“Pain is a greater Lord of mankind than even death itself”

-Albert Schweitzer

Pain Assessment
Covering the Bases

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Where to start, where to start -

I don’t see anything…

History doesn’t look like much…

Would you believe – she’s laughing

She asked for *Dilaudid…*

Maybe I should refer to Psych…

Objectives

- Identify the components of Total Pain
- Demonstrate assessment tools specific to each component of Total Pain
- Discuss multidisciplinary approaches to pain assessment

Overview

- Definition of pain and its components
  - Physical
  - Psychological
  - Social
  - Spiritual
- Demonstrate assessment tools and techniques
- Discuss the multidisciplinary approach to pain assessment

What is Pain?

- A normal and adaptive response
- An unpleasant sensory and emotional experience associated with actual or potential tissue damage (IASP, 2010)
- Pain is whatever the person says it is, experienced whenever they say they are experiencing it (McCaffery, 1968)

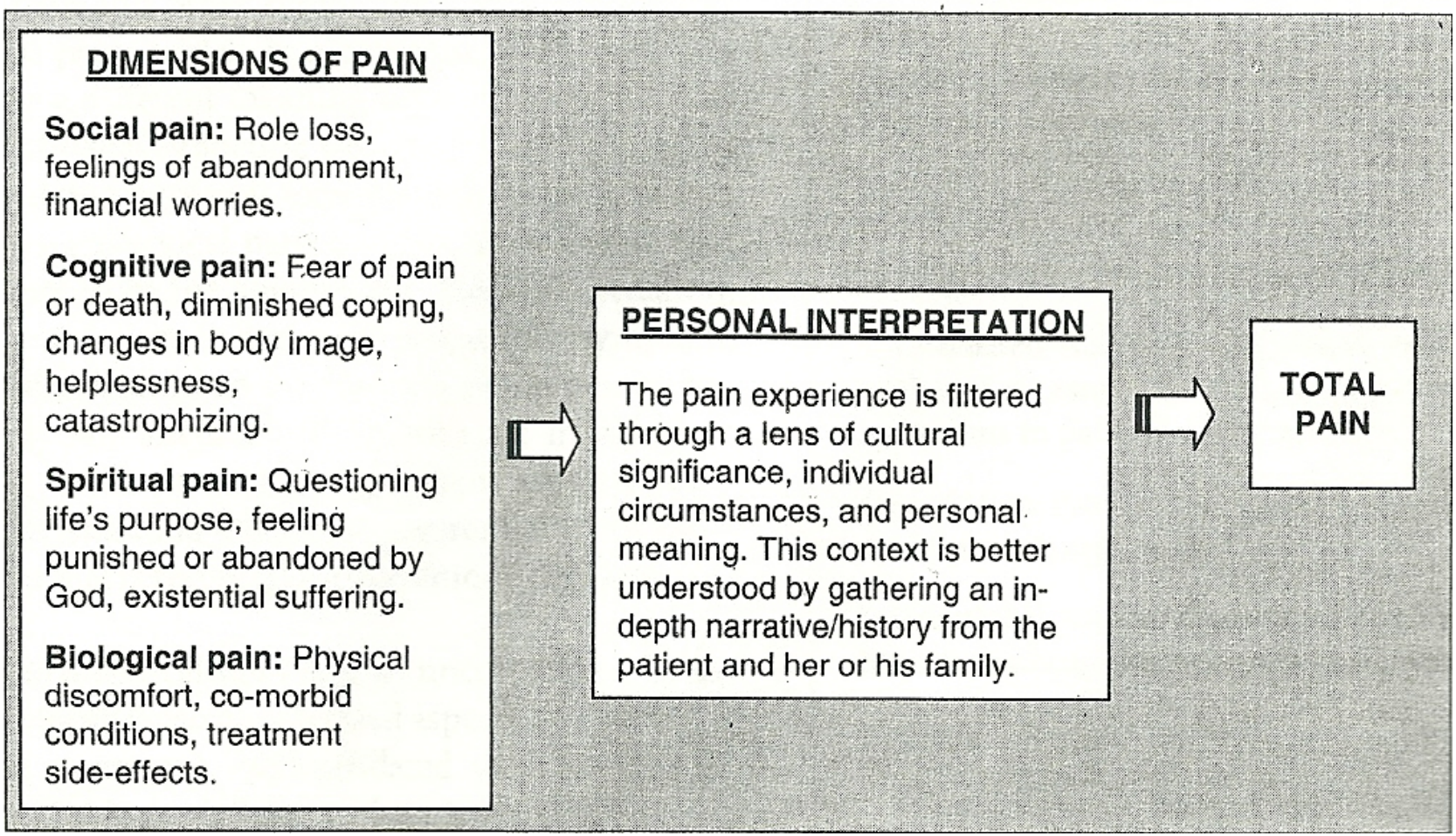
And pain is…

- A psychosomatic phenomenon modulated by mood, morale and meaning (Twycross)
- Physical distress which occurs within larger psychosocial-spiritual and environmental frameworks

What about suffering?

