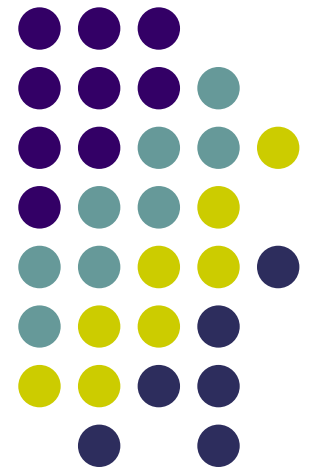


Mechanism of Pain

Assessing Pain

module 2

Halton Best Practice working group



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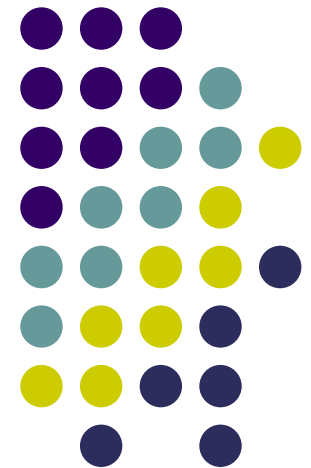
Mechanism of Pain

Assessing Pain

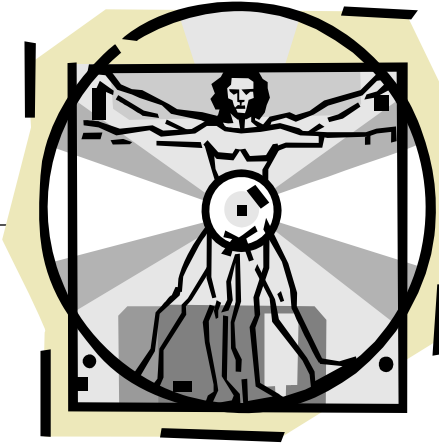
module 2

The Halton Best Practice working group is pleased to share its work with you. We give you permission share this work with your staff and with others who wish to improve the quality of life of residents. We ask two things of you in return:

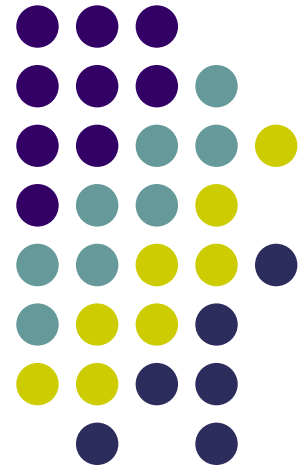
1. Please don't make changes to the material without contacting us.
 2. Please give us feedback on how the programme worked.
- Your input is welcome!



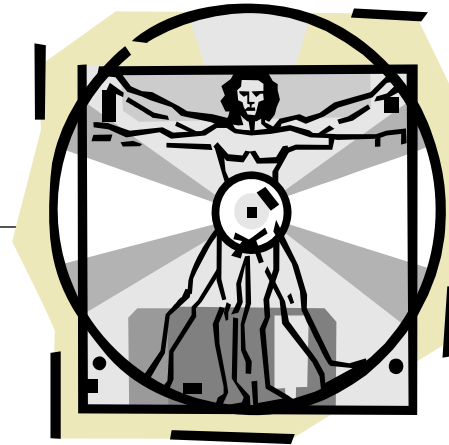
Mechanism of Pain



What causes pain in the human body?



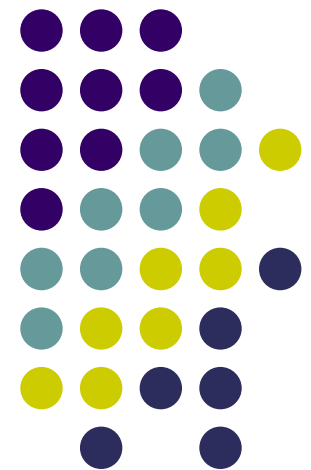
Mechanism of Pain



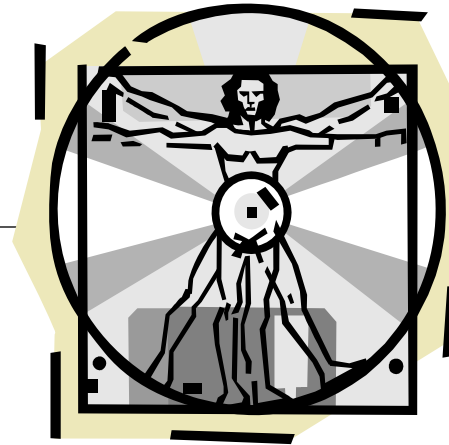
Acute pain is usually transient in nature and is often related to inflammation. The inflammation could be the result of injury or infection.

