

Measurement and Management of Chronic Pain

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Nothing to Disclose

Objectives:

- Use valid pain assessment and screening tools that are appropriate to the needs of the individual patient and their community
- Provide patients and family members with evidenced-based information about chronic pain management
- Demonstrate effective collaboration with the inter-professional team

Barriers to Pain Management

Patient Barriers

- Reluctance to report pain to physicians
- Reluctance to take pain medications
- Lack of education regarding available pain therapies
- Compromised cognitive function secondary to certain pain medications
- Cultural

Barriers Cont.

Physician Barriers

- Inadequate training and knowledge concerning pain management
- Improper assessment of pain
- Concern about scrutiny from regulatory agencies
- Fear of pain addiction
- Concern regarding analgesic side effects
- Concern regarding the development of tolerance to analgesics

Barriers Cont.

Health Care System Barriers

- Pain management is given a low priority in the system
- Treatment access problems exist in the system
- Inadequate reimbursement for pain management remains a problem
- The most appropriate treatment may not be reimbursed or may be too costly for the patient

Article Source: <http://EzineArticles.com/158569>

Populations Considering Special Consideration: Possible under treatment of pain

- Minorities
- Cultural
- Elderly (>70 years old)
- Children
- Women
- History of substance abuse
- High anxiety about postoperative problems
- Patients with high expectations for optimal pain management
- History of chronic (persistent) and preoperative pain
- Those who experience breakthrough pain
- Neuropathic pain

Other: healthcare professionals:
MDs/Nurses/PT/etc..

Fink, R. (2000). Pain Assessment: The corner stone to optimal pain management. *Baylor University Medical Center Proceedings*, 13(3), 236-239.

Management of Chronic Pain

- Assess knowledge
- Assess expectations
- Identify barriers
- Goal setting
- Interdisciplinary approach
- Identify appropriate interventions
- Educate & monitor pain relief, adverse effects, function
- Advocate for patient rights

Measurement

- Intensity of Pain
- Impact on function
- At risk assessment:
 - Under –treatment
 - Aberrant behaviors
- Documentation

Assessment

- Vitals
 - Blood Pressure < 130/80
 - Heart Rate 60-90
 - Respiratory Rate 16-20
 - Pain_____?

Research does not support that moderate to severe pain is always accompanied by a change in VS. Sudden severe pain can (not always) produce an increase in VS initially; however when pain persists for hours or days, the body will usually achieve physiology equilibrium & VS will return to normal. (Lord & Woollard, 2010)

Pain is subjective and only the patient knows what he/she is feeling. Pain should be treated regardless of vital sign readings.

- How does one measure pain? Where is the methodology?
- What tools are valid for assessment? Are they valid for every age? Every culture? Every language?
- Are there normal ranges for back pain? For migraine? For cancer pain?

Pain Intensity

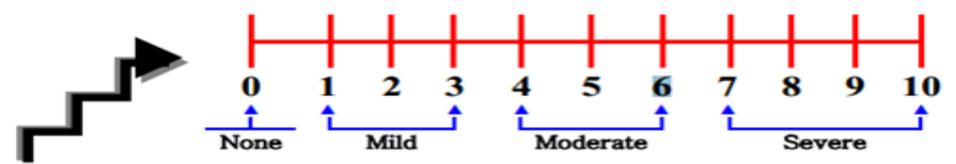
- Use of pain scales provide information regarding pain intensity.
- 0 being no pain: 10 being the worse pain imaginable.
- The numerical value is the patients perceived intensity of pain
- No scale is suitable for all patients.

