Pain is a major – but largely avoidable – public health problem in the United States. What is pain? It is feelings of hurt or discomfort. It can range from dull aches to sharp stabbing sensations.

General Principles

The “Fifth Vital Sign”

Pain assessment should be done regularly, individualized to the patient, and documented well. Each time you check vital signs (pulse, blood pressure, respiration or temperature) you should also assess your patient’s pain level. Never assume that a patient is not in pain. Ask frequently and repeatedly. Pay attention to facial expressions and body language.

- If a patient reports pain at a level of four (4) or greater on a pain scale of 1-10, action of some sort must be taken. Action may be taken for less than a report of four, but at a four, intervention is necessary.
- **Pain must be re-assessed and documented after intervention is provided.**

Good pain management can only be achieved through good pain assessment.

The following are components of a pain assessment:

- Where it hurts
- What it feels like
- How bad is it
- How long it lasts (including intermittent or constant)
- What makes it better or worse
- Does it interrupt your ability to sleep?

Pain may be acute or chronic. Acute pain is generally short-lived and is most often caused by damage to tissues or organs. It generally goes away after treatment or healing. Chronic pain lasts beyond the normal healing time. It may be related to a serious injury (burns) or disease (cancer.) It may be from an unknown cause. Both types can be managed effectively. Patients with chronic pain may learn to live with and adapt to pain at a level of four, but the goal is effective management of all discomfort so that individuals can maintain a relatively normal lifestyle.

The Pain Care Plan

The goal of pain management is for patients to have little or no pain, or to reduce pain to a level that is acceptable to the patient. Preventing pain is easier than treating it once it takes hold. Pain is considered a medical emergency. It is important to follow through with patient’s continuing to complain of pain even if interventions have been taken. It is the nurse’s responsibility to advocate for the patient.

Pain Management

Pain may be treated with medication, special invasive procedures or with a variety of non-invasive pain-relief alternatives. Analgesics, or pain-relief medications, come in three main categories.

- **Non-opioids** are either non-steroidal anti-inflammatory medications like ibuprofen, or acetaminophen (Tylenol.) These are used to treat mild to moderate pain.
- **Opioids** are used to treat moderate to severe pain. These are medications like morphine, codeine and fentanyl.
- Other medications may be used to enhance the action of either the opioids or the non-opioids. Drugs used in this category may range from anti-depressants to stimulants to steroids.

One of the most common side effects of pain medication is constipation. Things to do to manage this side effect:

- Increase fluid intake
- Exercise regularly
- Increase dietary fiber by eating more fruits and vegetables
- Discuss the need for a laxative with the physician

Invasive procedures may be used for severe chronic pain and are often done by pain specialists. A licensed physician will do these treatments, which may include rhizotomies and/or nerve blocks.

Other non-invasive therapies include the following:
- Massage
- Heat or cold therapy
- Relaxation and/or distraction techniques, such as biofeedback, breathing exercises, progressive muscle relaxation
- Acupuncture
- Exercise
- Therapeutic touch

Pain Assessment and Management across the Lifespan: Special considerations

**Infants**
Because infants cannot communicate their pain verbally, caregivers must look for non-verbal cues that an infant is in pain. These include crying, thrashing around, stiff arms and legs and increases in heart rate or blood pressure. Comfort measures for infants include medication, swaddling, holding and rocking.

**Pre-school and School age Children**
Children feel pain just as intensely as adults but may be less able to describe it. Children under the age of four may have more difficulty in expressing their level of pain than older children. Using a pain scale of chips or pennies is often effective with children this age. One chip is “just a little hurt,” the second is “a little more hurt”, the third is “more hurt” and the fourth being “the most hurt you can have.” Children around age five may use a facial expression pain scale effectively, while children 6 and over may comprehend the word “pain.” They may “point” to where it hurts rather than tell you. They may be able to describe what will “make it better.”

Children may show their pain by crying, making a “pain face” or by holding and rubbing where it hurts. They may also eat less than usual, be less active and/or sleep more than usual. They may perceive short, sharp pain, like needle sticks to be as significant as other pain.

Children may respond well to suggestions for pain relief. Having parents present is generally the best “psychological” treatment for pain. Giving a child some control over treatment usually helps reduce pain.