Nerve impulses from the affected area travel to the brain.

Pain is a protective mechanism which alerts us to a problem and prompts us to take action.

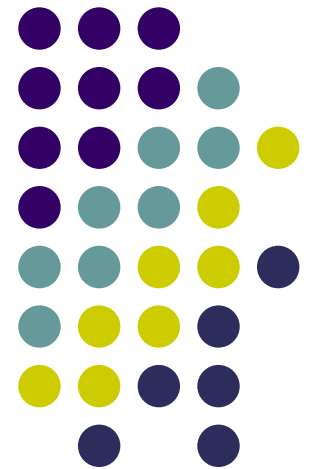


Mechanism of Pain

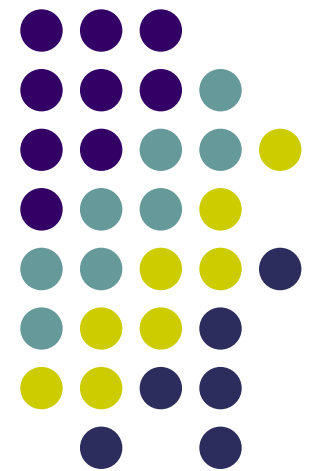
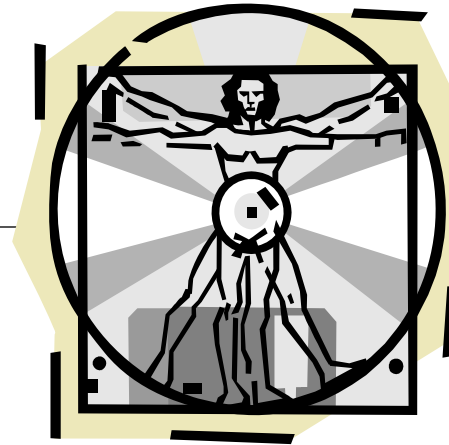


Chronic or persistent pain is pain which lasts three months or longer past the usual course of the condition that originally caused the pain.

We know that once pain becomes persistent, the mechanism of the pain changes.



Mechanism of Pain

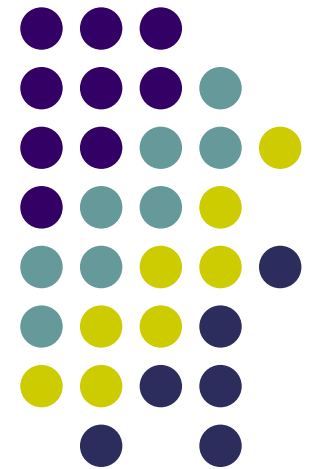
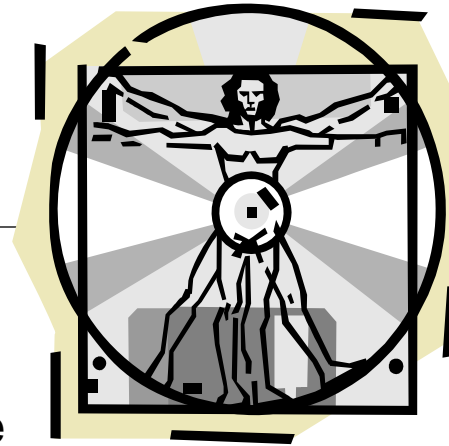


In persistent pain, the body actually releases neurotransmitters which increase the body's perception of pain.

Given this, we need to respond quickly to acute pain, in order to prevent it from becoming persistent.

