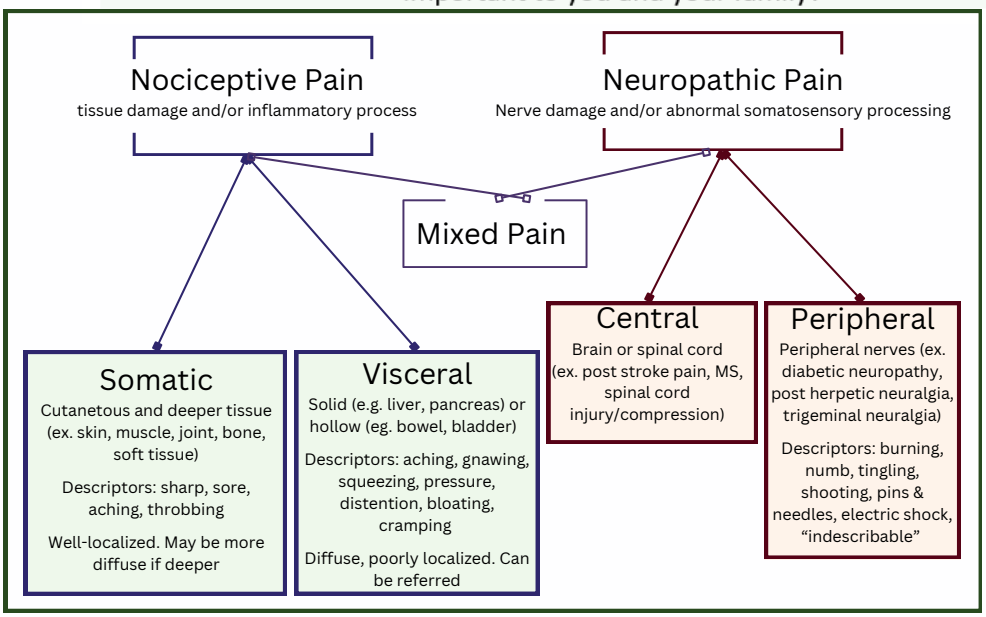
MANAGING PAIN

"An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage" IASP 202

Pain is a **subjective** experience. Pain is whatever the person says it is!

Adapted Pain Assessment Acronym: OPQRSTUV (adapted from Fraser Health)	
Onset	When did it begin? Is it new? How long does it last? How often does it occur?
Provoking/Palliating	What/who brings it on? What/who makes it better? What/who makes it worse?
Quality	What does it feel like? Can you describe it? *Nociceptive* • Sharp, aching, throbbing *Neuropathic* • Shooting, burning, tingling, painfully numb • Allodynia/hyperalgesia
Region/Radiating	Where is it? Does it spread anywhere?
Severity	What is the intensity of this symptom? Right now? At best? At worst? On average? With movement? At rest? • Numeric Scale (0-10, with 0 being none and 10 being worst possible) • 5-point Descriptor Scale (none, mild, moderate, severe, very severe)
Treatment	What medications or treatments are you currently using? What medications have you tried in the past? How well do/did they work? Side effects from medications/treatments?
Understanding /Impact on you	What do you believe is causing this symptom? How is this symptom affecting you/your level of functioning and/or your family?
Values	What is your goal for this symptom? What is your comfort goal or acceptable level for this symptom? Are there any other views or feelings about this symptom that are important to you and your family?



PHYSICAL ASSESSMENT

- Focus on area of pain to determine cause

PAIN TOOLS

- Choose appropriate tools for the needs of the individual
  - For cognitive impairment, non-verbal, intellectual and development disability, or in the person's primary language, etc

PSYCHOSOCIAL SPIRITUAL ASSESSMENT

- Assess for psychosocial spiritual distress
- Coping challenges
- Total Pain

Mild Pain (ESAS score 1-3)

- Generally tolerable, not interfering with quality of life
- Can be distracted from the pain
- Generally does not interfere with activities of daily living (ALDs)

Moderate Pain (ESAS score 4-6)