A few examples of pain rating tools....measures intensity only

Visual analogue scale VAS: 0.....10
"none.....worst imaginable"
Useful in cognitively impaired individuals

Numeric rating scale (NRS):
Most widely used – not useful in children

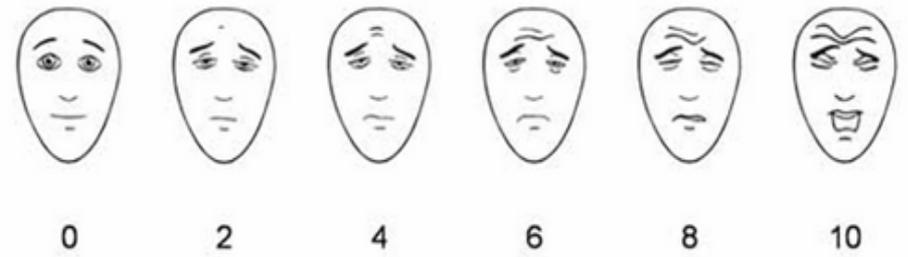
0 – 10 Numeric Rating Scale (page 1 of 1)



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

Verbal Rating Scale: "none mild moderate excruciating"
Effective in cognitively impaired individuals

Faces Pain Scale (FPS):
Effective in children and adults with intellectual disability or communication needs;
** Not useful in patients with dementia – is confusing**



