



Clinical Practice Guidelines: Other/Pain management

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Pain is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage”.^[1]



This definition encompasses both the objective sensory aspects of pain as well as the subjective psychological and emotional aspects. The perception of pain is individual, subjective and is influenced by culture, beliefs, mood, coping ability, and previous pain experiences.^[2]

Pain is one of the most complex phenomenon of the nervous system and there is no definitive clinical assessment or severity. Unmanaged, pain can produce significant physiological and psychological responses and it is imperative that pain is both appropriately assessed and managed.^[3]

The keys areas of appropriate pain management include:

1. Assessment of pain
2. Provision of **appropriate** analgesia based on the assessment of pain
3. Reassessment of pain after analgesia

Assessment

A clinical assessment of pain requires a systematic approach including elements of observation, physical examination, vital signs, and the patient’s self-report of pain.^[2] The mnemonic OPQRST can be used to assist in this process:

- **Onset:** “Did your pain start suddenly or gradually get worse?”
- **Provocation:** “What makes your pain better or worse?”
- **Quality:** “What does your pain feel like?”
- **Radiation:** “Point to where it hurts the most. Where does your pain go from there?”
- **Severity:** “How bad is your pain?”
- **Time:** “How long ago did the pain start?”



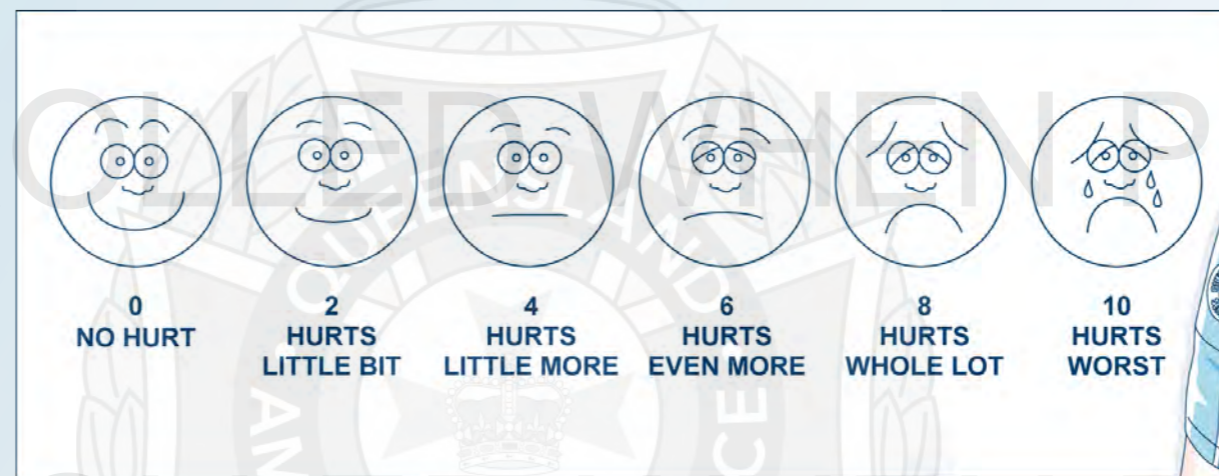
Effective pain management involves the use of an appropriate pain assessment tool, especially when managing patients who are unable to effectively communicate. This can include patients presenting with ALOC, language barriers, cognitive impairment, or children.

