

Best Practices for Patients With Pain

**Satellite Conference and Live Webcast
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Faculty

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Objectives

- **Identify what pain is and what causes the feeling of pain**
- **Identify two types of pain**
- **Describe at least two types of treatment for pain**
- **Identify at least two pain scales and how to assess for pain**
- **Describe what the Home Health Nurse and Home Health Agency can do for patients with pain**

The 5th Vital Sign

- **Pain is the 5th vital sign and must be assessed at each visit**
- **Clinicians failure to assess for pain is considered a major barrier to the relief of pain**
- **When patients fail to report pain they also cause a barrier to the relief of their pain**

What is Pain?

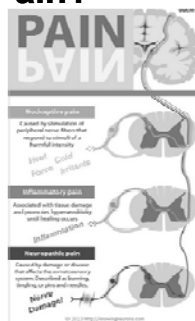
- **Unpleasant sensory and emotional experience which may be associated with actual or potential tissue damage**
 - **Pain may also be an emotional experience**
 - **Pain may be caused/experienced by the potential tissue damage or injury**
 - **Considered neuropathic pain**

Why Do We Experience the Feeling of Pain?

- **Many nerve receptors (nociceptors) within our body react to painful stimuli**
- **Receptors send a message (pain signal) to our brain via the spinal column after we come in contact with a painful or perceived painful stimuli**

Why Do We Experience the Feeling of Pain?

- The location in the brain where the nerve fibers end will affect how an individual perceives and reacts to pain



Types of Pain

- Acute
 - Pain that is considered short - term, usually from an easily identifiable source
 - Examples: surgery, injury, or an acute condition
 - Duration for acute pain is less than 3 months

Types of Pain

- Chronic
 - Pain that may begin as acute pain but lingers
 - Chronic pain lasts longer than what is considered usual for a specific condition, surgery, or injury

Types of Pain

- An individual may develop chronic pain syndrome (pain that is worse than is customary or the injury or condition) as a result of chronic pain

Chronic Pain Syndrome Development

- Potentiating factors:
 - Chronic disease such as cancer, arthritis, fibromyalgia
 - Painful muscle contractions or injury to the nervous system
 - Psychological conditions – depression, anxiety, or others
 - Untreated or undertreated acute pain

Types (Sources) of Pain

- Carpal Tunnel Syndrome: Nerve in the wrist compressed causing pain
 - No known cause
 - Can be caused from repetitive use
- Abdominal Pain: Sometimes described as mild stomach aches or stomach cramps

Types (Sources) of Pain

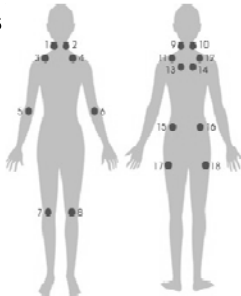
- **Hip Pain:** From falls, arthritis, wear and tear
- **Chronic Knee and Joint Pain:** Arthritis and other chronic diseases such as DJD, and excess weight

Types (Sources) of Pain

- **Back Pain:** Range from muscle strain, kidney disorders, bone pain, cancer, arthritis, DJD
- **Chronic Neck and Shoulder Pain:** Overexertion, computer use, sleeping incorrectly, arthritis, joint disease, other disease processes (fibromyalgia)

Types (Sources) of Pain continued

- **FYI: Trigger points for Fibromyalgia**
- **Whiplash:** Car accidents are a major cause of chronic neck and shoulder pain



Types (Sources) of Pain

- **Chronic Muscle Pain:** Improper use, over use
- **Trigeminal Neuralgia:** Face pain, cranial nerve 5 damage or irritation
 - Tooth infection / damage, TMJ, sinus infection

Types (Sources) of Pain

- **Shingles Pain:** Aka postherpetic neuralgia - some patients never have complete pain relief after having shingles
- **Sciatica Pain:** Rear or leg muscle pain especially noted when sitting for long period of time, climbing stairs, walking, or running

Types (Sources) of Pain

- **Arachnoiditis:** Spinal pain
Inflamed tissue surrounding the spinal cord
 - Can be caused by injury, infection, dyes from tests (myelograms), chronic compression of spinal column, or complication of spinal surgery

Types (Sources) of Pain

- **Phantom Pain** : Pain felt in the extremity or removed body part even after the extremity is gone (amputated or removed)
 - Can be mild or extreme

Types (Sources) of Pain

- **Diabetes Related Nerve Pain: (Neuropathy)**
 - Occurs from nerve damage
 - May experience pain especially at night
- **Depression, Anxiety, and Pain:** Cause pain or make the existing pain worse