(The Canadian Pain Society, 2002)

Mechanism of Pain

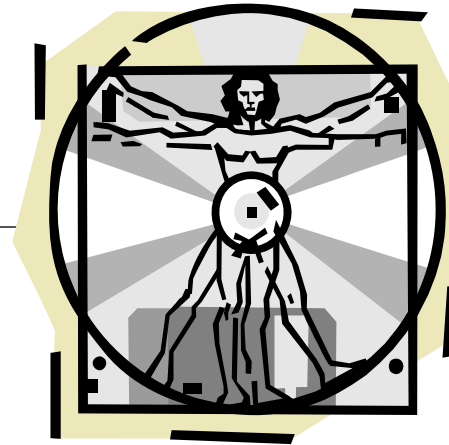


Besides acute and persistent pain, there are some other definitions you will want to know:

- Nociceptive pain is pain resulting from the stimulation of peripheral pain receptors. This is the pain we experience after an injury or inflammation.
- Neuropathic pain is pain from pathological nerve system damage, such as a crush injury.

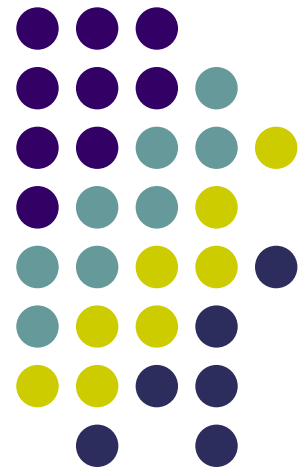
(U. of Iowa, 2005)

Mechanism of Pain



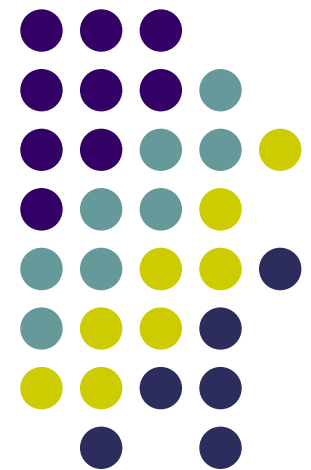
In order to have effective treatment of pain, it is important to know what kind of pain your resident has.

One of our main goals is not just to relieve the pain, but to find its cause and resolve that as well.



Assessing Pain

The first step to assessing pain is to take a detailed history of the pain from your resident.



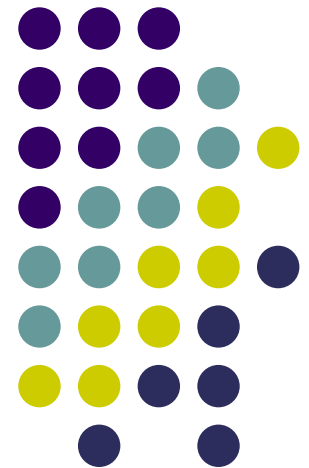
Assessing Pain



One tool for you to use is the PQRST assessment.

The following questions were adapted from:

http://www.rnao.org/Storage/29/2351_BPG_Pain_and_Supp.pdf



Assessing Pain

P -

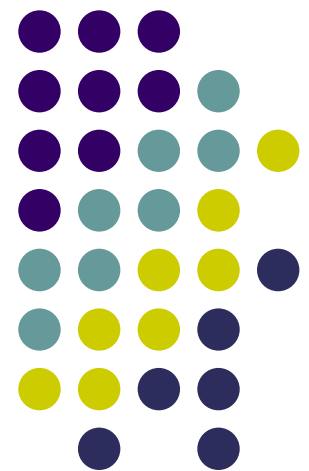
provokes

What causes your pain?

What makes it better?

What makes it worse?

What has been effective in reducing your pain in the past?



Assessing Pain

Q -

quality

What does your pain feel like?

When possible, allow your resident to choose her own words to describe the pain. If she cannot find the words, try these questions:

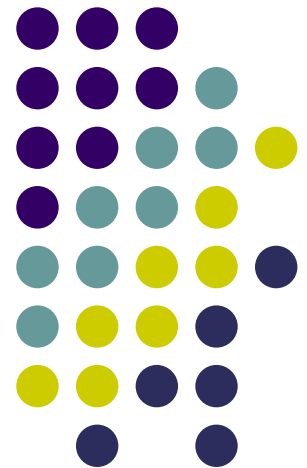
Is it sharp?

Is it dull?

Is it stabbing?

Is it burning?

Is it crushing?



