

Pain Identification and management Script

Note: There may be slight differences between this script and the slides

Slide 2 What is pain

Pain is a feeling triggered by the nervous system. It may be dull or sharp. It may come and go or be constant. It may be felt in one area of the body e.g. back, arm, leg or all over such as when muscles ache in influenza.

The cause is varied. It can be the result of physical or emotional trauma. But to fully understand pain, you need to understand some common terms used to identify or measure pain.

Slide 3

Pain Threshold

This is the point in which pain begins to be felt. It is entirely subjective which means it is determined by the person. It is not something anyone else can accurately measure. It is the point in which a stimulus like heat or pressure begins to bring to mind, stir up or cause pain in a person. This is called pain threshold intensity. Therefore it will vary from person to person.

Slide 4 Pain Tolerance

Because we are not the people feeling the pain, it is not up to us to judge how painful the experience is because there is another level to consider. This is **Pain tolerance**. Everyone has a different level at which pain is felt and how much pain they can handle both physically and emotionally before they breakdown, that is before they show signs of symptoms of pain.

While it is not difficult to expect a person with a broken bone to be in pain, the severity of the pain depends on the person. Children often don't feel pain like adults. People with dementia have been known to walk on broken legs for some time and not feel pain. While others who fall and have a bruise will be in excruciating pain – so bad that they can't move.

When I broke my ankle some years ago I didn't feel any pain yet I knew I had done some major damage. Other people hear the crack as I fell. I went into deep meditation so allowed my body to completely relax and freed my body of pain. When the paramedics came to carry me out of the bush they gave me some morphine which I am sure did help too but I didn't have any pain anyway. However I stayed in this state for some hours and I controlled my pain.

It is not up to us to judge how severe the pain is. We have to acknowledge that a person does have pain and set about ways in which we can help to relieve it.

Slide 5 Is pain always bad?

Pain isn't always bad. It can be very helpful. Pain is usually a way for the body to communicate that there is something wrong – an underlying medical problem.

Pain can also stop us from becoming seriously hurt. Once a person reaches a certain level of pain the body produces more pain which makes the person stop whatever they are doing. If a person breaks a leg, generally they know they can't walk on it. It is too painful. On the other hand a person with a fractured pelvis, may still be able to walk but will be limited to how much they can do. The pain will restrict them.

However there are some people who go through the pain barrier, the point at which the body says stop. These are people who do extreme sports like marathons. During the run, their body reaches a point where it doesn't want to go on but they know they can push through this point to finish the race.

Slide 6 - Acute Pain

There are two types of pain.

The first is **Acute Pain**.

This comes on very suddenly. It doesn't usually last that long less than 30 days. Once it goes away then it has gone. Typically this would be something like a fall where there is bruising, a cut that is healing or even abdominal surgery. Once healing starts to take place the pain reduces and goes away completely.

With conditions like Cellulitis where the area around a skin lesion is red, swollen and hot is very painful but once commenced on antibiotics and they start to take effect, the swelling will go down, the heat and redness disappear, and the pain will go away. Once this is fixed, it generally doesn't come back.

Slide 7 Chronic Pain

Chronic pain on the other hand lasts for weeks, months or for some people years. This is very common in residential care. People with disease like arthritis have this sort of pain and some people with cancer have pain for a very long time before they die.

Sometimes the source or reason for the pain is not known and may never be found. This is very debilitating for the person but doesn't make the pain any less real

You will see both these types of pain in people. Remember pain is subjective and depends entirely on the persons pain thresh hold and tolerance.

So how are you going to know if someone is in pain?

The person is going to be giving you clues or signals you have to interpret. Some people will not be able to tell you where or what the pain is so you need to become pain detective. Use all your skills and observations to find out where the pain is, how bad it is and how long it has been there. Some people will have referred pain. This means that the pain they are telling you about is not where the problem is.

For instance Gallbladder pain is usually a sudden, intense pain that lasts from 30 minutes to 2 hours felt in the middle or upper right of the abdomen. However it may start in the front, and then go to the back or right shoulder blade area.

Sometimes the reason for pain is unknown. This can be very distressing for both you as a caregiver and the person who has the pain. This is when you have to use all your skills to identify where the pain is, how bad it is and what relieves it.

So what do you need to look for?