Common pain assessment tools include:

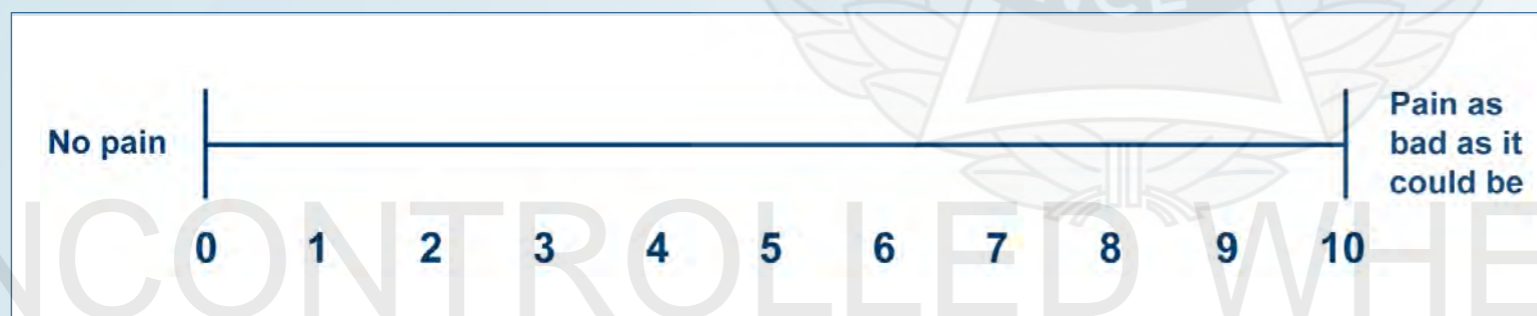
1. **Numbered rating scale:** The patient is asked to scale a number between 0–10 that best describes the amount of pain experienced, with zero being ‘no pain’ and 10 being the ‘worst pain imaginable.’
2. **Verbal rating scale:** The verbal rating scale simply asks a patient to choose a phrase that best describes the pain, usually ‘mild’, ‘moderate’ or ‘severe’.

3. **Wong-Baker FACES pain scale:**
A visual representation of faces that best describes a pain.

From: Hockenberry MJ, Wilson D: *Wong’s essentials of pediatric nursing*, ed. 8, St. Louis, 2009, Mosby. Used with permission. Copyright Mosby.

