# Pain Management: Quick Facts

## ASSESSMENT

| PQRSTU PNEUMONIC | DESCRIPTION, QUESTIONS TO ASK, TOOLS TO USE | | | |
|---|---|---|---|---|
| **P** What **PRECIPITATES/ PROVOKES** pain? What **PALLIATES** pain? | What brings pain on? What makes it worse?<br>What has been tried for the pain? Did it work? What was the regimen (dose and frequency)? | | | |
| **Q** What is the **QUALITY** of the pain? | How does patient describe their pain in their own words? | | | |
| | **Type** | **Where** | **Common Descriptors** | **Examples** |
| | Somatic | Bone, joint, muscle, skin, or connective tissue | Aching, throbbing, dull, worsens with movement | Muscle spasm, bone metastases, incisions, tumor invasion into surrounding tissue, broken bone |
| | Visceral | Diffuse; stretching or distention of viscera (organ(s)) | Deep, squeezing, pressure, cramping; difficult to pinpoint | Myocardial infarction, hepatic metastases, bowel obstruction |
| | Neuropathic | Caused by nerve pressure, damage or injury | May be disproportionate to physical findings<br><br>Shooting, tingling, stabbing, electric, numbness, burning | Spinal cord compression, shingles, peripheral neuropathy |
| **R** What **REGION** of the body? Does it **RADIATE**? | Localized pain may be able to be treated with topical agents.<br>Pain that radiates may indicate visceral/organ pain and treated with systemic therapy. | | | |
| **S** **SEVERITY**/intensity level (pain rating)? | Ratings: No pain =0, Mild pain = 1-3, Moderate pain = 4-6, Severe pain = 7-10 | | | |
| | See Appendix A (General)<br>• Simple Descriptive Pain Distress Scale<br>• 0-10 Numeric Pain Distress Scale<br>• Visual Analog Scale (VAS)<br>• Wong-Backer FACES Pain Rating Scale | | See Appendix B (Special Populations)<br>• FLACC, PAINAD | |
| **T** Does it have a **TEMPORAL** relationship **(TIMING)**? | Acute Pain<br>• Definite onset<br>• Acute injury or illness<br>• Lasts days to weeks<br>• Usually highly localized | | Chronic Pain<br>• Time course unpredictable, months to years<br>• Poorly localized & difficult to pinpoint<br>• Regular use of analgesics | |
| | Incidental Pain<br>• Occurs only in specific instances (i.e., positioning, procedure)<br>• Managed with local measures or acute therapy | | Breakthrough Pain<br>• Exacerbation of otherwise controlled pain | |
| **U** How does the pain affect **YOU** (the patient)? | Meaning of the pain. Impact of pain on life. Examples: | | | |
| | • Activities of daily living (ADL)<br>• Sleep<br>• Eating/drinking<br>• Hobbies | | • Emotional – Depression, anxiety<br>• Substance abuse<br>• Social<br>• Spiritual | |

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## PAIN MANAGEMENT STANDARDS

- Use non-pharmacological therapies when appropriate
  - Heat/cold therapy
  - Physical/occupational therapy
  - Music therapy
  - Massage
  - Spiritual/religious counseling
  - Aromatherapy
- Consider both opioids AND/OR non-opioids as options - start with minimally effective dose
- Chronic pain needs around-the-clock (ATC) dosing
- Plan/monitor for side effects and manage accordingly
- Educate both patient and caregiver on benefits and risks (side effects) of therapy
- Reassess frequently