- Definition – distress brought about by an actual or perceived impending threat to the integrity or continued existence of the whole person (Cassell, 1992)
- Meaning is central to the human experience of suffering (Frankl)
- Suffering is understood mostly in terms of physical pain

Total Pain



(Cagle & Altilio)

Initial Pain Assessment (AMA)

- Obtain a detailed history assess pain characteristics and intensity
- Conduct physical exam
  - Focus: neurological, musculoskeletal exam
- Obtain psychosocial assessment
- Review/order appropriate diagnostics

“Listen to your patient” (Osler)

- Ask your patient – pain is whatever the patient says it is
- The patient is the most knowledgeable about how pain is experienced, its impact, personal preferences and what may or may not have worked in the past
- Meanings ascribed to a presenting illness and its symptoms can be as important as the illness itself

The Value of Listening

Dignity Therapy - current study

(H. Chochinov, University of Manitoba, Winnipeg, Canada)

"What should I know about you as a person to help me take the best care of you I can?"

Connect with your patient

(Fishman)

- Take control of time
  - A commitment to spending enough time and attention to what the patient is saying, verbally and behaviorally
- Focus on the patient, not the pain
  - Ask not only about the pain, but its impact
- Use reflective listening skills
  - Listen carefully and non-judgmentally, then reframe and reflect it back

Physiologic Pain Classifications

- Nociceptive
  - Involves stimuli ascending via normal nerves traveling along sensory neurons and ascending via the spinothalamic pathways of the spinal cord. Includes both somatic and visceral pain. Inflammatory pain involves the same pathway but degree of tissue damage leads to activation of acute and chronic inflammatory mediators that potentiate pain, lower thresholds for conduction, and sensitize the central nervous system
- Neuropathic
  - Arises in an area that is neurologically abnormal and is caused by a lesion of the peripheral or central nervous system

Pain Descriptors

- Somatic: stimulation of nociceptors in the skin and deep musculoskeletal tissues
  - well-localized "deep aching" or throbbing, tender to palpation
- Visceral: stretching or activation of nociceptors by irritation or inflammation of the viscera
  - difficult to localize, dull or cramping, spasms or squeezing

- Inflammatory
  - Diffuse pain suggesting a central process or inflammation
- Neuropathic
  - Sharp, burning, tingling, stabbing or shooting
  - Central pain (CVA) viselike or throbbing, or headache which is dull and unrelenting

Acute and Chronic Pain Characteristics

Table 2–1. Characteristics That Differentiate Acute from Chronic Pain.

Acute pain	Chronic pain
Elicited by immediate tissue injury	Perpetuates after tissue injury has resolved or healed
Serves as a "warning" of tissue damage or injury; protective of further injury	Serves no useful function
Activates nociceptors	Involves central sensitization and permanent structural abnormalities of the central nervous system
Activates sympathetic nervous system	Physiologic adaptation
Limited duration	Prolonged duration
Remits with resolution and healing of injury	Persists long after resolution and healing of injury
Directly associated with injury, postoperative conditions, and disease processes	Remotely associated with injury, surgical procedures, and disease processes
Responsive to treatment	Recalcitrant to treatment

(VonRoenn, Paice, Preodor 2006)

History

- Use open-ended questions
  - Tell me about your pain
  - Where do you feel the pain
  - Does it travel or shoot
  - What does it feel like
  - What words describe your pain
  - What makes it better/worse
  - What medications help
  - Can you reproduce your pain

Physical exam

- Assessment of presence of signs and symptoms that might reflect the pathology of the underlying pain
- Vital signs
- Appearance
- Distortions of anatomy or skin
- Spasms / myoclonus
- Palpation / reproducing the pain

Pain Assessment Scales

The type of scale is less important than making sure the scale is:

