VAPHS

VA PITTSBURGH HEALTHCARE SYSTEM

Managing Pain

A Patient/Family Guide to Pain Control Options

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PAIN RESOURCE NURSE

PAIN

VA PITTSBURGH HEALTHCARE SYSTEM

Purpose of this patient/family guide is to:

- Enable you to talk with your provider about what pain control choices are available. The choices will be based on your needs.
- Enable you, when possible, to participate in choosing the method of pain control that is best for you.
- Help you understand the benefits of adequate pain control
- Help you be aware of the many types and forms of pain control
- Help you "measure" your pain
- Help you understand the risks and benefits of the different pain relief methods
- Help you take an active role in your care

What is pain?

Pain is an unpleasant sensation that can warn you that injury is near. Touching a hot object will cause you to quickly pull your hand away. Pain also occurs after there is tissue damage, like an ankle sprain. In this case, pain prompts you to see a health care provider. Pain can be unexpected, as will happen with stepping on a nail. Pain can also be expected after having an operation.

- Acute Pain- occurs suddenly and does not last for a long time. Examples include: sprains, fractures, and sometimes cancer pain.
- Chronic Pain- develops slowly and can last a long time. Examples include: arthritis, neuropathy, and cancer pain. Chronic pain continues after tissue or nerve damage has occurred and serves no useful purpose.

What can be done about pain

One of the most common methods to decrease pain is medication. Pain medicine blocks or decreases the number of nerve signals that are sent to your brain. Fewer signals will reduce pain to a manageable or acceptable level. Our goal is that you will have the least pain possible. Doctors and nurses will ask you about your pain and if the medicine is helping. They want you to be comfortable. They also want to know if something is wrong. Always tell your doctors and nurses ifyou are having pain.

Describing your pain

Many patients say this is one of the hardest things to do: "It just hurts!" Unfortunately, this tells us very little about your pain. We can't tell if the pain is better or worse or how much it hurts. No one can describe the pain better than you, so we need your help.

How can I describe the pain?

The "What – Where – When – How Method" will help you talk about your pain. Answers to the next four questions will help us, help you. Choose a word listed or pick one of your own.

WHAT does the pain feel like?

ache sharp sore dull burning shooting

WHERE is the pain?

leg arm chest neck incision shoulder

WHEN does it hurt?

all the time when I cough at night when I sit up

HOW badly does it hurt?

This is the most important information you can give to us. The two scales below will help you rate your pain.

If you have pain, there are two questions we want you to think about:

- How badly does it hurt now? Example: 6
- What number would your pain need to be, to be at a manageable (acceptable) level? Example: 4

This last question will help us work toward the number where your pain is managed or at a tolerable level.

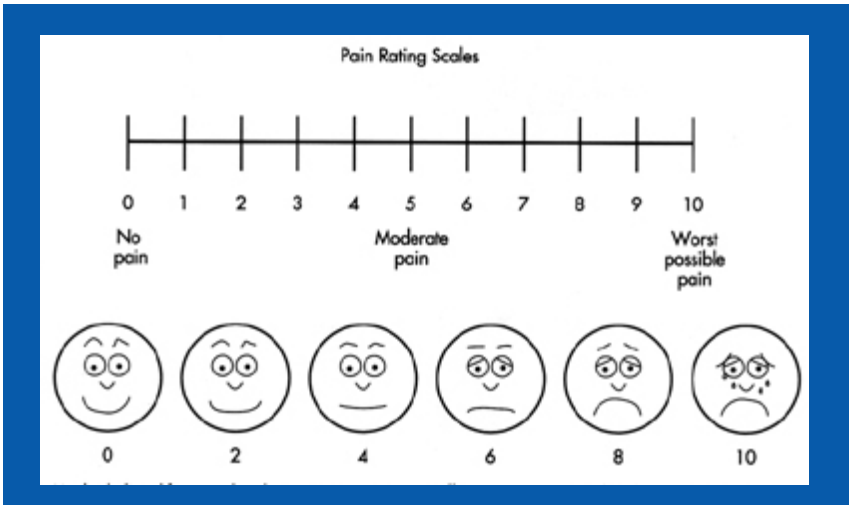
Choose the number between 0 and 10 or the face that best describes how bad (or good) your pain level is.

