

Pain Management

Lesson 1: Objectives

At the completion of this course, you will be able to:

- ❖ Recall the number of individuals with chronic pain in the United States;
- ❖ Describe what is included in a pain treatment plan;
- ❖ Identify tools that can be used to evaluate for pain;
- ❖ Describe pharmacological and non-pharmacological therapies;
- ❖ Monitor for adverse effects;
- ❖ Recognize pain management barriers;
- ❖ Identify special populations of individuals with pain; and
- ❖ Describe the importance of pain management education at discharge.

Introduction

According to the Centers for Disease Control and Prevention (the CDC), 50 million adults in the United States have chronic daily pain, with close to 20 million experiencing pain that interferes with daily life or work activities. Chronic pain is pain that is ongoing and usually lasts longer than six months. Acute pain is mild and lasts just a moment, or it might be severe and last for weeks or months. The assessment and management of pain, including safe opioid prescribing, is a priority for your healthcare organization.

Lesson 2: Screening, Assessment, and Reassessment

An individual is given a thorough initial evaluation, including assessment of both the medical and biopsychosocial factors causing or contributing to their pain. Based upon this, the healthcare provider, with the involvement of the individual, develops a patient-centered pain treatment plan that includes realistic expectations and measurable goals, objectives used to evaluate treatment progress, and education on pain management, treatment options, and safe use of medications when prescribed. A plan that consists of using treatments from one or more clinical disciplines can reduce pain severity, improve mood and overall quality of life, and increase function.

During screenings and assessment, the individual's identified needs and pain management goals should be discussed, and the appropriate tools used. For adults, adolescents, and children that can self-report, pain assessment tools include Numerical Rating Scales, Verbal Rating Scales, Visual Analog Scales, and the Faces Pain Scale. For individuals unable to self-report, tools include the Critical-Care Pain Observation Tool and the Behavioral Pain Scale. For children aged 3-18 years, as well as older persons who are cognitively impaired, the Face, Legs, Activity, Cry, Consolability (FLACC) tool may be used. Behavioral and physiologic variables of heart rate and oxygen saturation may be used to assess acute pain in infants, as well as the Neonatal/Infant Pain Scale (NIPS).

Reassessment should be completed in a timely manner to determine the response to an intervention, progress towards pain management goals, side effects of treatment, and risk factors of adverse events.

The misidentification and under-treatment of pain continues to occur in healthcare organizations. When an individual presents for other medical issues, pain may be overlooked or missed. Consult your organization's policies and procedures for screening, assessment, and reassessment guidelines.

Quiz Question:

Match the pain tool image to the appropriate population for its use:

Numerical Rating Scales – ***adults, adolescents, and children that can self-report**

Critical-Care Pain Observation Tool - ***individuals unable to self-report**

Face, Legs, Activity, Cry, Consolability Tool - ***children aged 3-18 years and older persons who are cognitively impaired**

Neonatal/Infant Pain Scale - ***infants**

LESSON 3: Pain Management Therapy

Treatment strategies for pain may include non-pharmacologic, pharmacologic, or a combination of approaches. Referrals may be required for individuals who present with complex pain management needs.

Pharmacological Therapy

Pharmacological therapy is medical care that involves the use of medications. The selection of the most appropriate medication-based treatment involves a careful analysis of risks and benefits.

- Non-opioid medications that are commonly used for pain relief include acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), antidepressants, anticonvulsants, musculoskeletal agents, biologics, topical analgesics, and anxiolytics.
- Opioids are a controlled substance group of medications that provide pain relief for a variety of conditions. Common prescription opioid medications include hydromorphone, hydrocodone, codeine, oxycodone, methadone, and morphine. Although effective for moderate to severe acute pain, the effectiveness of opioids beyond three months has not been determined. Opioid medications can be associated with significant side effects, including constipation, sedation, nausea, vomiting, irritability, itching of the skin, and respiratory depression. Even when used as directed, opioids contribute to overdose or lead to development of substance use disorder in some individuals. The high potential for misuse of opioids have led to alarming trends across the United States, including record numbers of people developing opioid use disorders, overdosing on opioids, and dying from overdoses. Initiation of opioid therapy should be at a low dose and then increased to find the lowest dose required to control the pain or improve function and