Types (Sources) of Pain

- **Psychogenic pain**
 - Headaches are a common pain reported with psychogenic pain

Types (Sources) of Pain

- **Compartment Syndrome: Pressure build up from swelling, bleeding usually after an injury**
 - Such as a fracture
 - The most common sites are the legs, arms, and abdomen

Pain Assessment

- **Wong - Baker FACES**
- **Numerical Pain Scale**
- **FLACC (Face, Legs, Activity, Cry and Consolability)**
- **Painad (Pain Assessment in Advanced Dementia)**
- **NIPS / PIPPS (Nursery / Pediatric)**

Cultural Differences

- **Joint Commission on Accreditation of Healthcare Organizations (JCAHO)**
 - Standards equate the assessment and management of pain as a patient's right



Cultural Differences

- Hindu
 - Pain must be endured
 - The devout Hindu who senses death is near, prepares for a good death by remaining conscious in order to experience the events to come



Cultural Differences

- Jewish patients
 - Many voice their pain because they feel pain must be shared and validated
 - Intense verbalization or expression does not necessarily mean unbearable pain, but is because of their need for others to listen and validate / confirm

Cultural Differences

- The Hispanic culture has a wide range of pain expression
 - Quiet, and slow to express pain
 - Very vocal
 - Mexican Americans tend to express pain, especially women
 - 76% of Hispanic believe they should be strong and not need to take pain medications

Cultural Differences

- African Americans report the same amount of discomforts but their experience of pain differs
 - Higher intensity, longer bouts of pain, and a greater impact on their lifestyle
 - This difference is correlated to the health disparity (differences) in the health care systems, especially among minorities

Cultural Differences

- According to a study in 2009 by the NY Times, African American patients who had broken their arm or leg were less likely to be given pain killers in an Atlanta emergency room than white Americans
 - African Americans - Have fear of addiction

Cultural Differences

- 90% believe that they should be strong and therefore they may refuse pain medications or feel that they should not need them

Cultural Differences

- **American Indians and Alaska Natives**
 - Pain is related to a past or future event and is believed to be a cause - and - effect relationship
 - May not report pain, quiet during a pain episode or may use vague description of their pain
 - Will not ask for pain relief frequently

Cultural Differences

- **American Indians and Alaska Natives continued**
 - Pain is associated with leading diseases and causes of death
 - Cancer, accidental injuries, stroke



Cultural Differences

- **Asian Americans:**
 - May not report pain for fear of making the health care provider feel that they are not providing adequate care
 - Fear of side effects from pain medications may cause them to stop using or use less pain medication

Cultural Differences

- **Asian Americans continued**
 - Use of acupuncture or acupressure is common
 - Will report pain to family member or physician rather than nurse
 - Mind over body thinking

Elderly Population

- Pain assessment may be complicated by cognitive decline, multiple co - morbidities, and their reluctance to report pain
- Many may not understand directions
 - May be related to a knowledge deficit, hearing or vision complications

Elderly Population

- Fear of becoming “addicted” and a common belief that they should just be tough and bear the pain
- 25 - 50% experience pain that interferes with ADL’s
- Monitor those on pain medication very closely and report any changes in their condition



Elderly Population

- Elderly have physiologic changes (within their body) that effects them in relation to medication use
- Many of the elderly, but not all, have a decreased ability to excrete medications because their renal function slows
 - Risk for becoming toxic or they may have undesired medication interactions

Elderly Population

- Possible problems when taking pain medications include:
 - Increased risk of stomach irritation, water overload, HTN, headache, and kidney disorders
 - Non - steroidal anti - inflammatory drugs (NSAIDs)
 - Examples are Ibuprofen, Aspirin, Celebrex

Elderly Population

- Quicker onset of action and prolonged time of action for opioids
 - Examples are Vicodin, Hydrocodone (Norco), Percocet
- Mental changes and confusion with opioids or antidepressants
 - Examples of antidepressants - amitriptyline, (Elavil), doxepin (Sinequan), citalopram (Celexa), Lexapro, Zoloft, Paxil

Elderly Population

- Urinary retention, severe constipation and fecal impaction / obstruction
- Severe dizziness, increased risk of falling

The Home Health Nurse's Role

- How do we care for patients in pain?
- We see a diverse group of patients
 - The elderly, patients with multiple co - morbidities, and patients from different cultures
- Should we care for all patients the same?

First Look at Yourself

- We perceive pain based on our own culture, our own belief system, emotions, and perceptions
- We must learn about our feelings first
 - How do we deal with pain?
 - How do we feel others should deal with pain?

