an injury, or it can be more diffuse, as in disorders like fibromyalgia. Pain is mediated by specific nerve fibers that carry the pain impulses to the brain where their conscious appreciation may be modified by many factors.

SIGNS & SYMPTOMS

SIGNS	SYMPTOMS
• Appetite changes • Self-focused • Guarding behavior, protecting body part • Facial mask of pain • Autonomic responses (e.g., diaphoresis, an alteration in BP, HR, pupillary dilation; alteration in RR; pallor; nausea) • Change in muscle tone: lethargy or weakness; rigidity or tightness • Relief or distraction behavior (e.g., pacing, seeking out other people or activities) • Expressive behavior (e.g., restlessness, moaning, crying) • Proxy reporting pain and behavior/activity changes (e.g., family members, caregivers)	• Patient complains of pain • Intolerant (e.g., altered time perception, withdrawal from social or physical contact) • Hopelessness • Observed evidence of pain using standardized pain behavior checklist • For those unable to communicate; refer to the appropriate assessment tool (e.g., Behavioral Pain Scale, Neonatal Infant Pain Scale, Pain Assessment Checklist for Seniors with Limited Ability to Communicate) • Positioning to avoid pain • Protective gestures • Self-report of intensity using standardized pain intensity scales (e.g., Wong-Baker FACES scale, visual analogue scale, numeric rating scale) • Self-report of pain characteristics (e.g., aching, burning, electric shock, pins and needles, shooting, sore/tender, stabbing, throbbing)

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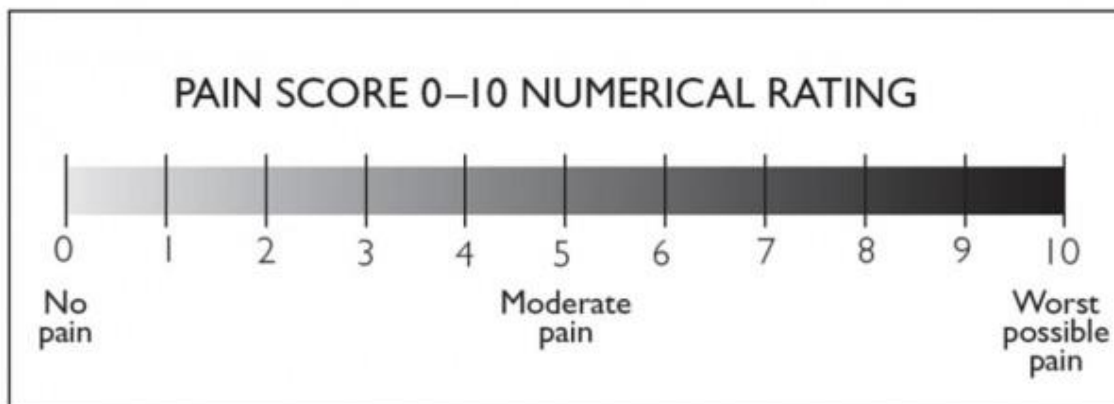
ASSESSMENT:

- Assess pain characteristics:
  - Quality (e.g., burning, sharp, shooting)
  - Severity (scale of 0 or no pain to 10 or most severe pain)
  - Location (anatomical description)
  - Onset (gradual or sudden)
  - Duration (how long; intermittent or continuous)
- Precipitating or relieving factors
- Assess for signs and symptoms relating to pain.
- Assess the patent's anticipation for pain relief.
- Assess the patient's willingness or ability to explore a range of techniques aimed at controlling pain.
- Assess the patient's perception of the effectiveness of techniques used for pain relief in the past.
- Evaluate the patient's approach towards pharmacological and no pharmacological means of pain management. (if any)
- Know more about side effects, dependency, and tolerance (including alcohol) of patients taking opioid analgesics.
- Determine patient's current medication use.

Pain Scale:



It is important to properly instruct the person in how to rate their pain.
Use the following statements to ask the person to rate their pain:

> "I would like you to rate your pain on a scale from zero to ten.
> 'Zero' means you have no pain at all. 'Ten' means the worst possible pain you can imagine. What number would you give to your pain?"

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The values on the pain scale correspond to pain levels as follows:
1 – 3 = mild pain
4 – 6 = moderate pain
7 – 10 = severe pain

Pain medications:

Nonopioid medications

Drug	Indications	Adverse effects
acetaminophen (Tylenol)	minor aches and pain, fever	rare; liver injury from overdose
ibuprofen (Advil, Motrin)	mild to moderate pain, arthritis, menstrual pain, fever	gastrointestinal upset, bleeding
aspirin (ASA)	headache, mild pain, inflammation, fever; in low doses, suppresses platelet aggregation	gastrointestinal upset, bleeding, renal impairment with excessive use
ketorolac (Toradol)	moderate to severe pain, short-term use only	gastrointestinal upset, bleeding, renal impairment
celecoxib (Celebrex)	arthritis, acute pain, menstrual pain	gastrointestinal upset, abdominal pain, possible cardiovascular effects