Slide 8 Verbal Expressions of Pain

They will be telling you something verbally. They may complain of pain or they may be crying, whimpering, groaning or screaming out – or all of these. You are definitely left in no doubt as to the fact the person is in pain.

Slide 9 Facial Expression of Pain

Their face will be giving you clues too. They may be grimacing (screwing up there face), frowning, look tense or they could have their eyes wide open looking frightened, or closed shut trying to shut out the pain.

Slide 10 Body Language

Their body will be doing things too. They could be fidgeting or rocking, rolling around the bed writhing, or very agitated - they can't keep still. They could be holding a part of their body like their head if they have a headache.

On the other hand, they maybe withdrawn and silent. They are definitely telling you that they are in pain and sometimes it is difficult to know exactly where.

Slide 11 Behavioral Changes and pain

There could be a behavior change in the person. Particularly with someone who has dementia. The way they show they are in pain may be by being more confused – commonly called delirium. They know something is wrong but they don't know how to tell you. Maybe they don't want to eat or drink or there is a change in their usual pattern. They may even pull away from you.

Slide 12 Physiological changes with pain

There may be a change in their physiological state – their body. Their temperature may change, and their pulse will rise showing anxiety or distress, may stay the same or drop if the pain is so severe they could go into shock. This is unlikely but has to be taken into consideration.

Breathing may change too. It could be shallow, breathing in their upper chest or laboured deep belly breathing. They may pant in an effort to reduce the pain. They are likely to be perspiring, skin pale, cold and clammy or moist in acute pain and their blood pressure may rise showing the body is under stress. However when a person goes into shock the blood pressure will drop and this is a medical emergency as a person can die very quickly.

What can cause pain?

Slide 13 Skin Tears Slide 14 Wounds and ulcers

Physical things like **skin tears** and **leg ulcers**. These can be painful. Pain in these cases usually occurs when the nerve endings are exposed. Once the wound or skin tear is covered, or the healing process begins the pain will lessen and eventually go away .

Slide 15 Leg Ulcers & 16 Pressure ulcer buttocks

Deep wounds like **pressure ulcers** can be very painful. Sitting or lying on these wounds can cause extreme pain so take care to make sure the person isn't sitting on the injured area. Remember Pressure Ulcers form because the person has had prolonged pressure on one area. So care must be taken to make sure the person is not creating more pressure on the ulcer. If the wound is on the sacral or lower back area, it can be very difficult to keep a person off that area if they are moving around in the bed but you have to do the best you can to keep pressure off the area.

Slide 17 Arthritis

Arthritis is a very painful condition. In severe cases joints become hot, red and swollen and are extremely painful. It is often described as feeling as if there is glass in the joint. Imagine how painful that would be.

When moving these people be very gently with them. Get them to do as much for themselves as possible. They will go to their pain level or what they can stand. Make sure they are as pain free as possible. NEVER WITH-HOLD PAIN RELIEF that is prescribed by the doctor for these people.

Slides 18 Contractures & 19 Contractures of the hand

Contractures. These develop when a person loses the ability to move a part of the body. Most commonly found in the hands from a person who has had a stroke. Their fingers curl into the palm of the hand and the nails dig into the skin. It is part of your job to keep the fingers moving but often people come into care with these contractures already in place. Be very gentle pulling the fingers back. Make sure the inside of the hand is always clean and dry as it becomes very smelly, moist and is a great breeding ground for fungal infections. Sometimes a splint may be used to keep the hand open or a face cloth or some gauze rolled up and placed inside the hand.

Contractures also occur when people have been in bed for a long time or unable to move. Their joints become stiff and it is difficult and very painful to move or straighten them. Prevention is better than letting them form.

This is why it is important to keep peoples joints mobile. If they cannot walk or weight bare then you need to move their joints to prevent or at least delay contractures from occurring.

However if contractures have developed be very careful how you clean inside the hand. Soak the hand in warm water and gently move it around in the water. The warm water will relax the fingers and enable you to give the hand a good clean. Make sure that the hand is dried well after you remove it because more moisture will develop inside the hand. Be careful not to force the fingers straight as this will cause extreme pain.

It may helpful to roll up a small face cloth or some gauze and put inside the hand if a splint is not used. But whatever you do be very gentle.