First Look at Yourself

- Consider those emotions and thoughts then realize how those affect our perception of others

Look at Yourself to See Others

- We must realize when we are caring for others that they may have different perceptions
 - Our patients will have other cultures and beliefs
- Because of those differences, we must strive to gain knowledge of other beliefs and cultural norms

Look at Yourself to See Others

- We must consider all age groups within those cultures in order to provide care that is sensitive to the needs of our patients

Caring for Patients in Pain

- Providing comfort measures
 - A phrase that is often used, but do we really know what that means?
 - Any action that relieves pain or discomfort is considered a comfort measure

Comfort Measure Examples

- Keep the patient clean and dry
- Change sheets frequently
- Teach the patient / family to change the sheets when soiled
- Keep the sheets smooth and the family / HHA should monitor the bed for items that the patient may have dropped or lost in the bed

Comfort Measure Examples

- A very small item may feel huge and could cause a great deal of pain to an individual, especially to someone already coping with pain



Comfort Measure Examples

- Patient should wear comfortable clothes
 - Cotton pajamas, gowns with easy no fuss fastening, draw sting pants
 - Avoid heavy, hot, or fabric that irritates the skin (i.e. wool)
 - Avoid tight or ill fitting socks and shoes

Comfort Measure Examples

- Environment should be relaxing
 - Soft music, pleasant television volume, adequate lighting, comfortable room temperature
 - Avoid loud television, music, visitors
 - Avoid overly bright lights

Comfort Measure Examples

- Personal Care - provide warm baths utilizing soothing soap making sure to rinse well
 - Bland soap is usually best - but use the specific soap and water temp as ordered / preferred by patient
 - Soft washcloths, gentle strokes and application of lotion unless contraindicated also help to increase comfort measures

Comfort Measure Examples

- Light massage of back if indicated
- Keep hair clean, neat, and combed
- Oral care should be performed 2 - 3 times a day, after each meal
- Apply lip balm to avoid dry cracked (painful) lips

Comfort Measure Examples

- Frequent position changes will improve patient comfort
 - Reposition every 2 hours if in bed, every 30 minutes if up in chair
 - Provide support to painful body parts

Comfort Measure Examples

- Conserve energy
 - While providing care / performing procedures, we should teach / allow rest periods, organize care so as to optimize the patients strengths, minimize fatigue provoking tasks
 - Keep items that the patient uses close by (ex. assistive devices, medicine, telephone, needlepoint, books)

Comfort Measure Examples

- If patient has tubes (Foley catheters, gastrostomy tubes, chest tubes, IV lines, oxygen tubing) avoid pulling the tubes
- Secure tubes before moving, bathing, or adjusting patient's clothing
- If the patient had surgery, teach them to hold that area upon coughing, sneezing, or any activity that will cause sudden pressure to the area

Comfort Measure Examples

- Inspect skin frequently, report any abnormalities, keep toe and fingernails trimmed (in addition, order as appropriate for the HHA care plan)
- Inspect area beneath oxygen tubing at nostrils and over ears, back and sides of head

Comfort Measure Examples

- Non - petroleum ointment may be ordered if the area under oxygen tubing is irritated
- Report dry eyes, mouth, or any complaints to physician as indicated for treatment or additional orders

Comfort Measure Examples

- Encourage rest, diet (adequate food, calories, fluids according to diet), exercise as tolerated, emotional support, interaction with family, friends, hobbies, and expression of feelings and concerns
- Culturally specific measures:

Comfort Measure Examples

- Such as acknowledging pain, adequate pain relief medication for all cultures, as indicated, honor / respect each specific culture / patient's rights and wishes

Pain Treatment

- Guided imagery and visualization exercises
- Prayer and spiritual practices
- Awareness and centering training
- Progressive muscle relaxation
- Yoga and stretching exercises
- Massage, healing touch

Pain Treatment

- **Aroma therapy**
- **Crafts, art, or other means to express their feelings**
- **Music therapy**
- **Pet therapy**
- **Humor and laughter therapy**
- **Charity or community involvement**

Pain Treatment

- **TENs units, warmth (such as warm bath, warm wash cloth), cool compresses / packs**
- **Rest, elevation of painful site such as an extremity, medications**

Patients with Pain

- **The holistic approach of caring for our patients must involve assessment, acknowledgement, and treatment of pain**
- **As a Home Health nurse your role is invaluable**
- **You often see the patient more frequently than they see their family and physician**

Patients with Pain

- **With your role, comes the opportunity to make their lives much better**
- **You are key to the overall well - being of the lives of the people in our communities**
- **If you see a decline or lack of pain relief in your patients the physician must be notified**

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