## DRUG THERAPY SELECTION

<table>
<tr><th>Pain Type</th><th>Region</th><th>Mild (1-3)</th><th>Moderate (4-6)</th><th>Severe (7-10)</th></tr>
<tr><td rowspan="5">SOMATIC<br>&<br>VISCERAL*</td><td>LOCAL</td><td colspan="3">Topical:<br>Diclofenac</td></tr>
<tr><td rowspan="4">SYSTEMIC</td><td>Oral:<br>Acetaminophen<br>NSAIDs<br>• Aspirin<br>• Ibuprofen<br>• Naproxen<br>• Diclofenac</td><td>Oral:<br>NSAIDs<br>• Celecoxib<br>• Diclofenac<br>• Etodolac<br>• Ibuprofen<br>• Ketorolac<br>• Meloxicam<br>• Nabumetone<br>• Naproxen<br>• Piroxicam<br>Corticosteroids<br>Muscle relaxers<br>Tramadol<br>Opioids (combo)<br>Opioids (single)</td><td>Oral:<br>NSAIDs<br>• Celecoxib<br>• Etodolac<br>• Ketorolac<br>• Meloxicam<br>• Nabumetone<br>• Naproxen<br>• Piroxicam<br>Corticosteroids<br>Muscle relaxers<br>Opioids (single)</td></tr>
<tr><td colspan="2">Transdermal: Fentanyl</td></tr>
<tr><td colspan="2">Parenteral:<br>Ketorolac<br>Baclofen<br>Corticosteroids<br>Opioids (single)</td></tr>
<tr><td></td></tr>
<tr><td rowspan="2">NEUROPATHIC</td><td>LOCAL</td><td colspan="3">Topical: Lidocaine, capsaicin</td></tr>
<tr><td>SYSTEMIC</td><td colspan="3">Oral:<br>TCAs (i.e., amitriptyline) , SNRIs (i.e., duloxetine, venlafaxine), SSRIs (i.e., citalopram, paroxetine)<br>Gabapentin, pregabalin, valproic acid, carbamazepine</td></tr>
<tr><td colspan="5">*Visceral pain: Manage underlying organ-related symptoms accordingly (i.e., use nitrates for chest pain, antispasmodics (hyoscyamine, dicyclomine, octreotide) for abdominal pain, pancreatic enzymes for malabsorption, diuretics for fluid retention)<br>Corticosteroids: Dexamethasone, methylprednisolone<br>Muscle relaxers: Baclofen, chlorzoxazone, cyclobenzaprine, carisoprodol, metaxalone, methocarbamol, orphenadrine, tizanidine -<br>Combo opioids: Hydrocodone-acetaminophen, oxycodone-acetaminophen<br>Single opioids: Morphine, hydromorphone, oxycodone (oral only), methadone, oxymorphone (oral only), hydrocodone (oral only)</td></tr>
</table>

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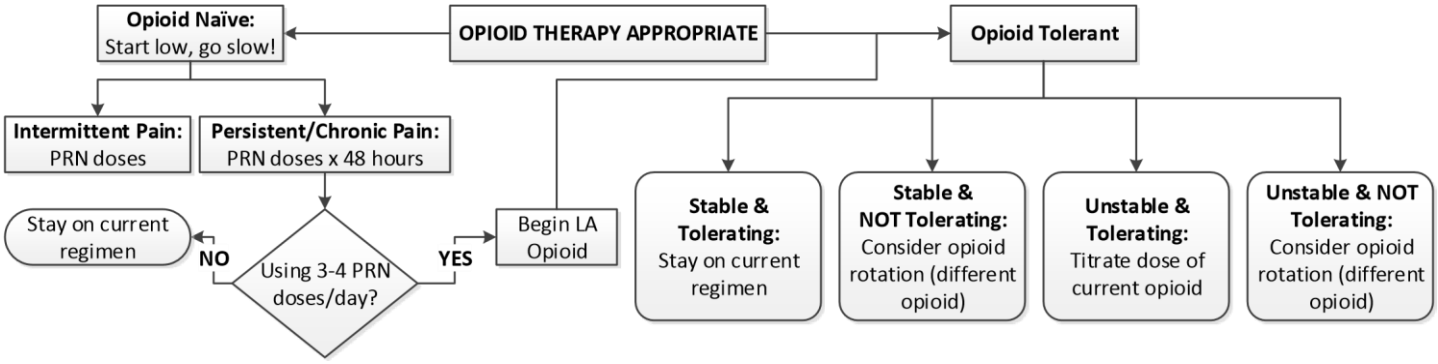
## APPROACH TO OPIOID DOSING




Long-acting (LA) opioid orders should be accompanied by breakthrough therapy

- Keep it simple and streamline to one LA/ATC and one breakthrough medication when possible
- Plan/monitor for opioid-related **side effects** and manage accordingly
    - Constipation—stimulant laxative
    - Nausea and vomiting—pre-treat if bothersome
    - Sedation, dizziness—tolerance develops with chronic use
    - Decreased respirations—tolerance develops with chronic use
    - Pruritus—antihistamines PRN
    - Dry mouth—saliva substitute PRN

