Pain Management
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Pain Is...

• “An unpleasant sensory and emotional experience associated with actual or potential tissue damage”

www.iasp-pain.org/terms

• “What the person says it is…”

Pasero & McCaffery, 2010
Barriers to Pain Relief

- Importance of discussing barriers
- Specific barriers
  - Professionals
  - Health care systems
  - Patients/families

Miaskowski et al, 2005; Paice, 2010; Pasero & McCaffery, 2010
Pain Assessment

- Pain history
- Pain terms
- Acute vs. chronic

Fink & Gates, 2010
Pain History

- Location
- Intensity
- Quality
- Temporal pattern
Pain History

- Aggravating/alleviating factors
- Medication history (recent and distant)
- Meaning of pain
- Cultural factors
Physical Examination

• Observation
• Palpation
• Auscultation
• Percussion
Reassess

- Changes in pain
- Assess pain relief
- Make pain visible
Patients at Risk for Undertreatment

- Children and older adults
- Non-verbal or cognitively impaired
- Patients who deny pain
- Non-English speaking
- Different cultures
- History of addictive disease
Communicating Assessment Findings

• Communication improves pain management
• Describe intensity, limitations, and response to treatments
• Documentation

Gordon et al., 2005; Pasero & McCaffery, 2010
Definitions

- Tolerance
- Physiologic dependence
- Psychological dependence
- Double effect

AAPM, APS & ASAM, 2001
Pharmacological Therapies

- Nonopioids
- Opioids
- Adjuvants

APS, 2008;
Pasero & McCaffery, 2010
Nonopioids

- Acetaminophen
- NSAIDs

Miaskowski et al., 2005; Paice, 2010;
Pasero & McCaffery, 2010
Nonopioids: NSAIDs
Adverse Effects
Opioids

- Mechanisms of action
- Adverse effects
Opioids: Adverse Effects

- Respiratory depression
- Constipation
- Sedation
- Urinary retention
- Nausea/vomiting
- Pruritus
Adjuvant Analgesics

- Antidepressants
- Anticonvulsants
- Local anesthetics
- Corticosteroids
Routes of Administration

- Oral
- Mucosal
- Rectal
- Transdermal
- Topical
Routes of Administration (cont.)

- Parenteral
  - Intravenous
  - Subcutaneous
  - Intramuscular

- Nasal
Routes of Administration (cont.)

- Spinal
  - Epidural
  - Intrathecal
Nebulized and Sublingual Opioids

• Nebulized opioids provide no advantage over other routes of administration for dyspnea or pain

• Sublingual morphine – only 18% absorbed through sublingual mucosa

• Sublingual absorption of other agents:
  – Fentanyl 51%
  – Buprenorphine 55%
  – Methadone 34%
  – Oxycodone 16%

Coyne, 2003; Dudgeon, 2010; Gordon & Weissman, 2005; Jennings et al., 2001
WHO 3 Step Analgesic Ladder
Pain Management

Step 1: Mild pain
Step 2: Moderate pain
Step 3: Severe pain
Principles: Prevent and Treat Side Effects

- Anticipate
- Prevent
- Treat
Principles: Long Acting Medications

- Sustained release medications
- Immediate release for breakthrough pain
- Distinguish types of breakthrough pain
Principles of Equianalgesia

• Determine equal doses when changing drugs or routes of administration
• Reduce by 25% when changing drugs
• Use of morphine equivalents
Principles: Use of Opioid Rotation

- Use when one opioid is ineffective even with adequate titration
- Use when adverse effects are unmanageable
Other Issues

- Polypharmacy
- Cost
- Compounding
Interventional Therapies

- Neurolytic blocks
- Neuroablative procedures
- Vertebroplasty/kyphoplasty

Furlan et al., 2001; Mathis et al., 2001; Swarm et al., 2010
Non-Pharmacologic Techniques

• Cognitive - behavioral therapies
  – Relaxation
  – Imagery
  – Distraction
  – Support groups
  – Pastoral counseling
Non-Pharmacologic Techniques (cont.)

- Physical measures (heat, cold, massage)
- Complementary therapies

Ernst, 2004; Kravitz & Berenson, 2010; Kravits & Berenson, 2010; Smith et al., 2002
Conclusion

• Pain relief is contingent on adequate assessment and use of both drug and non-drug therapies

• Pain extends beyond physical causes to other causes of suffering and existential distress

• Interdisciplinary care
Nursing Roles

- Direct clinical care
- Patient/family teaching
- Education of colleagues
- Identify system barriers
Freedom