



Basic Approach to Pain Management

Adapted from ESSENTIAL PAIN MANAGEMENT,
An educational program for health care workers
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BASIC APPROACH

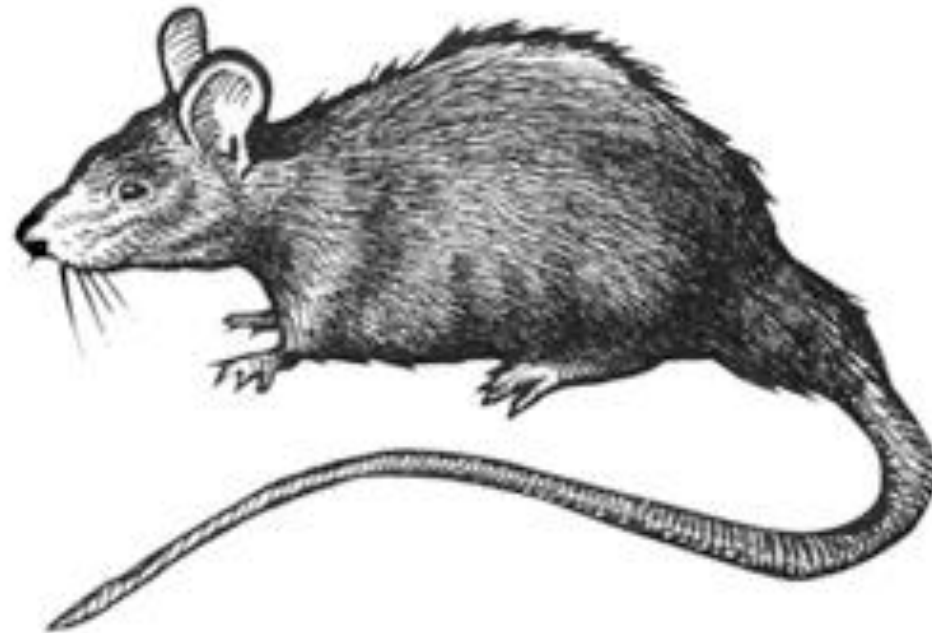
AIMS

- To give a simple framework for managing patients with pain
- To illustrate the use of this framework for different types of pain



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APPROACH TO PAIN



9.3



APPROACH TO PAIN

- **R**ecognize
- **A**ssess
- **T**reat



APPROACH TO PAIN

Recognize

- Does the patient have pain?
 - Ask
 - Look (frowning, moving easily, sweating?)
- Do other people know the patient has pain?
 - Other health workers
 - Patient's family

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APPROACH TO PAIN

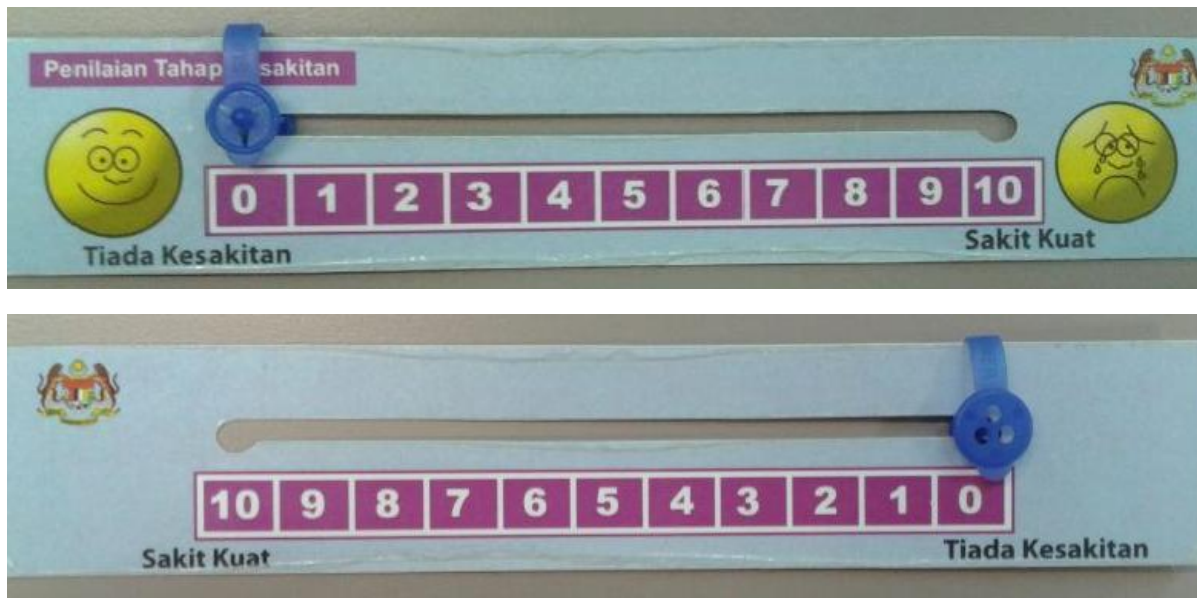
Assess

- **Measure the severity**
 - What is the pain score?
 - At rest
 - With movement
 - How is the pain affecting the patient?
 - Can the patient move, cough?
 - Can the patient work?