Benefits of pain control – what you can expect.

Good pain control will bring your pain to a tolerable or acceptable level and allow you to:

- Cough and deep breathe – to avoid lung problems like pneumonia
- Become more active
- Get out of bed, then walk – this will help your circulation and breathing
- Be more comfortable while you are performing your daily activities
- Get a good night's sleep
- Get involved with physical therapy

And most importantly-- if you are a patient in the hospital: good pain control will help you get your strength back, so you can go home sooner!



Pain Medicine: What are the choices?

Pain Medicine without Opioids

Examples: Tylenol, Motrin, Toradol, anesthetics
Type of pain: mild to moderate

Advantages:
- avoids side effects like drowsiness, and constipation that can occur with medicines containing opioids.

Disadvantages:
- Motrin and Toradol (the "shot" form of a Motrin-type drug) can-
  - Slow the healing process
  - May cause an upset stomach
  - May cause bleeding or kidney problems in rare cases
  - Only be given for short periods (Toradol).
- Tylenol can prevent you from running a fever, if there is an infection.
- Local anesthetics (Novacaine – like drugs) may cause weakness, dizziness, and a lower blood pressure.

If your pain is not managed with Tylenol or Motrin, a stronger pain medication may be ordered. In the past, this stronger medication was referred to as a "narcotic". This term is no longer used because it is not accurate. A narcotic is a drug that can cause sleep, stupor, or coma. Benadryl would be considered a narcotic by this definition! An opioid is a drug that provides pain relief without causing sleep or loss of consciousness.

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Pain Medicine with Opioids

Examples: Percocet, Morphine
Type of pain: moderate to severe

Advantages of opioids
- opioids provide excellent pain relief. There is little chance of addiction when used for pain control.

Disadvantages:
These drugs can cause an upset stomach, confusion, drowsiness, and constipation. They may also interfere with urination and how fast you breathe. Since everyone's pain is different, there is not one medicine that will work the same for everyone. Your provider will choose the type and amount of opioid that is safe for you.

Methods (ways) used to give pain relief medicines.

Tablet or liquid

- Advantages: This method is preferred. It is the easiest way to take pain medicine. This method is also the least expensive way to manage pain.
- Disadvantages: This method can not be used if nothing can be taken by mouth or if you are sick to your stomach. Tablets and liquids take longer to work than other methods. If you wait too long to ask for or receive medicine, the pain medicine will not work as well.

Patches*: Fentanyl, Lidoderm (lidocaine)

- Advantages: convenient, steady level of medication in your system, may be used if you have nausea or difficulty swallowing.
- Disadvantages: itching, skin irritation; and see disadvantages under " opioids" for fentanyl, see disadvantages under "local anesthetics" for Lidoderm.

*If a patch is prescribed for you, a nurse will explain how and where to apply this medication.

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Cream/Topical Agents**: Capsaicin, Analgesic Balm

- Advantages: applied directly to the affected site, useful for joint pain and some types of nerve pain
- Disadvantage: skin irritation

**If creams or other topical agents are prescribed, a nurse will explain how and where to apply this medication.

In some cases, tablets, patches, and creams may not be very effective. In this case, and if you are admitted to the hospital- other methods may be used.

Injection into the muscle

- Advantage: This method can be used if you can not take medicine by mouth or are sick to your stomach.
- Disadvantages: There may be some soreness for a short time where the medicine is injected. There will be a delay between when the shot is given, and when it begins to work. If you wait too long to ask for or receive medicine, it will not work as well.

Injections into the muscle are not used as often as in the past. Now there are more effective and reliable methods to control your pain.