Slide 20 Fractures

Fractures – are very painful. As people age their bones become brittle and can break very easily. This is why it is important to keep people mobile to maintain balance and prevent them from falling. Osteoporosis is very common. Bone breaks, or fractures, can occur at any time. Generally they are immobilized in a cast but there are some bones that cannot be put in a cast like fractured ribs. These are generally left to heal themselves with the person only moving to the amount of pain they can take. It is important to ensure these people have regular pain relief as charted by the medical practitioner in the initial acute stages so they can move.

People with osteoporosis are at risks of bone fractures if the fall. Osteoporosis is where the density of the bone is reduced and the bones crumble or become very brittle. Crumbling is very common in the spine and this can be very painful. It is important to aware of this condition and treat people appropriately.

Acute Treatment

Remember this is for any pain that is of less than 30 days duration. We are talking about short term or immediate pain.

Slide 21 Pain Check List & 22 Moseby Scale

When people complain of being in pain always do the simple things first. Do this simple check to find out more information.

- Where is the pain
- How long have they had it?
- Is it there all the time or does it come and go?
- Is it stabbing like a knife
- Does it feel like a dull ache,
- or if they can tell you
- On a scale of 1 to 10 with 10 being the most painful, how painful would they describe the pain to be.
- Use Mosby Pain Scale as seen in the next slide. Some people find this scale easier to measure their pain or in a person with dementia this can be measured by the Abbey Pain Scale.

Slide 23 Acute Pain Treatment

So what are the simple things? They are things like a heat pack, ice pack or gentle massage.

If it is a headache, try a glass of water first. Remember older people do not feel thirsty. They could be dehydrated. Maybe a rest in bed, a sleep or a walk outside will help. Maybe they have a worry or concern they need to talk about.

Panadol should never be the first action taken for pain. Older people have difficulty clearing the drug from their body as their kidneys do not function that well. Use this as a last resort and only do it to the Standing Orders of your facility or to what is prescribed on the persons medication chart. You must always report this to the Registered Nurse to and make sure it is documented in the residents notes and if signed for in the medication

chart. REMEMBER Pain is sign or a symptom of something else. Don't ever dismiss pain. It is real to the person and as we said earlier, purely subjective. This means it can only be determined by the person.

A note here, be familiar with first aid treatment for fractures and other injuries so you don't cause further unnecessary harm.

Slide 24 Chronic Pain

Never underestimate pain. Chronic pain is very draining. Never withhold pain relief if it charted by the doctor. If a person suffers from chronic pain once they get back into the pain cycle again it is hard to control so if pain relief is charted regularly then make sure they have it at the times prescribed.

There are others things that are used for chronic pain, including those mentioned for Acute pain like massage, heat or ice, sometimes people require other pain relief measures.

Tens Machine

One common pain relief measure is a

Tens machine - Transcutaneous Electrical Nerve Stimulator

This method is where patches are attached to body and connected to electrodes. When the machine is turned on the electrodes gently pulsate which blocks the pain receptors so the brain doesn't receive the pain messages from the body. Doesn't work for everyone but when it does people say their chronic pain is reduced?

Slide 25 Medication

Non Steroidal Anti-inflammatory Drugs (NSAID) are sometimes used. These are used for mild to moderate pain, inflammation and fever. Often used for people with arthritis. Most common drugs used in NZ are Voltarin, I-Brufin, Neurophen. Side affects from these drugs are skin rashes and stomach upsets so make sure you report any of these symptoms to the RN. These side affects are rarely life threatening and will disappear once the medication is stopped.

Morphine is used in moderate to severe pain. It can be administered either in mixture which is quick acting but doesn't last for long periods, tablets that are slow release and should last for 12 to 24 hours, subcutaneous injection that is just under the first layer of the skin or in a pain pump.

It works by dulling the pain receptors in the brain. But morphine has affects on other parts of the body like the bowel and it slows down the bowel movement which leads to constipation. It can also have an effect on a person's breathing. This is something you should take note of if a person is on morphine.

The body also produces it's own morphine in the form of endorphins. The increase in endorphins enables people to run marathons and such like and push through the pain barrier as mentioned earlier.

Morphine is a Class B or Second Schedule Drug which means it has to be prescribed by a medical practitioner and comes under the Mis-use of drugs act 1975. It is required by law that all these medications have be accounted for. You may be asked to check these in or out of the medication cupboard and checking requires 2 signatures in the medication register.

