Promoting Comfort: Management of Pain for all Patient Populations

Objectives

• Define pain
• Describe assessment process and parameters for intervention and reassessment related to pain and comfort
• Review the importance of creating a plan of care with interventions that are appropriate for each individual
Defining Pain

“Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does”


Goal of Pain Management:

- Achieve the highest level of relief available or acceptable to the patient, while maintaining the highest quality of life for that patient

- The goal of promoting comfort is to maintain quality of life, such as a physical ability and function, psychosocial relationships, mental health and spirituality

- A holistic approach is used to manage physiologic symptoms of discomfort
ASSESSMENT

All patients will be screened for the presence of pain by asking them a question such as: *Are you having any pain or discomfort right now?*

Components of a Pain Assessment

- Location
- Description
- Intensity
- Duration
- Alleviating factors
- Aggravating factors
- Associative factors
- Impact of pain on patient’s life
All patients will be screened for the presence of pain. True or False?

Correct Choice

X TRUE

FALSE

Feedback when correct:
That’s right! You selected the correct response.

Feedback when incorrect:
All patients should be assessed for the presence of pain
Location

- Does it radiate somewhere?
- Anatomic location?
- Where?
- Is it present in more than one spot?

Internal pain? External pain?

Assessing all Factors

Aggravating Factors
- What makes the pain worse?
  - Cold
  - Movement
  - Immobility

Alleviating Factors
- What makes the pain better?
  - Rest
  - Heat/Cold application
  - Medication-What has helped in the past
  - Massage
Plan of Care

- **Analyze** the assessment data to determine the patient and family care needs
- **Validate** the care needs with the patient, family and other members of the interdisciplinary team when possible and appropriate
- **Document** diagnosis and care needs in a manner that facilitates the determination of the expected outcome and plan

Pain Management Interventions

- Initiating and completing actions necessary to accomplish defined outcomes / goals
- Collaborate with other disciplines/ resources to help manage difficult comfort/ pain issues
- Provide patient and family with education on comfort/ pain management using the teach back method
Types of Pain Management Interventions

Pharmacological and Non-Pharmacological

Non-Pharmacological Interventions

- Physical/occupational therapy
- Massage
- Heat/Cold
- TENS
- Exercise
- Relaxation
- Sucrose
- Swaddling

Infants

- Distraction
- Guided imagery
- Meditation
- Prayer
- Acupressure
- Acupuncture
- Aromatherapy
- Chiropractic techniques
- Education
Pharmacologic Interventions

- Use pharmacologic interventions and conduct sedation assessment using the Pasero and McCaffery Sedation Scale as appropriate
- Includes oral, topical, intramuscular, rectal, intravenous, and transdermal pharmaceuticals

Monitoring IV Opioid Therapy

- It is essential that you inform patients and their representatives regarding the monitoring process.
- This includes:
  - Potential need to wake the patient for assessments
  - To alert healthcare providers if something doesn't seem right with their loved one regarding the occurrence of adverse reactions (i.e. breathing problems, excessive sleepiness, nausea, vomiting, mental status changes)
Evaluation

- Monitor and evaluate effectiveness of comfort management plan and adapt the plan as needed
- Determine the extent to which goals/outcomes have been achieved and whether interventions have been successful
- Evaluation of the patient's quality of life are reflected in key factors such as:
  - sustained pain relief
  - adequate sleep/rest
  - absence of nausea and vomiting
  - allowing for optimal physical, psychosocial, and spiritual function “as appropriate” to the individual’s condition

Click on each Tab above to review elements of pain assessment
Pain Intensity Scales
- Numeric 0-10 Rating Scale
- Faces Scale (Children, cognitively impaired individuals)
- Critical Care Pain Observation Tool (CPOT)-for intubated patients
- Colorado Behavioral Numerical Pain Scale-Use with GI Outpatients
- Neonatal Infant Pain Scale (NIPS)
- Premature Infant Pain Profile (PIPS)
- Face, Legs, Activity, Cry and Consolability scale (FLACC)-for children less than 5 years old
- Pain Assessment in Advanced Dementia and Non-Verbal Patients (PAINAD)
- Pre Verbal, Early Verbal, Pediatric scale (PPEPS)

Pain Quality and Character
- Onset/ duration
- Location
- Description
- Aggravating factors
- Alleviating factors
- Previous interventions/treatments and effectiveness
Duration

- What is the current level of pain?
- What is the worst it gets?
- What is the best it gets?
- When did the pain start?
- How long does it last?
- Is it constant or sporadic?