quality of life and then be adjusted as needed. Opioid treatment should be maintained for a period no longer than necessary for adequate pain control. The availability of naloxone as well as education for the individual and their family about naloxone can lessen the risks of overdose. The healthcare provider may require written treatment agreements with individuals with chronic pain who are prescribed opioids. Prescription drug monitoring programs can support safe prescribing and dispensing practices and help curb opioid prescription by detecting patterns that can alert clinicians to individuals who may be at risk of a substance use disorder. Your organization has identified opioid treatment programs that can be used for referrals.

Non-pharmacological Therapy

While evidence for some non-pharmacologic modalities is mixed and/or limited, they may serve as a complementary approach for pain management and potentially reduce the need for opioid medications in some circumstances. Non-pharmacological therapy may include:

- Restorative therapies including therapeutic exercise, transcutaneous electric nerve stimulation (TENS), massage therapy, traction, cold and heat therapy, therapeutic ultrasound, and bracing;
- Interventional procedures including trigger point injections, facet joint nerve block, and spinal cord stimulator;
- Behavioral health approaches including cognitive behavioral therapy, acceptance and commitment therapy, mindfulness-based stress reduction, emotional awareness and expression therapy, and self-regulatory or psychophysiological approaches; and
- Complementary and integrative health including acupuncture, massage, manipulative therapies, yoga, tai chi, and spirituality.

Quiz Question:

Place the appropriate description under Pharmacological Therapy or Non-Pharmacological Therapy.

Pharmacological Therapy	Non-Pharmacological Therapy
*Non-opioid medications	*Restorative therapies
*Opioids	*Interventional procedures
	*Behavioral health approaches
	*Complementary and integrative health

LESSON 4: Adverse Effects

Healthcare providers administering pain medication are not only responsible for the correct medication, route, time, person, dosage, and documentation, but also an evaluation for adverse effects. Some adverse effects are predictable. The healthcare

provider can eliminate or lessen these effects through anticipation and careful observation.

- Narcotic medications, such as opioids, have a sedating effect. Individuals can become overly sedated and suffer respiratory depression or arrest, which can be fatal.
- Stool softeners and laxatives may be used for constipation.
- Be aware of diseases that can lead to drug accumulation.
- Evaluate the individual's age, weight, and activity level and consider dosage adjustments.
- Be cautious in the administration of more than one medication via more than one route since interaction among multiple medications can have significant clinical and symptomatic effects.

Quiz Question:

Healthcare providers administering pain medication are responsible for the evaluation of adverse effects.

***True** or False

LESSON 5: Barriers to Pain Management

Both the individual and the healthcare provider may have barriers to pain management which can minimize the success of the treatment plan.

Healthcare provider barriers may include:

- Inadequate assessment of pain;
- Fear of creating addiction to pain medication;
- Fear of creating adverse effects; and
- Fear that the individual will develop tolerance.

Individual barriers may include:

- Perception of weakness or of not being a “good” person if they report pain;
- Assumption that the disease must be getting worse if more pain is experienced;
- Fear of becoming addicted to pain medication;
- Cost of pain medication or lack of insurance coverage;
- Limited access to care; and
- Stigma.

Quiz Question:

An individual may not report pain for fear of becoming addicted to pain medication.

***True** or False

LESSON 6: Special Populations

Chronic pain can affect children and adolescents. These pain conditions can be from congenital diseases, chronic non-congenital diseases, or primary chronic pain conditions.

Chronic pain is one of the most common, costly, and incapacitating conditions in older adults. Managing pain in these adults can be complex because of age-related physiologic changes, medical and mental health issues, the use of multiple medications, increases in pain thresholds, decreases in pain tolerance, and the increase risk of side effects from medication treatment.

Millions of Americans experience cancer pain. Cancer survivors can continue to experience persistent pain as a result of treatment.