Assessing Pain

R –

radiates

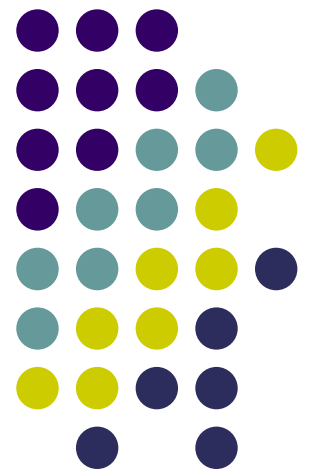
Where does the pain radiate?

Or try these ways of asking the same question:

Is it in one place?

Does it go anywhere else?

Did it start elsewhere and has it now moved to one spot?



Assessing Pain

S -

severity

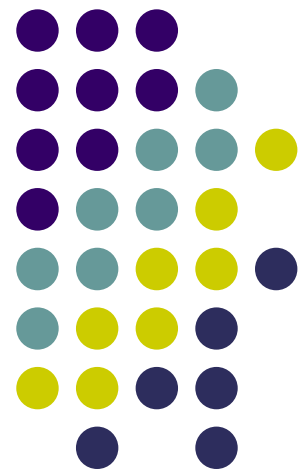
How severe is the pain on a scale of 0 - 10?

How much does it hurt when it is the worst?

How much does it hurt when it is the best?

At this point, it might be helpful to show your resident one of the 10 point Likert scales from the “Measuring Pain” module 3.

Pain assessment should be done both at rest and with movement.

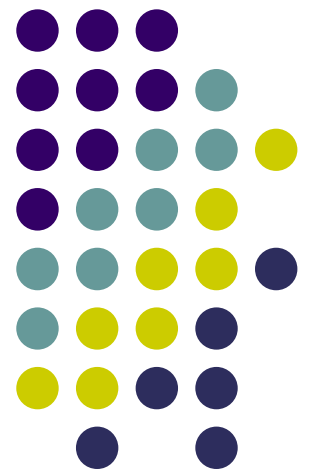


Assessing Pain

T -

time

When did your pain start?
How often does it occur?
Has its intensity changed?
How long does it last?

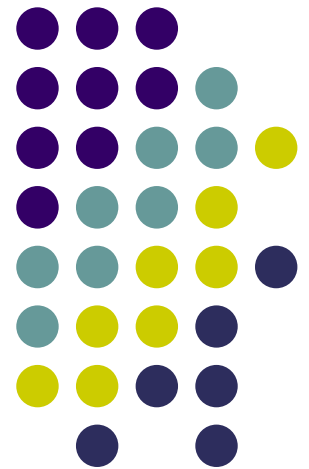


Assessing Pain

P-Q-R-S-T

There are other questions you will want to ask about your resident's pain, especially when it is a pain you are assessing for the first time. Here are some:

1. Tell me what you think is causing the pain.
2. Do you have any concerns about using medication to relieve the pain?
3. How is the pain affecting your life?



Assessing Pain

You will want to reassess your resident on regular intervals. Your Long-Term Care home probably has a protocol to guide you in the frequency of your assessments.

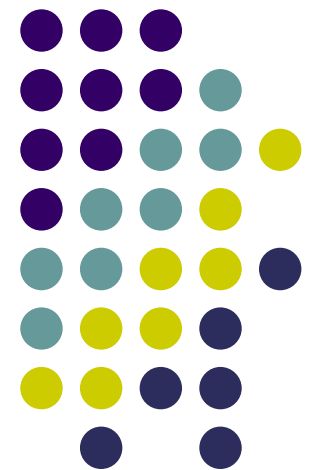
The frequency of your assessments should reflect the acute nature of the pain and how quickly you are able to have good pain control.



Assessing Pain

When a resident with dementia is exhibiting responsive behaviours, always consider that pain may be the root cause.

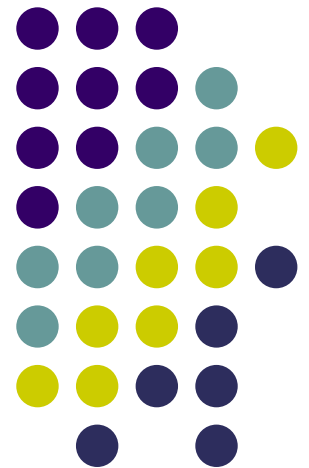
Contact your local Psychogeriatric Resource Consultant for help in assessing a resident whose dementia is making your communication difficult.



