



# **ESSENTIAL PAIN MANAGEMENT THE R.A.T APPROACH**



**PAIN FREE PROGRAMME | KEMENTERIAN KESIHATAN MALAYSIA | UNIT AUDIT KLINIKAL**

# ESSENTIAL PAIN MANAGEMENT (EPM)

An educational programme for health care workers

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Aims of EPM:

1. To improve pain knowledge
2. To teach a simple framework for managing pain
3. To address pain management barriers



Ref: EPM lite manual, Faculty of pain medicine, ANZCA 2014

# OBJECTIVES

1

To give a simple framework for managing patients with pain

2

To illustrate the use of this framework for different types of pain

# BASIC APPROACH TO PAIN MANAGEMENT





# THE R.A.T APPROACH

- Recognize
- Assess
- Treat



# RECOGNIZE



**International Association for the Study of Pain (IASP) defines pain :**  
**An unpleasant sensory and emotional experience associated with, or resembling actual or potential tissue damage.**

Revised definition 2020

# RECOGNIZE PAIN

- ❑ **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, caregivers**



# ASSESS





# ASSESS PAIN

- What **type** of pain is this?
  - Acute or Chronic
  - Cancer or Non-cancer
  - Nociceptive, Neuropathic or mixed
- What is the **severity** of pain?
- What is the pain score?
  - At rest
  - With movement



# ASSESS PAIN

- How is the pain **affecting** the patients?
  - Can the patient move, cough?
  - Can the patient work?
- Are there **other factors**?
  - Physical factors (other illnesses)
  - Psychological and social factors
    - Anger, anxiety, depression
    - Lack of social supports



# ASSESS PAIN

**To treat pain better, we need to think about :**

- **The cause and type of pain**
- **Injuries causing the pain**
- **Best treatment for the pain, pharmacological and non pharmacological**



# ASSESS PAIN HISTORY

**P** : Place or site of pain

- Where does it hurt?  
(a body chart might help describe their pain)

**A**: Aggravating factors

- “What makes the pain worse?”

**I**: Intensity (Severity)

- “How bad is the pain?”

**N** : “ Nature & neutralising factors

- “What does it feel like”
- “What makes the pain better?”



# CLASSIFICATION OF PAIN

<b>Acute</b>	Pain of recent/ sudden onset (e.g.pain after surgery)
<b>Chronic</b>	Last more than 3 months Pain persist even after wound is healed
<b>Cancer</b>	Progressive, many different causes May be a mixture of acute and chronic
<b>Non cancer</b>	Acute or chronic pain (e.g. surgery, injury, degenerative) The cause may or may not be obvious
<b>Nociceptive “Physiological Pain”</b>	Obvious tissue injury or illness Somatic : bones and tissues, well localized Visceral : abdomen, thoracic cavity Sharp, throbbing, aching
<b>Neuropathic “Pathological pain”</b>	Nervous system damaged or abnormality May not see tissue injury, not well localized Burning, tingling, pins and needles, shooting



Type of Pain	Somatic	Visceral	Neuropathic
<b>Patho-physiology</b>	Damage to skin and connective tissues by cancer or other injury causing inflammatory process	Distension or stretching of internal organs from cancer infiltration or obstruction	Damage to sensory nerves due to injury or infiltration from cancer leading to abnormal signalling
<b>Clinical Description</b>	<ul style="list-style-type: none"> <li>• Sharp, stabbing, aching, throbbing</li> <li>• Well Localised</li> <li>• Worse on movement</li> </ul>	<ul style="list-style-type: none"> <li>• Dull aching, colicky, gnawing, cramping</li> <li>• Poorly localised</li> <li>• May be referred to other somatic site</li> </ul>	<ul style="list-style-type: none"> <li>• Numb, burning, electric shock, pins and needles, shooting, pricking</li> <li>• Dermatomal distribution</li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>• Musculoskeletal pain</li> <li>• Inflammatory diseases</li> <li>• Trauma / fractures</li> <li>• Surgical wounds</li> <li>• Malignant ulcers</li> </ul>	<ul style="list-style-type: none"> <li>• Ureteric colic</li> <li>• Dysmennorrhoea</li> <li>• Bowel obstruction</li> <li>• Liver metastasis</li> </ul>	<ul style="list-style-type: none"> <li>• Trigeminal neuralgia</li> <li>• Painful DM neuropathy</li> <li>• Brachial plexopathy</li> <li>• Sciatica</li> </ul>
<b>Treatment approach</b>	<ul style="list-style-type: none"> <li>• NSAID / COX 2 if mild to moderate</li> <li>• Opioid if severe</li> </ul>	Good response to opioids	Partial response to opioid Need adjuvant analgesics