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Adjuvant medications

Drug	Considerations
Anticonvulsants: carbamazepine (Tegretol) clonazepam (Klonopin) gabapentin (Neurontin)	Used for chronic neuropathic pain Requires monitoring of blood levels and titration May require trials to determine the best choice with the fewest adverse effects
Antidepressants: duloxetine (Cymbalta) amitriptyline (Elavil)	Used for chronic neuropathic pain May require trials to determine the best choice with the fewest adverse effects
Corticosteroids: dexamethasone (Decadron) prednisone	Used for anti-inflammatory effect Cannot be given simultaneously with NSAIDs

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Opioids		
Drug	**Indications**	**Adverse effects**
morphine	moderate to severe pain	sedation, respiratory depression, nausea, vomiting
butorphanol (Stadol)	moderate to severe pain	sedation, respiratory depression
oxycodone (OxyContin)	moderate to severe pain	sedation, respiratory depression
codeine	cough, mild to moderate pain	sedation, respiratory depression, nausea, vomiting
hydrocodone (Vicodin)	moderate pain	sedation, respiratory depression, nausea, vomiting
hydromorphone (Dilaudid)	severe pain	sedation, respiratory depression, nausea, vomiting
fentanyl	severe pain	sedation, respiratory depression

Nursing Interventions

- Always believe your patient. Remember, pain is what the patient says it is. Only the patient can tell you whether or not your interventions are working for him/her.
- Understand that your patient is entitled to adequate pain relief. This is a basic human and legal right.
- Pain is an urgent situation. It is easier to treat it promptly and proactively than to try to reduce it once it has escalated to an emergent situation.
- Acknowledge reports of pain immediately.
- Get rid of additional stressors or sources of discomfort whenever possible.
- Provide rest periods to promote relief, sleep, and relaxation.
- Determine the appropriate pain relief method.

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Cognitive-behavioral strategies as follows:

- Imagery
- Distraction techniques
- Relaxation exercises, biofeedback, breathing exercises, music therapy, pet therapy.
- Promote patient to maintain a diary of pain ratings, timing, precipitating events, medications, treatments, and what works best to relieve pain.
- Aid the patient in making decisions about choosing a particular pain management strategy.
- Discuss patient's fears of undertreated pain, addiction, and overdose.
- Validate the patient's feelings and emotions regarding current health status.
- Plan care activities around periods of greatest comfort whenever possible.
- Refer the patient and family to community support groups and self-help groups for people coping with chronic pain.
- Refer to Psychiatric consultation as appropriate.

Physical/hands-on methods to consider:

- Massage of the affected area when suitable.
- Transcutaneous electrical nerve stimulation (TENS) units
- Use of hot or cold compress.
- Provide analgesics as ordered, evaluating the effectiveness and monitor for any signs and symptoms of adverse effects.
- Report to the physician when interventions are unsuccessful and ineffective.
- If the patient is receiving parenteral analgesia, use an equianalgesic chart to convert to an oral or another noninvasive route as smoothly as possible.
- Allow the patient to describe appetite, bowel elimination, and ability to rest and sleep. Administer medications and treatments to improve these functions. Always obtain a prescription for a peristaltic stimulant to prevent opioid-induced constipation.
- Obtain prescriptions to increase or decrease analgesic doses when indicated. Base prescriptions on the patient's report of pain severity and the comfort/function goal and response to previous dose in terms of relief, side effects, and ability to perform the daily activities and the prescribed therapeutic regimen.
- If opioid dose is increased, monitor sedation and respiratory status for a brief time.
- Review patient's pain diary, flow sheet, and medication records to determine overall degree of pain relief, side effects, and analgesic requirements for an appropriate period (e.g., one week).
- Refer the patient to a physical or occupational therapist for assessment and evaluation.

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Patient Teaching

- Educate patient of pain management approach that has been ordered, including therapies, medication administration, side effects, and complications.
- Remind the patient that pain is limited and that there are other approaches to minimizing pain.
- Teach the use of nonpharmacologic techniques (e.g., relaxation, guided imagery, music therapy, distraction, and massage) before, after, and, if possible during painful activities; before pain occurs or increases; and along with other pain relief measures.

Cultural Considerations

- Assess to what degree cultural, environmental, intrapersonal, and intrapsychic factors may contribute to pain or pain relief.
- Assess the patient's beliefs and expectations about pain relief.

Coordinating Care with Nursing Assistant

- Acknowledge reports of pain immediately.
- Get rid of additional stressors or sources of discomfort whenever possible.
- Provide rest periods to promote relief, sleep, and relaxation.
- Plan care activities around periods of greatest comfort whenever possible.

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Content Writers and Reviewers:

Edyta Kuc, LPN- Illinois College of Nursing Alumni

Joyce Stockler MBA, BA/Ed, RN, RMA- AAPACE

Pearl Callaghan, MS, APRN- Illinois College of Nursing

Cynthia Hodges, PhDc, DNP, RN- Illinois College of Nursing

Hana Malik, DNP, APRN AAPACE, Illinois College of Nursing

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