Mechanism of Pain

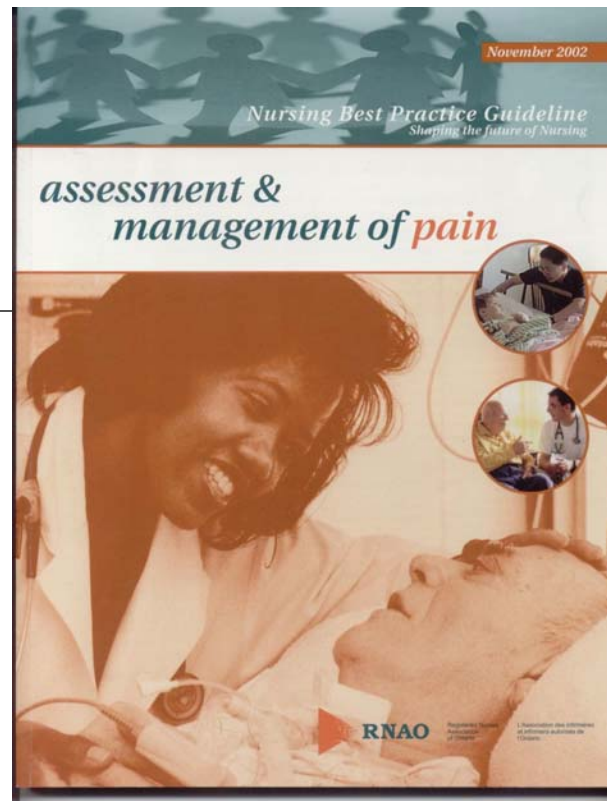
Assessing Pain

If you want to learn more about pain, look at the following best practice guidelines and resources:



Mechanism of Pain

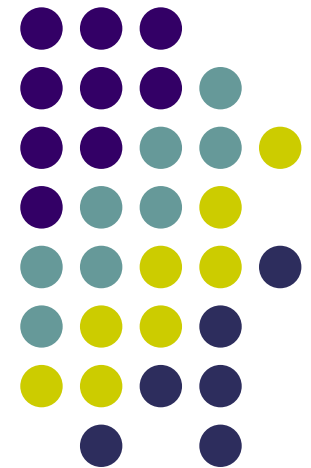
Assessing Pain



RNAO. (2002). *Assessment and management of pain*. Toronto: RNAO.

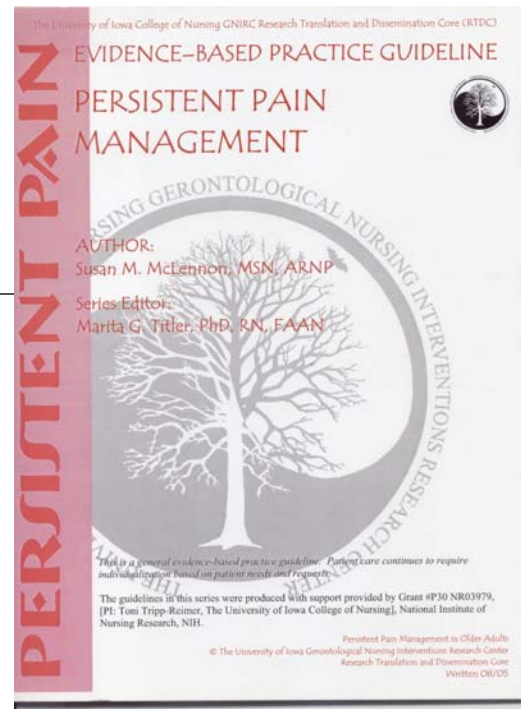
You can also access this online at:

