

Non-Pharmacological Interventions for Pain Management

Strategy	Resident Care Intervention
Cold / Heat Application	<ul style="list-style-type: none"> ❖ Heat and cold have been used for centuries as a treatment for pain. Reasons for advocating for a trial of heat or cold: <ul style="list-style-type: none"> • it works well for some residents • it works quickly • adverse effects are virtually non-existent • it can provide some residents/families with an important sense of control over the relief of pain ❖ Rationale for treatment: Well-controlled research is lacking, however the premise is that applying heat to skin will increase blood flow and reduce neurotransmitters, which sensitize pain nerve fibres. Heat may compete for nerve transmission with pain and therefore, in the brain there is a perception of heat and a reduced perception of pain. Heat is considered most useful for chronic pain when there is no accompanying acute inflammation. ❖ Cold works through a similar pathway as heat, competing for nerve transmission. It creates numbness in the area of pain and may be especially helpful when the pain has a burning quality. Cold is useful for acute pain and where inflammation may be a contributing factor. ❖ Contradictions Avoid use of heat in the following situations: <ul style="list-style-type: none"> • Any area that is bleeding • Any injury/condition with decreased feeling, lack of sensation or areas of parathesia • Any injury within the first 24 hours • If the resident is using any menthol-containing products (ie Ben Gay) • Within a site of radiation therapy while receiving radiation – may use on this area 5 days after completing treatment, provided that the skin is not flaky, red or tender Avoid use of cold in the following situations: <ul style="list-style-type: none"> • Any area with poor circulation or sensation (diabetic feet) • Within a site of radiation therapy while receiving radiation – may use on this area 5 days after completing treatment, provided that the skin is not flaky, red or tender • On a wound in the healing phase ❖ Application of heat or cold: <ul style="list-style-type: none"> • Heat can be obtained from a variety of sources including heating pad, hot water bottle, and topical ointment • Use low to medium setting to avoid burns. The application should produce a warm sensation rather than feel hot • Placement is usually over painful site. When this is not possible (too painful, open wound), other options include above the site, below the site or on the opposite side of the body (eg, pain in right hip, place on left hip) • Prevent direct contact with heat/cold source on the skin. Use layers of toweling between the heat/cold source and the skin • The use of heat/cold with cognitively impaired residents should be monitored closely. When possible, sensation testing should be carried out over the application site prior to the first application • Cold can be enhanced by using it in conjunction with menthol-containing products (e.g. A535 with ice bag over top) • When using a topical ointment, test the skin with a small amount of product to check for allergic reaction prior to using it on the painful site
Distraction	<ul style="list-style-type: none"> ❖ Intent is to divert the attention of the resident by actively involving him/her in the performance of a distracting task ❖ Can include a variety of actions including talking with others, reading, singing, humor, watching television

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Environmental Modification	<ul style="list-style-type: none"> ❖ Decreasing noise ❖ Decreasing lights ❖ Providing planned blocks of time for undisturbed sleep
Music	<ul style="list-style-type: none"> ❖ Music is related to release of endorphins in the brain and provides distraction ❖ Can be used to decrease pain intensity and to enhance sleep ❖ When used therapeutically, music provides psychological support ❖ Resident preference regarding music should be respected
Positioning / Repositioning	<ul style="list-style-type: none"> ❖ Involves maintaining anatomically correct position in a manner that enhances comfort and minimizes pain or further injury ❖ When residents are on their backs, elevating the legs with pillows has been related to decreased reports of pain in older adults with hip fractures ❖ When residents are side-lying, placing a pillow between the legs prevents adduction of the hips and improves comfort
Relaxation and Imagery	<ul style="list-style-type: none"> ❖ Relaxation may be appropriate for almost any type of pain with the goal of reducing muscle tension and anxiety ❖ Residents who are tense and in pain may benefit from simple relaxation centred on slow, deep breathing ❖ Progressive muscle relaxation in which the resident uses isometric exercise to systematically relax muscles from head to toe may also be helpful ❖ Lengthy relaxation techniques are enhanced by a quiet environment and having the resident in a comfortable, well-supported position ❖ Listening to a taped relaxation session may help the resident to focus more easily, and become less distracted by their pain ❖ Caution should be used in using relaxation and imagery techniques in residents who are confused, drowsy, have a previous history of psychiatric illness, such as having hallucination
Other Therapies	<ul style="list-style-type: none"> ❖ Complementary therapies such as therapeutic touch, massage, reflexology, splint, Reiki aromatherapy may be useful non-pharmalogical adjuncts to pain management. These modalities should be administered by individuals with training in their application ❖ Consider pressure relieving devices such as static air overlay or low-air-loss bed for residents at high risk for pressure ulcers, has pressure ulcers, uncontrolled pain or severe pain exacerbated by turning ❖ The use of physiological and electrotherapy modalities such as TENS, ultrasound or laser therapy may be used as part of physiotherapy / occupational therapy management of musculoskeletal or chronic pain conditions. These modalities should only be applied by qualified professionals

Reference:

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August 2007