Slide 26 Hypnotherapy

This has been used successfully for some people with chronic pain. This technique allows the person to take control of their body rather than the body take control of the person. A person can be taught self- Hypnosis and this has been used by many people to take control of their chronic pain. It involves the person working with their subconscious to redirect the pain indicators. People with arthritis, cancer and other aged related disorders have had considerable success with self hypnosis. It has also been used successfully for minor surgery, birthing and dental work.

Slide 27 Psychotherapy

This is a therapy that firstly validates the person pain which means the pain is recognized or acknowledge as real for the person and helps the person to cope with the pain by coaching them to develop strategies to take control over their pain. It is sometimes called talk therapy. Tends to be used more with emotional trauma and mental health disorders without using drugs.

Slide 28 Counseling

This again is used more for people with emotional trauma and is a technique that is based on the belief that a person has within themselves the ability to grow and heal. Counsellors offer a way for the person to claim their life back and develop a healthy recovery perspective. Also teaches ways to cope and how to draw on their own personal strengths to improve their quality of life.

Slide 29 Acupuncture

This is used extensively now for pain relief. Acupuncture is an ancient Chinese medical technique that manipulates the body's natural healing energy that has been continuously used for the successful treatment of disease for the last 3,000 years

Slide 30 Emotional & Psychological Pain

Never underestimate the effect this has on people. Loss and grief produces intense emotional pain. You may see this in the residents that come into care and the family member that has placed the person in care. The pain of the loss of their home, partner, lifestyle, possessions is huge and will manifest itself in many ways. So rather than criticize a person behavior or actions first think what it might be like for you if you had to give up your freedom and lifestyle.

Some of you may have left your homeland or home town. How was it for you leaving all that you loved, knew and relied on or upon gone – no longer there for you when you need them. Now you are surrounded by strangers. People you don't know and who don't know you.

All of these things and much more is going on for residents too and causes severe emotional pain in the people in your care.

Think how hard it must be for a couple who have been together for 50 or 60 years and now one person has to come into care. They are alone in the house now. No one to talk to, to care for, be close to. This is gut wrenching for some people. As a caregiver you have to understand that both the person in your care and their loved one will be going through emotional pain.

Slide 31 Emotional pain responses

Both psychological and emotional pain will show in a persons behavior as

- Anger
- Frustration
- Crying
- Anxiety & Depression
- Sadness and remorse
- Loneliness & withdrawal
- Sense of loss and despair

So how are you going to help these people?

Slide 32 Treatment for Emotional Pain

Firstly you must show them **love** and **kindness**. Offer **comfort** by acknowledging how difficult it can be for them to be separated from their loved one or their home. Show **compassion** and **understanding** as to how difficult the adjustment may be living in a strange setting with so many other people they don't know. Allow them time to talk or maybe a hug.

How would you feel if this was you in a strange place, living with a lot of people now having to conform to the way of the facility? Not being able to choose when to make or have a cup of tea or a meal. All of these things will promote emotional pain in people. Think of the person you are caring for not the tasks you need to do in a day. Don't be in such a hurry to whizz past people focusing on your work and not the person. While the tasks are important there are times when a person just needs your time.

Slide 33 Music

Music is a great way to relax people and take them away from their pain. Some people like music more than others. Don't play loud banging music. Use music that is soft, gently and relaxing and to the age group of the people living in the facility. Remember it is the residents home and they should get to choose what is more appropriate for them with your assistance.

Slide 34 Aromatherapy

This works well for people to relax them. If you are lucky enough to have a qualified aromatherapist on your staff or have access to one, this can work wonders but remember, aromatherapy oils are very potent. Do not use oils you are not familiar with or have no-one to guide you on how to use them correctly. Lavender oil is one of the safest you can use. It doesn't usually cause much harm. It can be used safely on the skin and has a range of beneficial uses.

Slide 35 Massage

This can be as simple as massaging the area where pain is , or maybe massaging their feet or hands. Don't underestimate the wonder power of touch and being present with a person. Maybe this is all that is needed

Slide 36 Flower Essence

Essences like Rescue Remedy are also wonderful for relieving distress. There are many different brands available so if there is non available in the facility then maybe families may bring in some.

Slide 37 To summarize

Treat acute pain with the simple things first

Always assist a person with chronic pain to be pain free

Never withhold pain medication if it is charted for a person to have

Pain it is real for the person

Never judge a persons pain level on your pain threshold or tolerance