# PAIN ASSESSMENT TOOLS

**Combined Visual Analog Scale &  
Numerical Rating Scale**  
- Adults & Children > 7 years



MOH PAIN SCALE

## SELF REPORT TOOL

### GOLD STANDARD

On a scale of 0-10  
(show the pain scale).

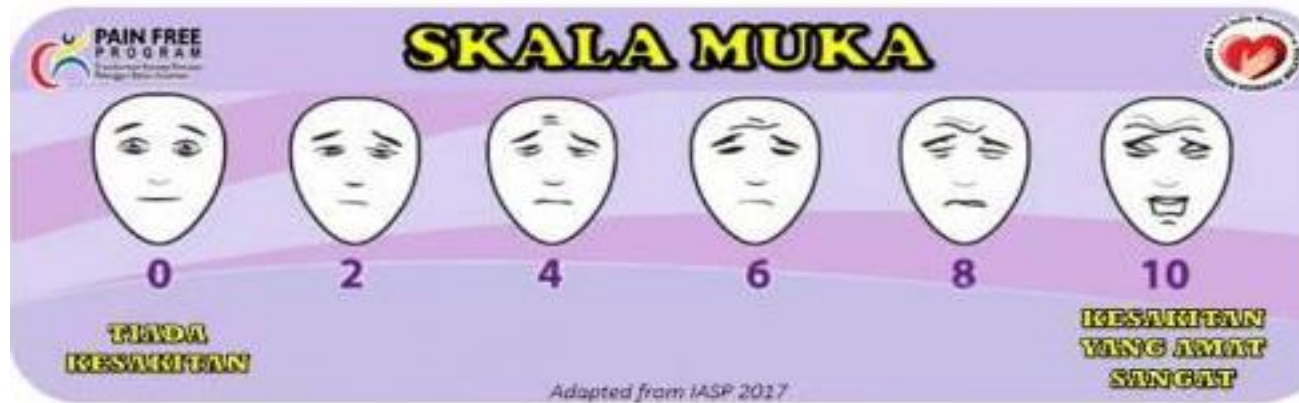
0 = no pain

10 = worst pain you can  
imagine.

What is your pain score?

# PAIN ASSESSMENT TOOLS

## IASP Face Scale -Children 4-7 years



MOH PAIN SCALE

### SELF REPORT TOOL

Ask the child to point to the face that show how much she/he hurt

Score the chosen face 0,2,4,6,8 or 10 counting left to right.

Do not use words like “happy’ and “sad”

# PAIN ASSESSMENT TOOLS

Category	Scoring		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant 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 sleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractable	Difficult to console

