Pain Management

1. Jameson Health System is committed to maintaining a patient’s pain level at less than a “4” when possible or maintaining the pain level at the patient’s established comfort goal. Keeping the patient as comfortable as possible is the true goal of pain management.

2. The patient knows better than anyone else what his or her pain feels like. It is important to treat pain based on what the patient says, not one’s own opinion. The most reliable indicator of pain is the patient’s self report.

3. Age has nothing to do with the level of pain a person feels.

4. Some people cope with pain by staying calm and quiet.

5. Many people in pain are unwilling to admit it because of cultural, social, and personal reasons.

6. **Physical dependence** means the body has learned to tolerate a certain drug; and must adjust when the drug is no longer needed to relieve pain.

7. **Addiction** is a psychological need for a drug that leads to physical, emotional, and social harm. When properly monitored and balanced, pain medications may be safely taken on a long-term basis.

8. Pain negatively affects patients both physically and mentally. Untreated pain can lead to: poor wound healing, weakness, muscle breakdown, decreased physical movement, sodium and water retention, elevated blood pressure and heart rate, anxiety, depression, decreased immune response. (www.medscape.com)
Pain Management

Older Adults:

- Often have chronic and acute pain at the same time
- May use words such as ache or sore instead of pain
- Feel pain just as intensely as younger adults
- Are more likely not to ask for additional or stronger medication

Cognitively impaired patients:

- Assess the need to treat pain that is typically experienced by patients undergoing a certain procedure
- Consult the physician regarding an around-the-clock analgesic regimen.
- Observe the patient for: facial expressions, unusual movements such as guarding or bracing, change in behavior
- Listen for vocalizations such as sighing, moaning, groaning
- Use the FLACC SCALE

Children:

- Children exhibit and cope with pain differently than adults. They may be less verbal or may exhibit a wide range of responses
- To determine an infant’s level of pain, staff must rely on diagnosis, the infant’s response to routine comfort measures, assessment of facial expressions, body movements, crying, groaning, or changes in vital signs.
- Use the UWCH Pain scale or the Wong-Baker scale according to age
0 – 10 Numeric Rating Scale

Indications: Adults and children (greater than 9 years old) in all patient care settings who are able to use numbers to rate the intensity of their pain

Wong–Baker Faces Pain Rating Scale

Indications: For children 3 – 12 and adults who are unable to verbalize self report.
### UWCH Pain Scale for Preverbal and Nonverbal Children

<table>
<thead>
<tr>
<th>Vocal/Cry</th>
<th>0</th>
<th>2 – 4</th>
<th>6 – 8</th>
<th>Consistent cry that increases in volume and duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>No cry</td>
<td>Occasional whimpering</td>
<td>Moaning, gentle cry or whimpering</td>
<td>Marked distress. Brow bulge, eyes squeezed shut, open mouth, taut tongue, deepening of nasolabial furrow</td>
<td></td>
</tr>
<tr>
<td>Facial</td>
<td>Neutral expression, frowning, occasional grimace</td>
<td>Occasional tense expression, slightly negative expression (e.g. grimace) brow bulge, shallow nasolabial furrow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td>Neutral, moves easily, interacts with people or environment, strong rhythmic suck on pacifier</td>
<td>Easy to console with holding, position change, or sucking; winces when touched/moved</td>
<td>Consoles with moderate difficulty; sucks for very short periods, followed by crying; cries out when moved/touched</td>
<td>Inconsolable; absent or disorganized sucking; high pitched cry or scream when touched or moved</td>
</tr>
<tr>
<td>Body Movement/Posture</td>
<td>Normal motor activity, baseline muscle tone</td>
<td>Fidgeting, mild hypertonicity above baseline</td>
<td>Moderate agitation or moderate immobility, intermittent flexion; moderate hyper-tonicity above baseline</td>
<td>Thrashing, flailing, incessant agitation or strong voluntary immobility; pronounced flexion; strong hypertonicity above baseline</td>
</tr>
<tr>
<td>Sleep</td>
<td>Sleeping quietly with easy respiration; normal sleep/rest</td>
<td>Restless while asleep</td>
<td>Sleep periods shorter than normal, awakes easily, sleeps intermittently</td>
<td>Unable to sleep or sleeping for prolonged periods of time interrupted by jerky movements</td>
</tr>
</tbody>
</table>

### Cultural Considerations:
Cultures vary in when to recognize pain, what words to use in expressing pain, when to seek treatment, and what treatments are desired. Explore generic beliefs about pain/discomfort with the client. *(Clinical Nursing Skills & Techniques, Perry and Potter, Mosby 6th Ed. Page 132, 2006)*

Revised 12/06; 11/07
### FLACC SCALE

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Face</strong></td>
<td><em>No particular expression or smile</em></td>
<td><em>Occasional grimace or frown, withdrawn, disinterested.</em></td>
<td><em>Frequent to constant frown, clenched jaw, quivering chin.</em></td>
</tr>
<tr>
<td><strong>Legs</strong></td>
<td><em>Normal position or relaxed</em></td>
<td><em>Uneasy, restless, tense</em></td>
<td><em>Kicking, or legs drawn up</em></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td><em>Lying quietly, normal position, moves easily</em></td>
<td><em>Squirming, shifting back and forth, tense</em></td>
<td><em>Arched, rigid or jerking</em></td>
</tr>
<tr>
<td><strong>Cry</strong></td>
<td><em>No cry (awake or asleep)</em></td>
<td><em>Moans or whimpers, occasional complaint</em></td>
<td><em>Crying steadily, screams or sobs, frequent complaints</em></td>
</tr>
<tr>
<td><strong>Consolability</strong></td>
<td><em>Content or relaxed</em></td>
<td><em>Reassured by occasional touching, hugging, or “talking to”. Distractible.</em></td>
<td><em>Difficult to console or comfort</em></td>
</tr>
</tbody>
</table>

**Overall Rating (0 – 10)**

**Indications:** (For patients who are unable to communicate)
Cultural Aspects of Pain Management

Culture is the framework that directs human behavior in a given situation. The meaning and expression of pain are influenced by people’s cultural background. Pain is not just a physiologic response to tissue damage, but also includes emotional and behavioral responses based on a person’s past experiences and perceptions of pain. Not everyone in every culture conforms to a set of expected behaviors or beliefs; so cultural stereotyping (assuming a person will be stoic or very expressive about pain) can lead to inadequate assessment and treatment of pain. Many studies have shown that patients from minority groups and cultures different from that of health care professionals treating them receive inadequate pain management.

Health care professionals need to be aware of their own values and perceptions, as they affect how they evaluate the patient’s response to pain and ultimately how pain is treated. Even subtle cultural and individual differences, particularly in nonverbal, spoken, and written language between health care providers and patients will impact care.

To be culturally competent, you must:
- Be aware of your own cultural and family values
- Be aware of your personal biases and assumptions about people with different values than yours
- Be aware and accept cultural differences between yourself and individual patients
- Understand the dynamics of the difference
- Adapt to, and respect, diversity

You must listen with empathy to the patient’s perception of their pain, explain your perception of the pain, acknowledge the differences and similarities in perceptions, recommend treatment, and negotiate agreement.

Questions that staff can use to help assess cultural differences in order to better assess and work out an appropriate pain management plan with a patient and family include:

- What do you call your pain?
- What do you think caused your pain?
- Why do you think it started when it did?
- How severe is your pain?

http://www.cityofhope.org/prc.pdf/Cultural

Close this window to take the test