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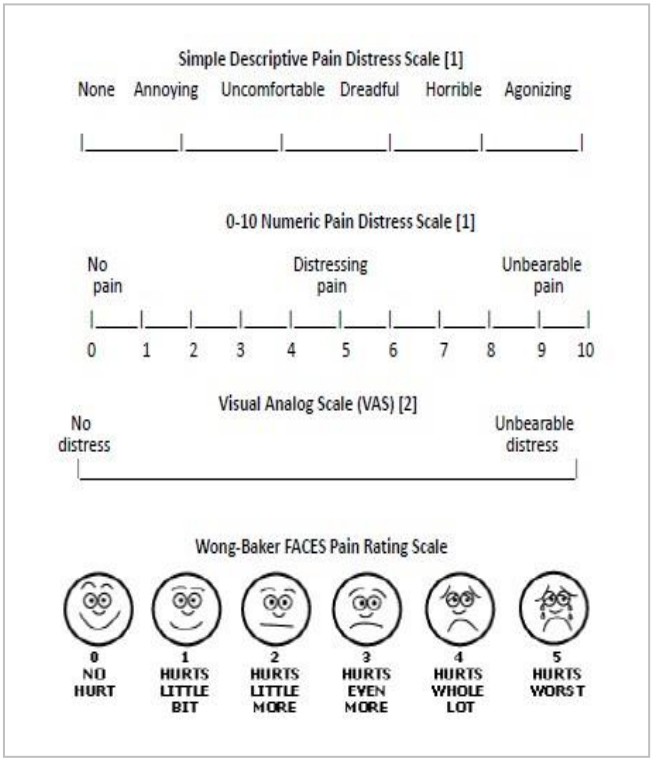
## APPENDIX A: PAIN SEVERITY ASSESSMENT TOOLS (GENERAL)




- www.hospicepatients.org/i
- www.wikidoc.org/images/0/06/

## APPENDIX B: PAIN SEVERITY ASSESSMENT TOOLS (SPECIAL POPULATIONS)

Patients at risk for poor assessment include children, elderly, cognitively impaired/unconscious, non-English speaking and those with a history of substance abuse. The assessment scale may need to be repeated more than once and patient given sufficient time for an answer. Use of the following tactics and/or scales is recommended for pain assessment:

- Scale of 0 to 5 may be easier to use than 0 to 10 scale
- Assessment by third party in nonverbal patients
- Behavioral cues such as facial expressions, muscle tension, and/or gestures
- Look at patient for over a 5-minute period for frequency, intensity and duration to properly assess
- FLACC tool for children or PAINAD for cognitively impaired:

| FLACC: Pain Assessment Tool | | | |
|---|---|---|---|
| Categories | Scoring | | |
| | 0 | 1 | 2 |
| Face | No particular expression or smile | Occasional grimace or frown, withdrawn, disinterested | Frequent to constant frown, quivering chin, clenched jaw |
| Legs | Normal position or relaxed | Uneasy, restless, tense | Kicking or legs drawn up |
| Activity | Lying quietly, normal position, moves easily | Squirming, shifting back and forth, tense | Arched, rigid, or jerking |
| Cry | No cry (awake or asleep) | Moans or whimpers; occasional complaint | Crying steadily, screams or sobs, frequent complaints |
| Consolability | Content, relaxed | Reassured by occasional touching, hugging, or being talked to; distractible | Difficult to console or comfort |

Merkel, Voepel-Lewis, Syaevitz and Malviya. The FLACC: A behavioral scale for scoring postoperative pain in young children. From Pediatric Nursing 23(3). Jannetti Publications, Inc. 1997.

| Pain Assessment in Advanced Dementia (PAINAD) Scale | | | |
|---|---|---|---|
| Items | Scoring | | |
| | 0 | 1 | 2 |
| Breathing independent of vocalization | Normal | Occasional labored breathing. Short period of hyperventilation. | Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations. |
| Negative vocalization | None | Occasional moan or groan. Low-level speech with a negative or disapproving quality. | Repeated trouble calling out. Loud moaning or groaning. Crying. |
| Facial expression | Smiling or inexpressive | Sad. Frightened. Frown. | Facial grimacing. |
| Body Language | Relaxed | Tense. Distressed pacing. Fidgeting. | Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out |
| Consolability | No need to console | Distracted or reassured by voice or touch. | Unable to console, distract or reassure. |