Comparison of 3 scales

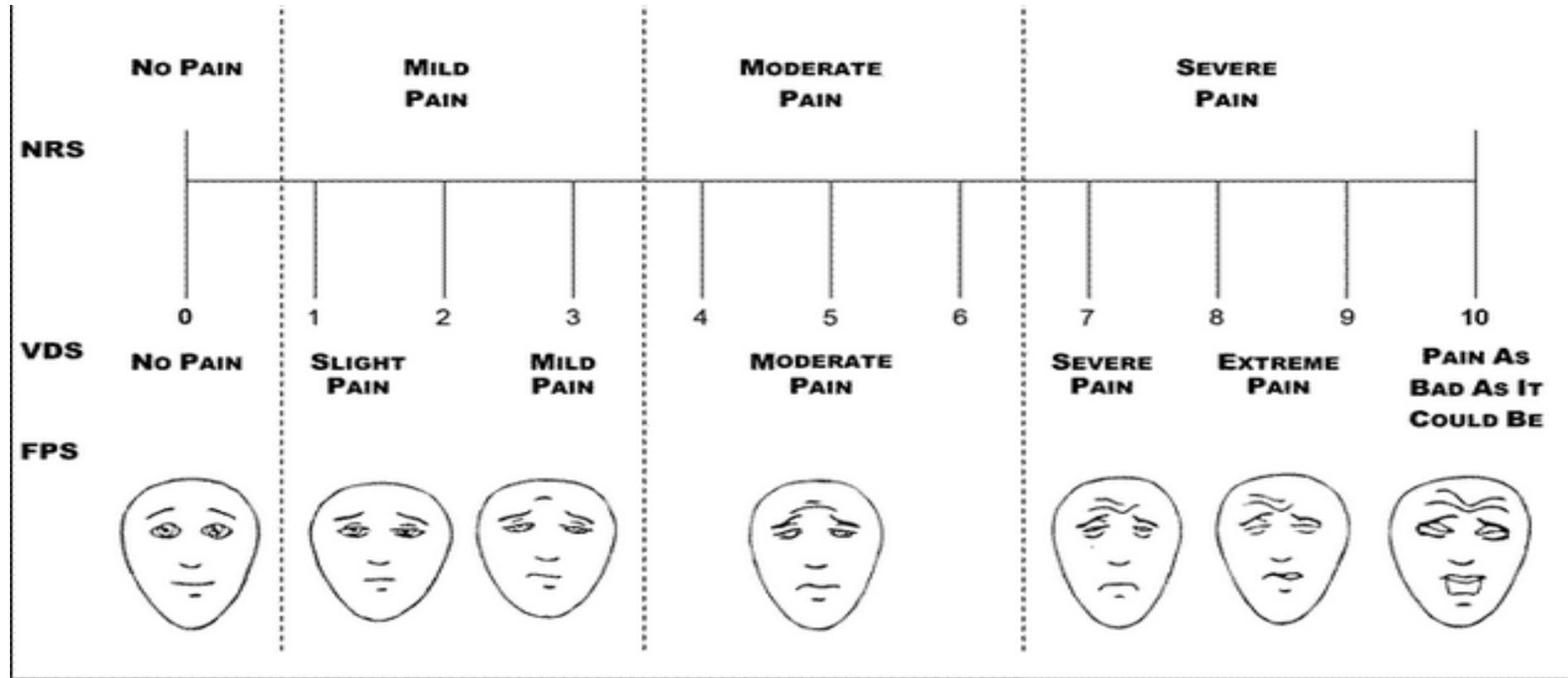


Figure. Numeric Rating Scale (NRS), Verbal Descriptor Scale (VDS), and Faces Pain Scale (FPS). *Source* (FPS): Bieri D, Reeve RA, Champion GD, Addicoat L, Ziegler JB. The Faces Pain Scale for the self-assessment of the severity of pain experienced by children: Development, initial validation, and preliminary investigation for ratio scale properties. *Pain*. 1990;41(2):139-50. [\[PMID: 2367140\]](https://pubmed.ncbi.nlm.nih.gov/2367140/) Used with permission.

Description of Pain

When a patient states “I have pain”. This is not descriptive. Ask the following questions:

- What does your pain feel like?
- Different types of pain are described using different words, what words describe your pain?

Description of Pain continued

- Burning, shooting, tingling, radiating, or numbing (neuropathic)
- Achy ,throbbing, dull, and well localized (somatic)
- Squeezing, pressure, cramping, distention, dull, deep, and stretching: (visceral)

Pain Assessment Tools

These tools all assess functionality:

- Brief Pain Inventory (BPI) – long and short form
- Patient Outcome Profile (POP)
- Pain Tracker (University of Washington)

Brief Pain Inventory – short form

- **Purpose:** assess severity of & impact of pain on daily functions
- **Population:** Patients w/chronic disease or conditions.
- **Assessment areas:** severity & impact of pain on daily function, location, pain medications & amount of pain relief in the past 24 hours or past week.
- **Responsiveness:** Responds to both behavioral & pharmacological pain interventions.
- **Method:** Self report or interview
- **Scoring:** No scoring algorithm – measures pain severity & interference.
- **Time required:** Five minutes (short form)
- **Reliability:** Cronbach alpha reliability ranges from 0.77 to 0.92
- **Psychometrically & Linguistically validated:** in 23 languages

STUDY ID# _____ HOSPITAL # _____

DO NOT WRITE ABOVE THIS LINE

Brief Pain Inventory (Short Form)

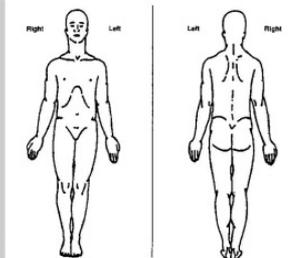
Date: ____/____/____ Time: ____

Name: _____ Last _____ First _____ Middle Initial _____

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

1. Yes 2. No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3. Please rate your pain by circling the one number that best describes your pain at its **worst** in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain at its **least** in the last 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on the **average**.

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

6. Please rate your pain by circling the one number that tells how much pain you have **right now**.

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine

At Risk Assessment

- Under treatment of pain
- Aberrant behaviors

At Risk Assessment: Under Treatment

- Ensure that the appropriate pain scale is used to measure intensity of pain
- Assess patients functionality
- Assess what has been tried in the past
 - Nonpharmacological
 - Pharmacological
 - Interventions
- Ask the patient what are their goals for treatment

What are aberrant drug seeking behaviors?

Recognizing and identifying that a patient may be abusing controlled substances is essential.

Three common characteristics that can be observed in drug seeking patients are:

1. Escalated use
2. Clinician shopping
3. Scamming

Controlled Substance Agreements (CSAs)

- Is used as an educational tool that states the patient and clinicians responsibilities when prescribing opioids.
- It is required by the New Mexico Board of Nursing and the New Mexico Medical Board.

Nursing Considerations (CSAs)

- Be familiar with what CSA states.
- Are Urine Drug Screens to be collected?
- Be familiar with your institutions Policy and Procedures regarding UDS and CSA.
 - When to collect?
 - Are UDS results available?
 - Has the ordering clinician reviewed them?
 - Documentation.
 - What forms of identification are needed?
 - Timeframes for picking up prescription.
 - Can an authorized individual pick up the prescription?

