ACTIVITY TITLE: **Overview of Understanding Pain Management**

OBJECTIVES LIST OBJECTIVES IN OPERATIONAL/BEHAVIORAL TERMS	CONTENT (TOPICS) LIST EACH TOPIC AREA TO BE COVERED AND PROVIDE A DESCRIPTION OR OUTLINE OF THE CONTENT TO BE PRESENTED	TIME FRAME STATE THE TIME FRAME FOR THE TOPIC AREA.	FACULTY LIST THE FACULTY PERSON OR PRESENTER FOR EACH TOPIC	TEACHING METHODS DESCRIBE THE TEACHING METHODS USED FOR EACH
1. Each employee will review independently and with an instructor understanding pain management *2. Each employee will receive and retain policy manual for resourcing* *3. Each employee will successfully complete a written test.*	*1. Definitions of key terminology and overview of the following: pain differentiation, alternative treatments; adjunctive therapy; barriers to management; assessment for pediatrics through adults; medication and monitoring; addiction vs dependence* *2. Policy and procedure provided and reviewed.* *3. Test provided.*	*1. 30 minutes* *2. 5 minutes* *3. 10 minutes*	*1. Assist DON or designee and employee self study*	*1. Training packet* *2. Module 1 presentation* *3. Written test and question and answer session*

Evaluation Methods: Objectives will be evaluated through written tests, verbal simulation of entire process, and demonstration of skills in a lab using durable medical equipment, supplies, and mannequins.

Evaluation Level/Category: Alspach's Evaluation Model.

Overview of Understanding Pain Management

Definitions

Acute Pain is an unpleasant sense of discomfort that occurs suddenly due to illness, injury or surgery. It has a short duration that subsides when the injured tissue heals.

Chronic Pain is pain that persists or progresses for long periods of time. Failure to treat acute pain promptly and appropriately contributes to the development of chronic pain syndromes. In chronic pain, pain signals may remain active in the nervous system for extensive episodes and have no value.

Breakthrough Pain is an intermittent worsening of pain that occurs spontaneously or in relation to a specific activity. The pain increases above the level of pain being treated with ongoing pain medications.

Pain Flares are short-term increases in one's usual level of pain & suddenly erupts with or without an event.

Nociceptive Pain is pain caused by an injury that stimulates pain receptors. Pain receptors, located on the tips of nerve cells, recognize and react to an unpleasant stimulus (pressure, extreme temperatures, irritating substances released by other cells) and send pain signals through the nervous system for recognition and response to an injury or the risk for injury. Infections, burns, cuts, a severe lack of oxygen in the blood, and stretching of or pressure within an organ, can injure tissues and cause nociceptive pain.

Neuropathic Pain results from damage to or dysfunction of the peripheral or central nervous system, rather than stimulation of pain receptors (like in the case of somatic and visceral pain). The pain may be associated with sensitivity of the skin.

Cancer Pain results from the treatment of cancer or from the cancer itself. Cancer pain depends upon the type of cancer, the stage (extent) of the disease, and the pain threshold (tolerance for pain) of the person with cancer. Most of the pain comes when a tumor presses on bones, nerves, or body organs but may result from treatment.

Numerical scales use numbers from 0-10 (0 being no pain and 10 being the worst pain ever) to rate the intensity of your pain.

Visual scales are pain assessment tools that use aids like facial expressions and is useful in pediatrics.

Training Program Overview

Pain Overview

Pain is a complex physical and emotional response to disease, injury, or infection. Every client has the right to be pain-free and have preventative pain management. Pain assessment and interventions may be complex. Medication, cognitive therapy, behavioral techniques, exercise, massage, cold or hot applications, acupuncture, relaxation, and distraction are valid pain interventions. Clients and caregivers must be educated regarding the importance of effective pain control. Pain management is a team effort between physicians, nurses, therapists, pharmacists, spiritual leaders, and the client. Barriers to effective pain management are expense, addiction fears, legal considerations, and worries regarding possible side effects of therapy. There are two basic types of pain, acute and chronic. To effectively manage a client's pain, it helps to obtain an accurate history and thorough description. Rating scales are helpful to the healthcare team to effectively define pain and measure outcomes of the interventions implemented. Healthcare providers must remember that the client's cultural, religious and social backgrounds may interfere with their willingness to discuss pain. Remain aware of client's fears, misinformation, and efforts to endure discomfort. Physicians may elect to pharmaceutically manage pain through non-opioids such as non-steroidal anti-inflammatory agents or acetaminophen or opioids for more severe pain. Occasionally, adjuvant medications are used in combination to afford better client outcomes. The routes of administration vary and may include oral, rectal, patches, injections, and blocks. The medication may be effective to manage the client's pain but may cause undesired side effects. Side effects vary according to the pharmacological agent but may include constipation, nausea, sedation, gastrointestinal distress; therefore, it is imperative the nurse be knowledgeable regarding all medication side effects. Age specific considerations are important. Older adults often experience acute and chronic pain in addition to taking a variety of drugs that may interact with the pain medication. Children also perceive pain despite their challenges communicating with the healthcare team. Observe all clients for symptoms of concern such as withdrawal, grimacing, guarding, crying, or combativeness. Education is necessary for the client and their family to effectively cope. Challenges may arise in the home care situation such as family sharing prescriptions of controlled substances or diversion from the client. The healthcare team must aggressively manage the tracking, administration, effectiveness of the client's pain management interventions, and communicate clearly with the healthcare team.

Assessment Specifics

L- Location of the pain and whether it travels to other body parts
O- Other associated symptoms such as nausea, numbness, or weakness
C- Character of the pain, whether it's throbbing, sharp, dull or burning
A- Aggravating or Alleviating factors. What makes the pain better or worse?
T- Timing of the pain, how long it lasts, is it constant or intermittent?
E- Environment where the pain occurs, for example, while working or at home

Differentiating Addiction and Dependence

The use of strong pain medication, particularly opioids, often carries the stigma of drug addiction and abuse. As a result, many healthcare professionals prescribe opioids conservatively for pain management and many patients and their families are just as cautious about starting opioid medications. In many ways, this harmful stigma can be attributed to a lack of understanding about addiction and its related areas, such as pharmacologic tolerance and physical dependence - none of which are the same. Tolerance is a biological state of adaptation in which exposure to a drug induces changes that result in a reduction of one or more of the drug's effects over time. Physical dependence is a biological state of adaptation that is manifested by a drug class-specific syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Addiction is a primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestation. It is characterized by behaviors that include one or more of the following: impaired control over drug use, continued use despite harm, and craving.

The RN is available to assist with questions.

Reference Resource:
http://www.theacpa.org/default.asp
PHI: Operational Policy Manual, Clients Rights, Plan of Care, Controlled Substance

Test Your Knowledge

Check true or false after each statement below:	True	False
1. Alternative methods of pain relief are intended as substitutes for medication.		
2. Effective pain management helps lower health-care costs.		
3. Older people don't feel pain as intensely as other adults.		
4. Time spent educating patients about pain management takes away from meeting pain management goals.		
5. Opioid addiction among people being treated for pain is very rare.		
6. Patient's cultural and social backgrounds may influence how they report (or describe) pain.		
7. It's easier to prevent pain than to control it once it starts.		
8. The opioid, Fentanyl is an example of an adjuvant pain medication.		
9. Constipation is a common side effect of opioid medications.		
10. Under industry standards, information on pain management is not part of patient discharge plans.		

Key: 1. F, 2. T, 3. F, 4. F, 5. T, 6. T, 7. T, 8. F, 9. T, 10. F