## OBSERVATIONAL AND BEHAVIOURAL TOOL

### FLACC Scale

Children 1 month - 4 years  
and  
Adult with impaired  
cognitive function

Observe for 2-5 minutes  
Total score of 10



# TREAT



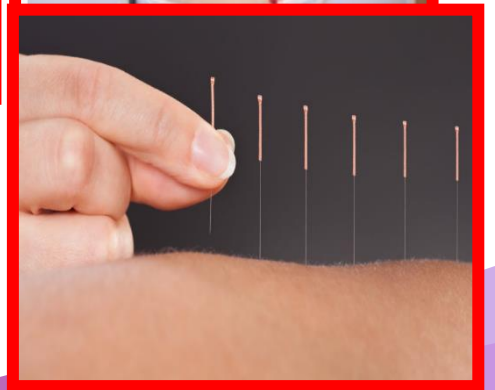
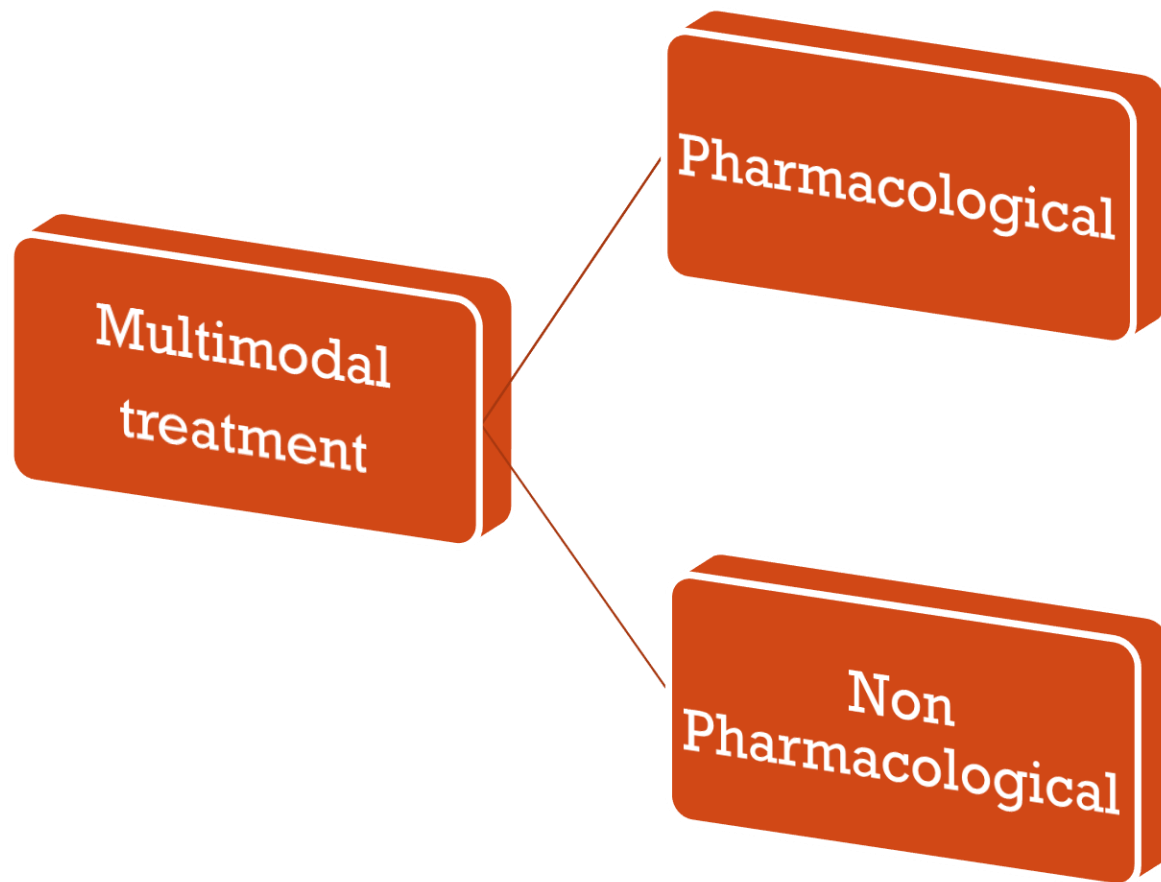


# TREAT THE UNDERLYING CAUSE

- **Acute coronary syndrome**
- **Acute inflammatory process**  
eg : gout, arthritis, gastritis
- **Acute infection**  
eg: UTI, pneumonia, cellulitis
- **Acute trauma eg: fracture, soft tissue injury**



# TREAT PAIN



# THE IMPORTANCE OF MULTIMODAL THERAPY IN ACUTE PAIN

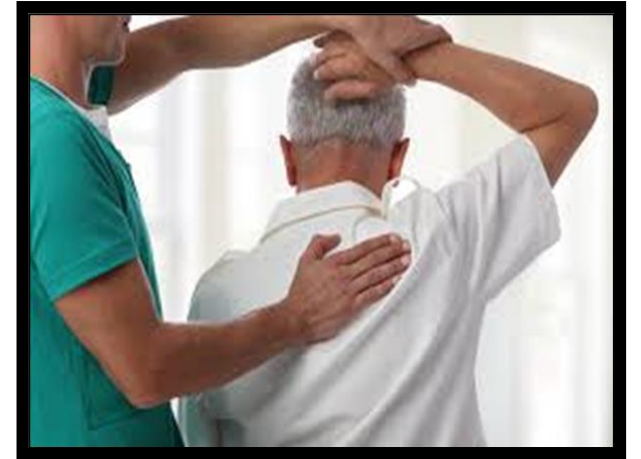
- Always consider non pharmacological interventions in combinations with pharmacological therapy
- Use combinations of paracetamol +/- NSAIDS or COX-2 inhibitors with opioids
- Offer neuraxial, thoracic or trunk blocks for major thoracic and abdominal surgery
- Consider surgical site-specific peripheral regional anaesthetic techniques where possible