- Cannot manage pain
- Interfering with quality of life
- Difficult to concentrate because of pain
- Hard to distract from pain
- Interfering with function and ADLs

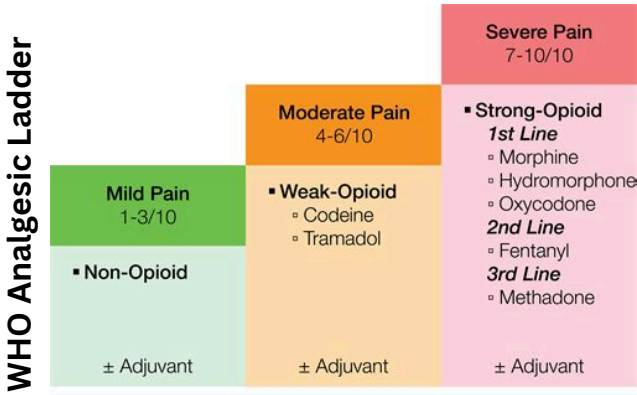
Severe Pain (ESAS score 7-10)

- Acute distress or discomfort
- Onset is sudden and acute
- Acute exacerbation of previous pain level
- Completely focused on pain
- Unable to complete activities
- Pain dominates quality of life
- May be at a new/different site

MANAGING PAIN

NON-PHARMACOLOGICAL INTERVENTIONS

- Physical Interventions: physiotherapy, exercise, massage, positioning, heat/cold
- Psychological Interventions: Relaxation techniques, music, distraction, meditation, cognitive behaviour therapy, self-management education
- Specialized Interventions: TENS, acupuncture
- Spiritual / Cultural practices



Pallium Pocketbook Mobile App

OPIOID PRINCIPLES

START LOW
- especially in renal/liver impairment and elderly

GO SLOW
- titrate gradually to pain relief or unacceptable side effects

BY MOUTH
- start with oral route if tolerated, switch to alternate route as needed (PO:SC = 2:1)

BY THE CLOCK
- Regularly scheduled is recommended for persistent background pain (ex. q4-6h for short acting/q8-12h for long acting)

PLAN FOR BREAKTHROUGH PAIN
- can start with breakthrough doses to determine appropriate dosing for regularly scheduled
- PRN dose = 10% of total in 24 hours
- Reassess for titration if 3 prn doses in 24 hours or prn doses x3 consecutive days

PLAN FOR ADVERSE EFFECTS
- Add order for laxatives regularly scheduled and antiemetics prn to manage potential adverse effects
- Monitor for adverse effects (constipation, dry mouth, N/V, sedation, confusion, hallucinations, myoclonus, seizures, itch, hives, respiratory depression)

Drug	PO	SC/IV	Rotating from Morphine
Morphine	10mg	5mg	---
Hydromorphone	2mg	1mg	X ÷ 5
Oxycodone	5mg	---	X ÷ 2
Codeine	100mg	---	X ÷ 10
Percocet	1 tab	---	(includes oxycodone 5mg + Tylenol)

Opioid Side Effects

Common: constipation, dry mouth, N/V, sedation

Less common: confusion, hallucinations, myoclonus, seizures, itch, hives, urinary retention, dizziness

Rare: respiratory depression

Opioid Toxicity

S&S: sedation, drowsiness, lethargy, confusion, hallucinations, agitation, myoclonus, seizures, decreased resp. rate

Potential Causes: conversion errors, dose changed too frequently, decreased pain, sepsis

Adjuvant Analgesics	
Bone Pain	Corticosteroids; NSAIDs; Bisphosphonates; Radiation
Neuropathic Pain	Tricyclic Antidepressants; SNRIs (Duloxetine); Anticonvulsants; NMDA Antagonists; Antiarrhythmics
Visceral Pain	Corticosteroids; Antispasmotics; Anticholinergics (for colic, ex. Buscopan)

References:
BC Centre for Palliative Care (2019). Inter-professional Palliative Symptom Management Guidelines
Cancer Care Ontario (2019). Symptom Management Algorithm
Pallium Palliative Pocketbook (2016)

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