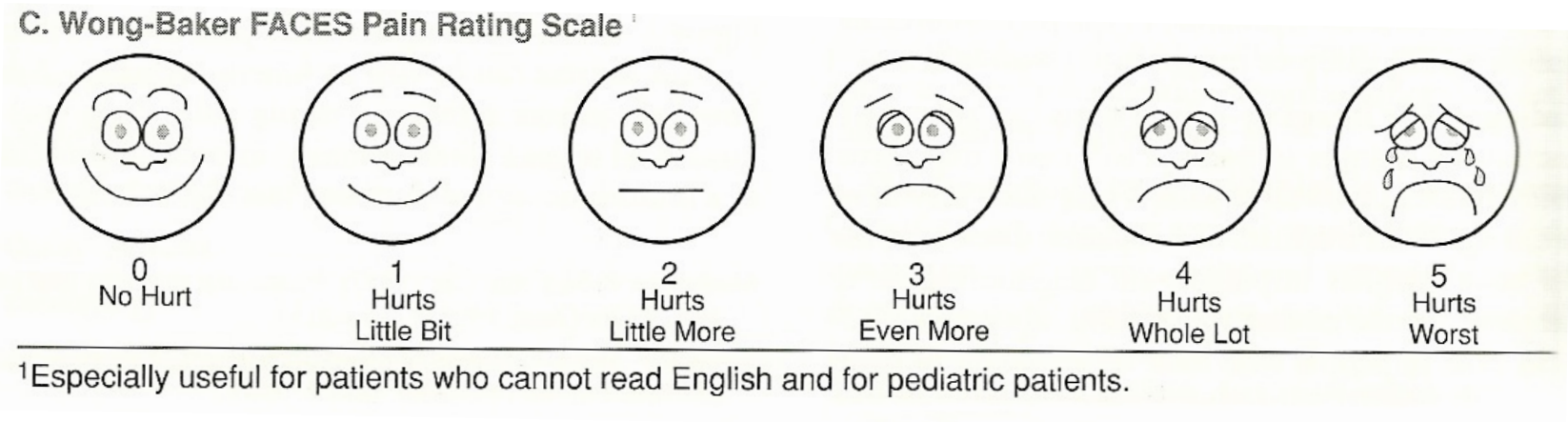
- Completed by the patient (if alert)
- Flexible enough to be adapted to the needs of the patient
- Simple enough to be used regularly
- Used consistently with the patient

Intensity

- VRS – Verbal rating scale
- VAS - Visual Analogue Scale

No pain----------worst possible pain

- FACES Scale (Wong Baker)



BRIEF PAIN INVENTORY (SHORT FORM)

Study ID# _____ Hospital # _____

Do not write above this line.

Date: _____

Time: _____

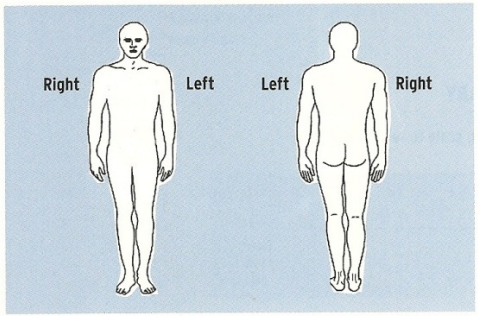
Name: _____

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 past 24 hours.

0 1 2 3 4 5 6 7 8 9 10

0 = No Pain; 10 = 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 past 24 hours.

0 1 2 3 4 5 6 7 8 9 10

0 = No Pain; 10 = 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

0 = No Pain; 10 = Pain as bad as you can imagine

6) Please rate your pain by circling the one number that tell how much pain you have **RIGHT NOW**.

0 1 2 3 4 5 6 7 8 9 10

0 = No Pain; 10 = Pain as bad as you can imagine

7) What treatments or medications are you receiving for your pain?

_____

8) In the past 24 hours, how much **RELIEF** have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

0% = No Relief; 100% = Complete Relief

9) Circle the one number that describes how, during the past 24 hours **PAIN HAS INTERFERED** with your:

A. General Activity:

0 1 2 3 4 5 6 7 8 9 10

0 = Does not Interfere; 10 = Completely interferes

B. Mood

0 1 2 3 4 5 6 7 8 9 10

0 = Does not Interfere; 10 = Completely interferes

C. Walking Ability

0 1 2 3 4 5 6 7 8 9 10

0 = Does not Interfere; 10 = Completely interferes

D. Normal work (Includes both work outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10

0 = Does not Interfere; 10 = Completely interferes

E. Relation with other people

0 1 2 3 4 5 6 7 8 9 10

0 = Does not Interfere; 10 = Completely interferes

F. Sleep

0 1 2 3 4 5 6 7 8 9 10

0 = Does not Interfere; 10 = Completely interferes

G. Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10

0 = Does not Interfere; 10 = Completely interferes

Pain assessment tools
PQRSTU

Pain Location

- P palliative /provocative
- Q quality
- R radiation
- S severity
- T temporal
- U how does the pain affect you