http://www.rnao.org/Storage/29/2351_BPG_Pain_and_Supp.pdf

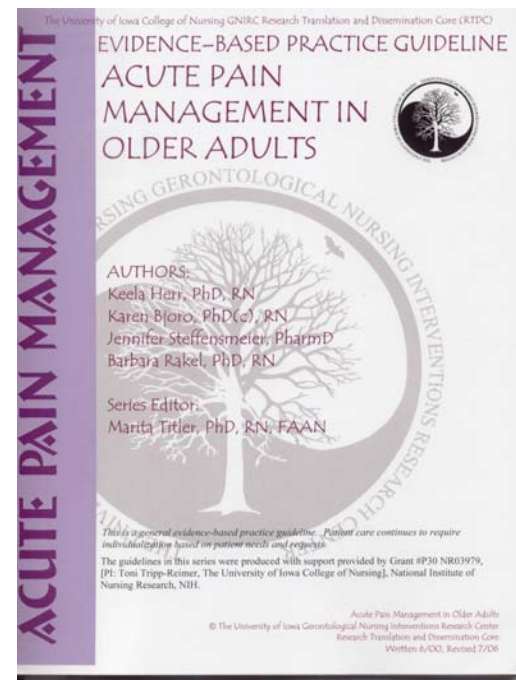


Mechanism of Pain

Assessing Pain



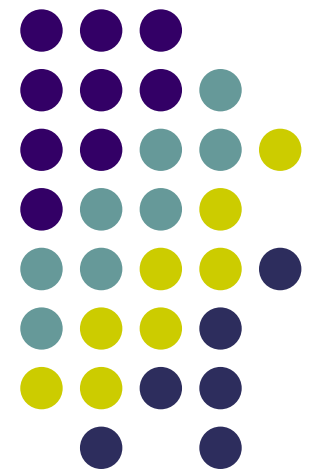
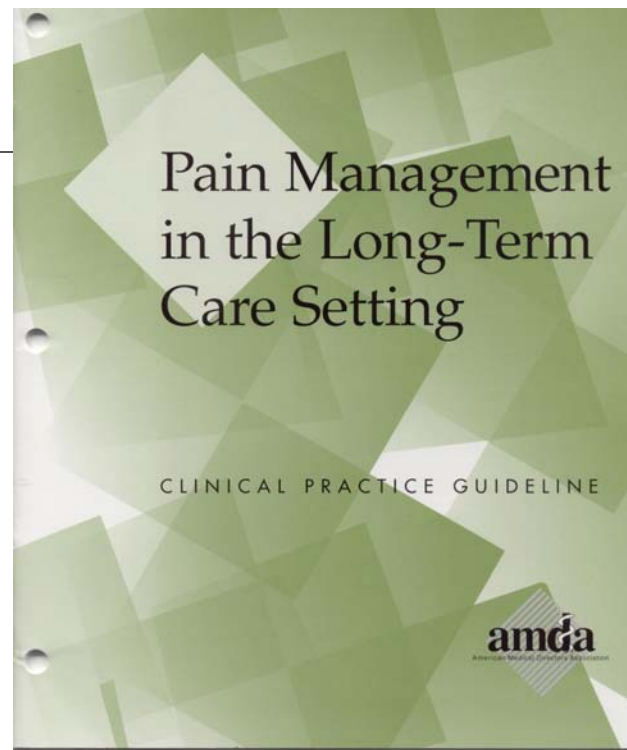
University of Iowa Gerontological Nursing Interventions Research Centre. (2006). *Persistent Pain Management*. (2005) *Acute pain Management in Older Adults*. Iowa: University of Iowa.