Combined Visual Analog Scale & Numerical Rating Scale

Adults & children >10 years

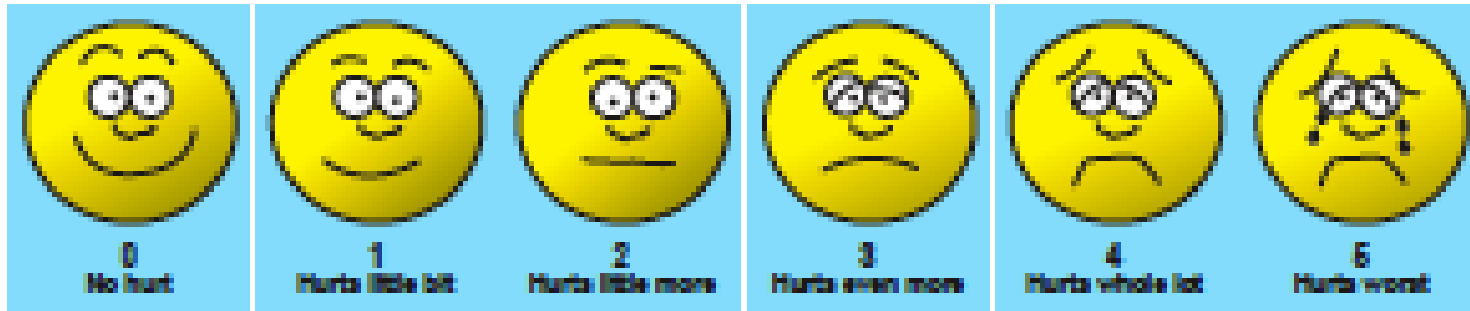


Zero = no pain

10 = worst pain imaginable

Faces Scale

Children aged 3 – 10 years



The Wong-Baker faces scale (adapted from Wong DL et al, eds, *Whaley and Wong's essentials of pediatric nursing* 5th ed. St Louis, MO: Mosby, 2001)

Patient is asked to choose a face which best describes his/her pain.
The number on the face chosen is multiplied by two to give a score from zero to 10.

Approach to Pain

Assess

- **Make a pain diagnosis!**
 - Acute or chronic?
 - Cancer or non-cancer?
 - Nociceptive or neuropathic?
 - Look for neuropathic features:
 - Burning or shooting pain
 - Phantom limb pain
 - Other features (pins and needles, numbness)



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Approach to Pain

Assess

- Are there other factors?
 - Physical factors (other illnesses)
 - Psychological and social factors
 - Anger, anxiety, depression
 - Lack of social support



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APPROACH TO PAIN

Treat

- **Non-Drug Treatments**
 - RICE
 - Rest, ice, compression, elevation of injuries
 - Nursing care
 - Surgery, acupuncture, massage etc
 - Psychological
 - Explanation and reassurance
 - Input from social worker / pastor



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APPROACH TO PAIN

Treat

- Drug Treatments – Nociceptive Pain
 - Mild
 - Paracetamol (\pm NSAID)
 - Moderate
 - Paracetamol (\pm NSAID) + tramadol
 - Severe
 - Paracetamol (\pm NSAID) + morphine



APPROACH TO PAIN

Treat

- **Drug Treatments – Neuropathic Pain**
 - Traditional drugs may not be as useful
 - Use other drugs (anti-neuropathic agents) early
 - Amitriptyline
 - Carbamazepine
 - Gabapentin
 - Don't forget non-drug treatments



Approach to Pain

Example A

- En Ismail is a 32-year-old man who caught his right hand in a piece of machinery at work and now has a large open wound with several broken bones.
- *How would you manage his pain?*



Approach to Pain

Example A: En Ismail

32-year-old man, large open wound with several broken bones.

- **R** = Pain easily recognised
- **A** = Moderate to severe, acute non-cancer nociceptive pain - due to injury
- **T** = Non drug: Immobilisation/splint

Drug: Regular analgesics; Morphine if severe pain



Approach to Pain

Example B

- Miss Ong is a 24-year-old woman who has a two year history of severe headache. She has seen many doctors. At a private hospital 6 months ago she had MRI done and was told that there was “nothing wrong inside her head” and she was going to have to live with the pain.
- *How would you manage her pain?*



Approach to Pain

Example B: Miss Ong

24-year-old woman who has a two year history of severe headache.

R = may not be so easy to recognise pain in this patient. Must believe the patient's report of pain

A = Moderate to severe, chronic (non-cancer) pain, nociceptive and/or neuropathic mechanism

Other factors – important and need exploration e.g. anxiety, anger, fear of the future, problems at work etc.

T = Non-drug treatments are important – relaxation, exercise, explanation about chronic pain (the pain is real, but there is no dangerous cause for it)

Drug treatments

- Regular simple analgesics (paracetamol) may help (but most patients will say “it does not work”)
- Opioids (tramadol, morphine) not helpful
- Amitriptyline / Gabapentin may be helpful



Approach to Pain

Example C

- Maria is a 12-year-old girl with burns to her chest and abdomen. She comes to the Klinik Kesihatan for dressing change every 2-3 days.
- *How would you manage her pain?*



Approach to Pain

Example C: Maria

12-year-old girl with burns to her chest and abdomen. She comes to KK for dressing changes every 2-3 days.

R = may only have pain during dressings, not between dressings

A = Moderate to severe, acute (non-cancer) pain, nociceptive

- Fear and anxiety about dressing changes

T = Reassurance and other non-drug treatments are important

- Oral morphine is the best drug treatment for pain during dressing (problem with access to morphine in KK)
- Regular paracetamol and NSAIDs if there is pain between dressing changes



Approach to Pain : SUMMARY

- Recognize
- Assess
 - Measure severity
 - Make a pain diagnosis
 - Consider other factors
- Treat
 - Non-drug treatments
 - Drug treatments