CHRONIC PAIN CONDITIONS COMMON TO PRIMARY CARE

- *Headache*
- *Back Pain*
- *Fibromyalgia*
- *Arthritis*
- *Neuropathic pain*
- *Emergency considerations*

Will discuss educational approaches only

Patient Centered Interview

- The manner in which the patient is spoken to either builds a wall or a bridge.
- During the clinical interview, incorporate open ended questions, attempt to focus closed ended questions, and clarify and summarize what you heard.

Patient Centered Interview - continued

“My name is _____ and I’m a nurse. I’d like to help you get the most out of your visit today.”

How do you typically spend your day?

What kinds of things do you enjoy doing?

How would you like us to help your pain today?

What words do you use to describe your pain?

Did I hear you say that....?

I’d like to summarize what I just heard you say.

Does my summary sound accurate?

This method of inquiry elicits much in < 5 minutes

Patient Centered Interview – cont.

- **How does the patient “do” pain?**

What behaviors/actions does the patient describe or display related to the pain?

This is an important component of the nursing assessment

Patient Centered Interview – cont.

- **What does the patient hope to happen during the visit?**
- **Listen, clarify, summarize**
- **Re-assess if needed**

Patient Centered Interview –cont.

Assess understanding of :

- Diagnosis
- Plan of care
- What is next
- When and how to follow up

Treatment Plan:

- Set **SMART** goals with the patient: **S**pecific **M**easureable **A**ttainable **R**ealistic and **T**ime bound

Performing a comprehensive pain assessment is important to ensure SMART goals are patient centered and appropriate.

Functional SMART Goals

Functional SMART Goals

Patient-Centered rehabilitation emphasizes restoration of functioning and movement for effective pain management. Pain reduction may not always be feasible for patients with chronic pain; therefore, therapeutic efforts for pain management focuses on improved functioning and reduced disability.

Setting functional SMART goals is an essential component of successful rehabilitation. Appropriate functional goal setting includes the following SMART elements:

- S** – Specific
- M** – Measurable
- A** – Action-Oriented
- R** – Realistic
- T** – Time-Bound

SPECIFIC:

Define specifically what you would like to achieve. Define what:

Example: walk, swim, practice self-regulation, stretch

MEASURABLE:

Make your goal measurable so you can track success. Define where/when/with whom:

Example: I will walk 1 mile 3x/week; I will stretch in the morning

ACTION-ORIENTED: Define what you will do versus what you won't do.

Example: I will eat 5 servings of vegetables/day vs. I will not eat candy.

REALISTIC: Is your goal a good starting point? Determine your current level of this activity and determine if your starting point is reasonable.

TIME-BOUND: When will you achieve this goal by? If this is a large goal, could you break it down into smaller more realistic goals?

Write your complete goal:

List any obstacles or barriers:

Develop a plan to overcome these obstacles or barriers

Patient Educational Tips for Taking Medications

- Keep a current list of medications on hand
- Know side effects of medications
- Take medications as prescribed
- Keep a medicine calendar along with pain/migraine diary.
- Call the pharmacy at least 72 hours prior to running out of medications
- Do not decrease medication doses to save money
- Keep track of all medications that have been tried and failed and report to prescribing clinician.

Self-Management Considerations

- Individuals must accept the chronic nature of their pain before they are ready to listen to self-management techniques
- Self-management teaching needs to be tailored to individual functional abilities, including regular support and encouragement, and be consistent between clinicians
- Individuals encounter both barriers to self-management that need to be first assessed and then addressed by either healthcare providers or Self-management interventions

Mann, E., G., LeFort, S., VanDenKerhof, E., G. (2013). Self-management interventions for chronic pain. *Pain Management* 3(3), 211-222

Questions:

1. What type of pain tool is appropriate to use in patients with intellectual disability?

2. What are the main components of a patient centered interview?

a) _____

b) _____

c) _____

d) _____

3. What are **SMART** Goals?

- S: _____, M: _____, A: _____,
R: _____, T: _____

Project ECHO®

... promotes care in underserved areas

The mission of **Project ECHO** (Extension for Community Healthcare Outcomes) has been to develop the capacity to safely and effectively treat chronic, common, and complex diseases in rural and underserved areas, and to monitor outcomes of this treatment.

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