Mechanism of Pain

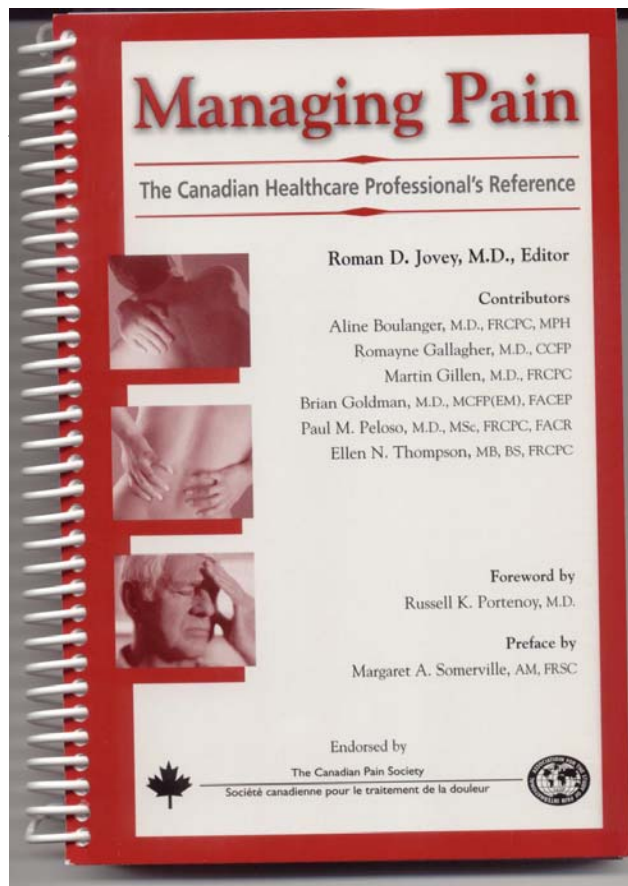
Assessing Pain

American Medical Directors
Association. (2003).
*Pain management in the long-term
care setting.*
AMDA.



Mechanism of Pain

Assessing Pain



The Canadian Pain Society. (2002).
Managing Pain.
Toronto: Purdue Pharma.



Mechanism of Pain

Assessing Pain

Online resources:

www.rnao.org

www.aapainmanage.org

www.ampainsoc.org

www.pain.com

www.halcyon.com/iasp

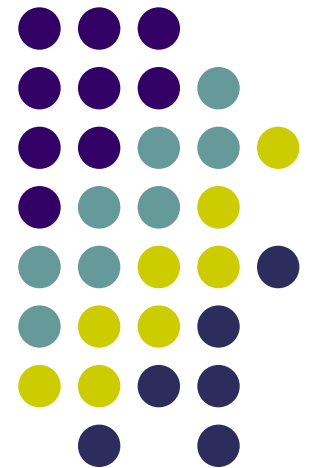
www.hpcconnection.ca

www.chpca.net

www.hppcn.ca

<http://www.ontariopalliativecare.org/>

<http://www.hospice.on.ca/>



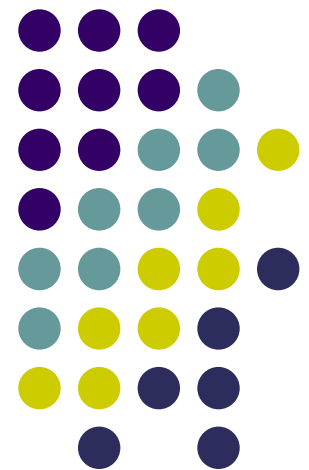
Mechanism of Pain

Assessing Pain



This week, use the second brainstorm at the beginning and end of the shift to help your staff team understand both the mechanism of pain and how we assess pain.

Our goal is that we will all participate in discussion and that we improve our awareness of pain in our residents.



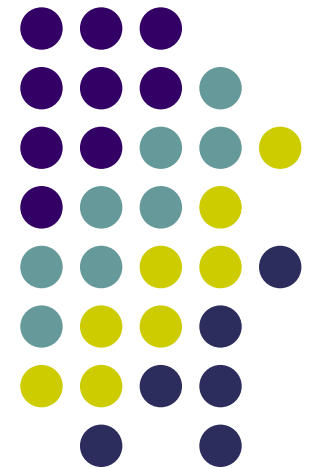
Mechanism of Pain

Assessing Pain

Brainstorm # 2



Not all pain is equal! The pain of childbirth is not the same pain as that of a broken bone. We can't measure anyone's pain the way we measure temperature or blood pressure. We have to rely on the resident to tell about his or her pain. But we can predict when someone might experience pain. What do you think are some causes of pain in our LTC?



Mechanism of Pain

Assessing Pain

Brainstorm # 2



Hopefully, your staff will generate lots of discussion.

Try and draw these common causes of pain:

Poor positioning or long periods of immobility

Wrinkles in clothing or bedding

Pressure from hard surfaces, inadequate pressure relief

Bumps from hard objects (i.e. bedrails, lifts)

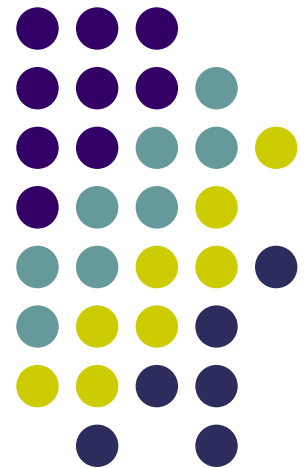
Transfers

Arthritis

Cancer

Oral pain

Nerve pain from stroke or diabetes



Mechanism of Pain

Assessing Pain



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