**REDUCE THE NEED FOR STRONG OPIOID  
ANALGESIC WHERE POSSIBLE**

# NON PHARMACOLOGICAL TREATMENT

## Physical

- PRICE (Protection, Rest, Ice, Compression, Elevation)
- Nursing care
- Physiotherapy, Occupational therapy
- Surgery, Acupuncture, Massage, TENS



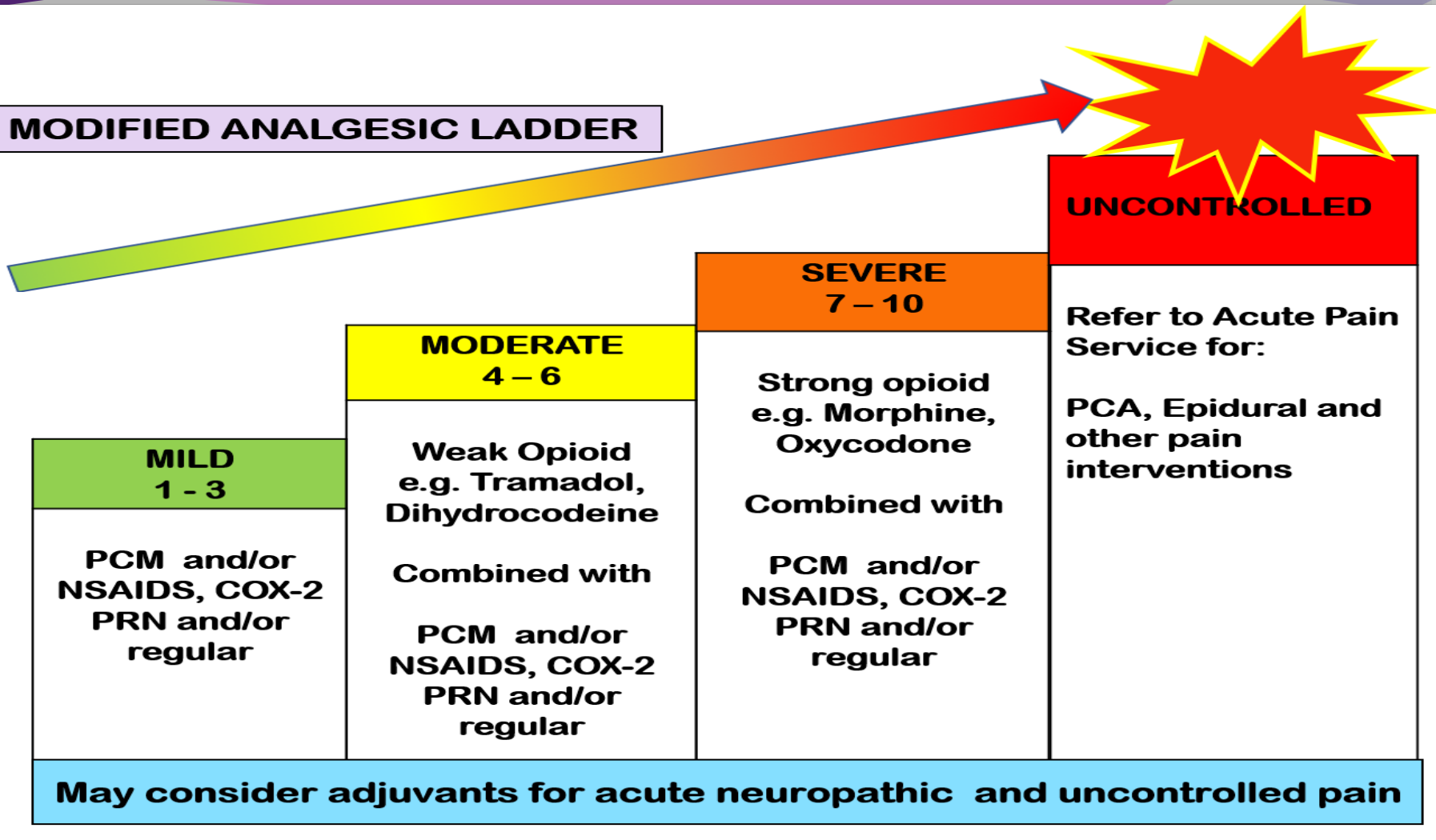
## Psychological / Social

- Reassurance
- Explanation
- Counselling
- Social worker input



# PHARMACOLOGICAL TREATMENT

## MODIFIED ANALGESIC LADDER





# CASE DISCUSSION 1

- Mr. A is 35 years old man, alleged MVA and sustained Right femur fracture, associated with multiple abrasion wounds
- How would you manage his pain using RAT approach?



# CASE DISCUSSION 1

Mr. A is 35 years old man, alleged MVA and sustained Right femur fracture,  
associated with multiple abrasion wounds, Pain score is 7

**R** : Pain easily recognized

**A** : Moderate to severe pain, acute non cancer, nociceptive pain tissue and bone injury

**T** : Non Pharmacological (PRICE)

Pharmacological : Morphine protocol (Pain score > 6)

: Analgesic ladder

: Regular analgesics , reassess and re evaluate



## CASE DISCUSSION 2

- Madam B, 55 year old lady, has been diagnosed with cervical cancer since 3 years ago. She has been having intermittent unbearable lower abdominal and back pain since 1 year ago, associated with shooting pain over both lower limbs for the past 1 month.
- How would you manage her pain using RAT approach?



## CASE DISCUSSION 2

- Madam B, 55 year old lady, has been diagnosed with cervical cancer since 3 years ago. She has been having intermittent unbearable lower abdominal and back pain since 1 year ago, associated with shooting pain over both lower limbs for the past 1 month

**R** = pain may not easy to recognise

**A** = assess severity of pain, chronic cancer pain, visceral and acute neuropathic

**T** = Non pharmacological : Reassurance, explanation, counselling  
Pharmacological : Analgesic ladder (e.g.: Opioids,  