**Adolescents and Adults**
It is important to remember that the patient is the authority of the experience of their pain. Adolescents and adults need accurate information about pain and what they can do to manage it. Adolescents often respond well to relaxation techniques.

To help patients quantify how bad the level of pain is, most facilities use a pain scale. If there is not a standardized scale in place at a facility, then a rating scale of 1-10 (one being no pain and 10 being unbearable) may be used. If a patient seems to place their level of pain higher than what the practitioner might have expected, they may need assistance in learning to use the pain scale. For example, if a patient reports that his pain is at an 8 on a 10-point scale, and does not seem to be in acute distress, the practitioner could suggest some interventions, and add that the goal would be to get it down to a 2 or 3. This may help the patient to target appropriate pain relief.

**Older adults**
The elderly may be less likely to use the word “pain” and instead will use words like “ache” or “sore.” They may believe that pain is an unavoidable part of aging, so may not share their pain. They may experience both acute pain and chronic pain at the same time. Because they take...
more medications overall than the rest of the population, they are more likely to be taking medications that will interact with and/or interfere with pain medication. Additionally, their bodies will metabolize drugs differently, so they may need differing amounts of medication for pain control.

Family members and caretakers may provide very useful information. They may provide additional accuracy and/or detail in relationship to the patient’s history. They may be able to describe how pain has impacted the patient’s daily routines and understand the non-medical management of pain.

**People who cannot think well or speak well**

Persons who cannot communicate effectively because of dementia or trauma experience higher rates of medical complications. Because they may have difficulty in expressing pain or discomfort, these complications may go unnoticed for longer periods of time. Additionally, in the past some assumed that these patients simply had less sensitivity to pain or were more indifferent to it. In reality, health care providers generally fail to notice the presence of pain if there isn’t a verbal complaint about it.

Nonverbal signs of pain are very reliable. These include:
- Grimaces, pain lines in the forehead, frowning, clenching teeth
- Withdrawal or guarding
- Combativeness, pounding, rubbing
- Moaning, crying or noisy breathing

Some additional techniques to use to assess pain include:
- Use short sentences and a normal tone of voice
- Allow plenty of time for the patient to communicate
- Ask yes or no questions that allow the patient to respond by nodding their head
- These individuals may still be able to use a simple 1 to 5 pain scale or a facial expression scale
- Ask family and/or caregivers who may see the patient frequently and routinely

**The ABC’s of Pain Management**

The Agency for Health Care Policy and Research (AHCPR) has recommended the following ABC’s of pain Management:
- **A** = Ask about pain regularly and Assess pain systematically
- **B** = Believe the patient and family in their reports of pain and what relieves it
- **C** = Choose pain control options appropriate for the patient, family and setting
- **D** = Deliver interventions in a timely, logical, coordinated fashion
- **E** = Empower patients and their families. Enable patients to control their course to the greatest extent possible.

**References:**
8. McGrath, P. Pain, Pain, Go Away – Pediatric Pain. Association for the Care of Children’s Health, 1994
1. If a patient reports pain at a level four (4) or greater on a scale of 1-10, action of some sort must be taken.

2. According to the article, good pain management can only be achieved through:
   A. Administering appropriate medications at appropriate frequencies.
   B. Good pain assessment.
   C. A holistic approach.
   D. Two-way communication between the nurse and the patient.

3. Preventing pain is easier than treating it once it takes hold.

4. Pain must be re-assessed and documented:
   A. Upon physician request.
   B. At the beginning of each shift.
   C. After each intervention is provided.
   D. At the end of each shift.

5. Non invasive pain management therapies include all of the following except:
   A. Over the counter medication (Tylenol or Advil)
   B. Exercise
   C. Massage
   D. Therapeutic touch

6. Children around age four (4) may use the facial expression pain scale effectively.

7. All of the following are nonverbal signs of pain except:
   A. Withdrawal or guarding
   B. Hyperactive reflexes
   C. Grimace or pain lines in the forehead
   D. Crying

8. Nonverbal signs of pain are very reliable.

9. One of the most common side effects of pain medication is:
   A. Decreased effectiveness of medication with short frequent usage.
   B. Poor affect.
   C. Patient irritability.
   D. Constipation.

10. When working at multiple locations, it is important to utilize their standardized pain scale, not the one you are most familiar with.