Injection into a vein (Intravenous or IV)

- Advantages: This method can also be used if you are unable to take medicine by mouth. This works faster than tablets, liquids, or an injection into a muscle.
- When an Intravenous Patient Controlled Analgesia (PCA) is ordered, you do not have to ask for pain medicine. By pushing a button connected to the pump, the medicine will be delivered into a vein. The doctor will choose the drug, dose, and set certain limits. Then you will be able to control when and how often (within limits) the medication is given. You may find that you need less pain medicine than someone who is not using a PCA pump.
- Disadvantages: A small tube (IV) must be inserted into your vein. If PCA is ordered, you will need instructions on how and when to use the machine.

Other important information about IV-PCA

No one other than you should press the push button control.

If others press the button, this defeats the built-in safety mechanism of IV-PCA: if the amount of pain medicine starts to build-up, you may become drowsy and not be able to press the button yourself. This allows the amount of pain medicine in the body to fall to a safer level. **Never let anyone press the button for you!**

So far, we have talked about:

- pain
- how to describe and rate pain
- different medicines and methods to manage pain

But, are there other ways to manage pain?

Yes! These methods work the best, when used along with pain medicine. They can cut down on the amount of pain medicine you will need. They include:

Slow, deep breathing for relaxation.

1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax; feel the tension leaving your body.
3. Now breathe in and out slowly and regularly, at whatever rate is comfortable for you...
4. To help you focus on your breathing and breathe slowly and rhythmically: breathe in as you say silently to yourself, "in, two, three." Breathe out as you say silently to yourself, "out, two, three" **or** each time you breathe out, say silently to yourself a word, such as "peace" or "relax."
5. You may imagine that you are doing this in a place that is very calming and relaxing for you, such as lying in the sun at the beach.
6. Do steps 1 through 4 only once or repeat steps 3 and 4 for up to 20 minutes.
7. End with a slow deep breath. As you breathe out say to yourself "I feel alert and relaxed" (McCaffery, 1999, p.420).

Additional points: If you intend to do this for more than a few seconds, try to get in a comfortable position in a quiet place. You may close your eyes or focus on an object. This breathing may be used for only a few seconds or for up to 20 minutes.

Position change. Sometimes just turning on your side or elevating the head of the bed can lessen the pain.

Hug a pillow. Gently place a pillow over your belly. When it's time to cough or turn or sit up, press in on the pillow. This will give you extra support, so movement will not be as uncomfortable.

Muscle massage. Ask a family member to rub your back. This will help your muscles, and you, to relax.

Physical therapy. If physical therapy is prescribed by your provider; this can help improve your function so that it is easier to move, be more flexible, and can improve your endurance with daily activities.

Heat or cold therapy. Ask your provider whether applying hot packs/pads or cold packs would be helpful in decreasing your pain.

Distracting activities. Watching a movie or television show, participating with others in playing a board game or cards, or listening to music will also help distract you from pain.

Talking. Sometimes just talking about the way you feel, will help you relax. Talking or thinking about other things will also help to distract you from pain.

The last "method" is probably the most important way that we can work together to manage your pain.

Knowledge – ASK QUESTIONS!

Not knowing or understanding can make the pain worse. Feeling anxious adds to pain. Not knowing can make you tense and fearful about, for example, "just" moving.

- **Your provider** will help by explaining any operation or procedure and what to expect afterwards.
- **Your nurses** will help by explaining what has been prescribed, how often it may be given, and other activities that will help speed your recovery
- **This booklet** was intended to help you, by listing the many types and ways to manage pain. It may also prompt you to talk about any pain that you may have.

If we still haven't given you answers, ask questions!

Don't waste your energy worrying about what you are not sure of. Let us explain it for you. Then you can use that extra energy to take an active role in your care. If you are an inpatient, your providers and nurses will work with you to get you home as soon as possible. After all, there is no place like home! If you are an outpatient with pain, our staff will work with you to achieve an acceptable level of pain.

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Author's Notes: All references reviewed July 2013 by ML Bossio and MP Mangione (authors). References found to be still relevant.

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