Studies suggest that women experience more pain than men, have greater sensitivities to painful stimuli, and report experiencing more intense pain.

Managing pain in pregnant women is challenging because the treatment can affect the pregnant mother and the developing fetus.

Sickle Cell Disease, a group of inherited disorders characterized by complex acute and chronic symptoms, including pain, disproportionately affects minority populations, particularly African Americans. Pain is unique in that it occurs throughout the individual's lifespan, from infancy to adulthood, and develops directly from the disease.

Considerable evidence exists regarding health inequalities in racial and ethnic minority populations, particularly in the occurrence, treatment, progression, and outcomes of pain-related conditions.

Individuals in the military can experience combat-related injuries in addition to conditions such as post-traumatic stress disorder and traumatic brain injury. Among Veterans, pain conditions are associated with an increased risk of suicide.

LESSON 7: Non-Clinical Personnel Assistance

Any staff member in the healthcare organization can and should assist with pain management. Non-clinical staff can:

- Acknowledge the individual's complaint and inquire about their pain level using a pain scale;
- Report the complaint to the individual's nurse immediately; and

- Assist in making the individual more comfortable through repositioning, distraction or other non-pharmacological therapies as appropriate.

Pain management is a priority and should not be ignored by any staff member. A staff member must not tell the individual that he or she cannot help; must not advise that they speak with the nurse instead; and must not complete his/her immediate task before reporting the pain.

Quiz Question:

Who can assist with pain control?

- Only the physician.
- Only the physician and nursing staff.
- *All individuals associated with the individual.**
- Only the nursing staff.

LESSON 8: Discharge

Upon discharge, education must be provided on the pain management plan of care, side effects of treatment, activities of daily living that might increase pain or reduce effectiveness of treatment, as well as strategies to address these issues, and the safe use, storage, and disposal of opioids when prescribed. Education can be emphasized through various means, including discussion, informational materials, and web resources.

LESSON 9: Conclusion

(NOTE: You may wish to display the contact information for the appropriate personnel within your organization.)

Individuals may not be pain free, but healthcare providers can help them meet their expectations and goals, evaluate treatment progress and provide education. If you have any questions regarding pain management, contact the appropriate personnel within your organization for guidance and assistance.

Test Questions (10 questions Pre-Test or 5 questions Post-Test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. Who can assist an individual with pain control?
 - a. Only the physician.
 - b. Only the physician and nursing staff.
 - c. All staff associated with the individual.
 - d. Only the nursing staff.

2. Which of the following is considered non-pharmacological therapy?
 - a. Massage therapy.
 - b. Cognitive behavioral therapy.
 - c. Acupuncture.
 - d. All of the above.

3. What assessment tools should be used in evaluating pain levels?
 - a. Nursing experience.
 - b. Physician knowledge.
 - c. Pain scales.
 - d. Family intervention.

4. The Numeric Rating Scale for pain should be considered for:
 - a. Adults.
 - b. Impaired adults.
 - c. Infants.
 - d. Small children.

5. The FACES Pain Scale should be considered for:
 - a. Adults.
 - b. School age children.
 - c. Infants.
 - d. Adolescents.

6. The Face, Legs, Activity, Cry and Consolability (FLACC) Tool for pain should be considered for:
 - a. Adults.
 - b. School age children.
 - c. Infants.
 - d. Adolescents.

Pool 2 (4 or 2 questions)

TRUE/FALSE

7. An individual may not report pain for fear of becoming addicted to pain medication.
8. Healthcare providers administering pain medication are responsible for the evaluation of adverse effects.
9. Pharmacological Therapy is medical care that involves the use of medications.
10. If an individual is experiencing pain, they will always report it.
11. Pain management is a priority and should not be ignored by any staff member.
12. An individual may not report pain because of the cost of pain medication.
13. Treatment strategies for pain may include non-pharmacologic, pharmacologic, or a combination of approaches.
14. Opioids contribute to overdose or lead to development of substance use disorder in some individuals.
15. Opioid treatment should be maintained for a period no longer than necessary for adequate pain control.
16. Narcotic medications may have a sedating effect.