Non Verbal patients will be assessed for pain by objective and behavioral indicators

- Irregular breathing pattern
- Body language; rubbing or guarding
- Facial expression
- Negative verbalization
- Consolability
Physiological Signs of Pain

All patients will be assessed for physiological symptoms of discomfort:

- Fatigue associated with alteration in sleep/rest pattern
- Nausea and vomiting
- Immobility
- Grimacing
- Depression
- Rubbing body parts

Impact of Pain on Quality of Life

Does pain impact ability to participate in activities of daily living?

Is pain preventing patient from doing normal activities?

Has pain impacted their emotional well being?
Identifying Goals: What is the patient and or family care need?

Goal:
- Setting realistic goals/outcomes for meeting patient needs and designing strategies to achieve goals/outcomes

Comfort and function goals for addressing patient pain needs:
- What patient needs to do
- What nursing needs patient to do
- What patient wants to do
Pain Assessment and Reassessment

Assessment and Reassessment of pain is crucial to promoting comfort and patient satisfaction.
Reassessment

- Reassessment is performed:
  - Approximately every 1 hour
  - Appropriate intervals after each intervention

**REASSESSMENT** is essential to adequate pain control
Knowledge Check

* In which situations would you complete a pain assessment or reassessment? Choose all that apply.

<table>
<thead>
<tr>
<th>Correct</th>
<th>Choice</th>
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<tbody>
<tr>
<td>X</td>
<td>Before physical therapy</td>
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<tr>
<td>X</td>
<td>After physical therapy</td>
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<tr>
<td>X</td>
<td>After a treatment or procedure</td>
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<td>X</td>
<td>After applying heat therapy</td>
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<td>X</td>
<td>After pain medication</td>
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<td>X</td>
<td>With each hourly round</td>
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<td>X</td>
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Patient Education

- Begin with the end in mind, education starts at admission.

- **Remember:** “Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does.” McCaffery

- Education about promoting comfort should be presented to achieve the highest level of relief available or acceptable while maintaining the highest quality of life for that patient.

Patient Education

- Education should be provided in a manner so that the patient and family can:
  - Retain information
  - Correctly follow their treatment plan
  - Improve or maintain health
Documentation

Documentation of pain and the promotion of comfort will be covered during your computer education classes and should be reviewed with your preceptor or supervisor.

Promoting Comfort in all Patient Populations
As Patient Advocates our Goal is to **Promote Comfort** in all Patient Populations...

- Cognitively impaired
- Non-Verbal
- Non-English speaking
- Children
- Elderly
- Generational
- Age Specific
- Culturally Diverse

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**Promoting Comfort in all Patient Populations**

- When a patient is unable to vocalize self report of pain, additional assessment techniques are required beyond verbal questioning
- Rely on sources of information such as:
  - behavioral cues
  - observations by family/caregiver
- *As a care giver, assume pain is present based on procedure, trauma or surgical interventions*
Promoting Comfort in all Patient Populations

• Be consciously aware of your own biases that might influence pain management interventions
• Be aware that each culture may experience and communicate pain in a different manner

For example:
• Some cultures see pain as a “test” they must endure
• Other cultures do not acknowledge presence of pain

Promoting Comfort in all Patient Populations

• The use of a translator or Cyracom translator (blue) phone connection may be helpful with initial assessment of pain to help staff recognize “signs of pain” for that individual patient

• Special consideration for the proper management of pain in the dying patient is essential to promote comfort and dignity during the dying process
Throughout your orientation process you will need to work closely with your preceptor to determine your role in promoting comfort and managing pain in all populations.

In Summary

- This module covered content that will help you in your orientation by reviewing:
  - The definition of pain
  - The assessment process and parameters for intervention and reassessment related to pain and comfort
  - The importance of creating a plan of care with interventions that are appropriate for each individual