Antineuropathic)  
: Regular analgesics

## CASE DISCUSSION 3

- Miss C, 10 year old girl, sustained burn injury on her chest and anterior abdominal wall, she needs change of dressing every 2 -3 days
- How would you manage her pain using RAT approach?



# CASE DISCUSSION 3

- Miss C, 10 year old girl, sustained burn injury on her chest and anterior abdominal wall, she needs change of dressing every 2 -3 days
- a** = Anticipate pain and to give pre-emptive analgesia
- R** = Maybe in pain between dressing and during dressing
- A** = Moderate to severe, acute nociceptive, Fear and anxiety about dressing changes
- T** = Non Pharmacological : reassurance, distraction
- Pharmacological :IV/ Subcutaneous/ Oral opioids before dressing
- :Regular analgesics to address pain in between dressing

## CASE DISCUSSION 4

- Mr X, 40 year old male, presented with 2 day history of abdominal pain associated with fever and diarrhoea. Pain started around the umbilical area and radiated to the right iliac fossa region, and he looked distressed.
- What is your diagnosis and how would you manage his pain using RAT approach?

# CASE DISCUSSION 4

- Mr X, 40 year old male, RIF abdominal pain for 2 days, associated with fever & diarrhoea. A diagnosis of acute appendicitis was made

**R** = Easy to recognize, looked distressed

**A** = Assess the pain, which is acute nociceptive visceral pain.

Examine the abdomen and look for signs of an acute abdomen

**T** = Non Pharmacological : warm packs, posture (lying down with flexed lower limbs)

Pharmacological :Paracetamol (oral/ intravenous)(After diagnosis is made)

:NSAIDs/ COX-2 inhibitors

:Opioids (Fentanyl/ Morphine)

# SUMMARY



- Recognize
- Assess
  - Measure severity
  - Make a pain diagnosis
  - Consider other factors
- Treat
  - Non Pharmacological
  - Pharmacological







# THANK YOU



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