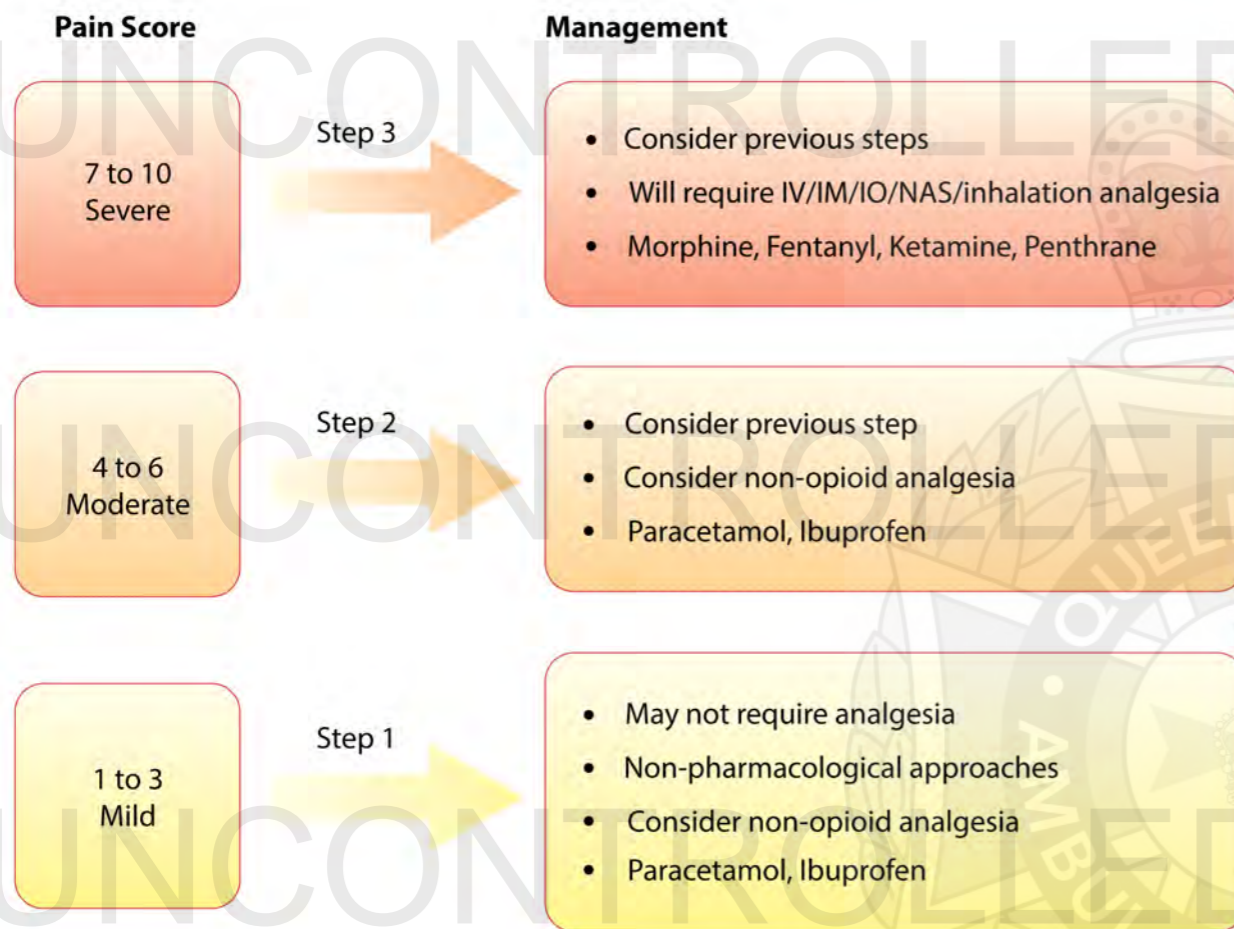


4. **Visual Analogue scale:** A visual representation of the numbered rating scale.



Provision of appropriate analgesia

Patients in pain should receive timely, effective and appropriate analgesia, titrated according to response.^[3] The analgesic pain ladder provides a stepwise approach to the provision of appropriate analgesia.



Analgesic pain ladder: Adapted from WHO analgesic pain ladder^[5]

Pain perception involves an element of psychophysiological reaction, and therefore the utilisation of non-pharmacological approaches to pain management is important. Non-pharmacological techniques include:^[4]

- Reassurance and compassion
- Immobilisation or splinting
- Ice and elevation
- Psychological techniques i.e. distraction

Special Note: *The nature of the patient's injuries and exacerbation of pain caused by movement, extrication or transport can make the complete removal of a patient's pain unachievable within the confines of clinician care. In all situations, the clinician should attempt to make the patient's pain level manageable and comfortable.*

Reassessment

Ongoing reassessment and monitoring of the patient is critical to determine the effect of treatment and associated adverse events. Regularly reassess every 5 minutes in the patient presenting in severe pain, or every 15 minutes if mild or moderate pain^[4]. A key component of reassessment is to ask the patient if they would like more pain relief, as pain scores can not solely be relied upon to determine a patient's desire for pain relief.^[6]

Clinical features



- History of potentially painful injury or condition
- Self-reported pain
- Distress
- Pallor, muscle tension, guarding, sweating
- Dilated pupils
- Nausea, vomiting
- Increased heart rate, respiratory rate, and blood pressure
- Signs and symptoms specific to the underlying cause

Side effects



Administration of analgesia can have adverse effect. When determining the most appropriate pain relief consideration should be given to:

- *Physiological factors* – geriatric, paediatric, and patients with diminished drug clearance (e.g. renal or liver dysfunction)
- *Disease factors* – hypovolaemia, respiratory compromise, head injury
- Any previous adverse responses the patient may have had to analgesia.

Risk assessment



Patients at risk of under-reporting pain, and therefore being under treated for their pain include:

- Older people, small children and infants
- Patients with mental health issues
- Language barriers
- ALOC