“OLDCART” (ELNEC)

- O onset
- L location (may be multiple)
- D duration
- C characteristics
  - Neuropathic, Somatic, Visceral
- A aggravating factors
- R relieving factors
- T treatment

Pain Assessment in Advanced Dementia (PAINAD) Scale

Items*	0	1	2	Score
Breathing independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation.	Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations.	
Negative vocalization	None	Occasional moan or groan. Lowlevel speech with a negative or disapproving quality.	Repeated troubled calling out. Loud moaning or groaning. Crying.	
Facial expression	Smiling or inexpressive	Sad. Frightened. Frown.	Facial grimacing.	
Body language	Relaxed	Tense. Distressed pacing. Fidgeting.	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out.	
Consolability	No need to console	Distracted or reassured by voice or touch.	Unable to console, distract or reassure.	
			Total**	

* Five-item observational tool (see the description of each item below).
** Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0="no pain"to 10="severe pain").

(Horgais, Miller 2008)

Psychological Pain

- Emotional distress either from a current or past situation that has affected a person's life to some degree
- A form of mental suffering

Causes of Psychological Pain

Suffering usually leads to pain behaviors

- Cognitive
  - Fear of pain or death
  - Diminished coping
  - Changes in body image / sense of identity
  - Helplessness /self-worth
  - Past trauma

- Affective states
  - worry
  - Sadness
  - Anger

- Coexisting conditions (depression or anxiety)
  - Exacerbate pain and complicate treatment

Assessment
Psychological Pain

- Observe for
  - Changes in appetite
  - Sleep disturbances
  - Agitation or aggressiveness
  - Decreased socialization and withdrawal
- Assess for
  - Depression / anxiety
  - Suicide risk
  - Sleep disturbance

- Questions directed to
  - Manifestations of stress
  - Mechanisms of coping
  - Signs and symptoms of depression/anxiety
  - Behavior patterns that may help or hinder recovery or rehabilitation

Social Assessment Goals

- Getting to know the person
  - Culture, role, education, accomplishments
- Getting to know "family"
  - Relationships, responsibilities, caregivers
- Getting to know the environment
  - Housing, transportation, resources
- Getting to know personal values / goals
  - Spirituality, relationships, hopes and fears

Psychosocial Pain Assessment
(Green)

- Measures the impact of pain on 5 domains
  - Economics
  - Social support
  - Activities of daily living
  - Emotional problems
  - Coping behaviors

Spiritual Pain

"A patient who is experiencing severe pain or dyspnea or agitated confusion must be considered a medical emergency. No less emergent is the suffering of a person whose physical symptoms are controlled and whose agony derives from the sense of impending disintegration or the loss or meaning and purpose in life." Byock,

PSYCHOSOCIAL PAIN ASSESSMENT FORM

Psychosocial Pain Assessment Form

Patient: _____ Age: ____ Date: _____

Med. Record #: _____ Significant Other: _____

Diagnosis: _____ Primary Physician: _____

Pain Syndrome: _____

Duration of Pain: _____ Assessed by: _____

Please circle appropriate descriptors.

1. **Build:**	Cachectic	Thin Medium	Heavy	Obese
2. **Attire:**	Disheveled	Hospitalized	Casual	Professional
3. **Eye Contact:**	Avoided	Appropriate	Stared	
4. **Attention:**	Distracted <----------I----------> Hypervigilant			
		Focused		
5. **Manner:**	Flat	Depressed	Distant	Cooperation
	Engaging	Humorous	Dramatic	Agitated
	Anxious	Tearful	Sobbing	Defensive
	Sarcastic	Argumentative	Angry	Hostile
6. **Verbal Expression:**	Terse	Vague	Average	Articulate
	Verbose			
7. **Reasoning Ability:**	Impaired	Age-Appropriate	Advanced	
8. **Overall Perspective:**	Pessimistic <----------> Optimistic			
	Unrealistic <----------> Realistic			

9. **Impressions:**

_____

_____

_____

10. **Interventions:**

_____

_____

_____

11. **Recommendations:**

_____

_____

_____

Rating (0-10)	(0 = no concern, 10 = greatest concern)		
	Interviewer	**Patient**	**Significant Other**
Economic	_____	_____	_____
Social Support	_____	_____	_____
Activities of daily living	_____	_____	_____
Emotional	_____	_____	_____
Coping	_____	_____	_____

Spirituality - A function of personal values

- "Suffering is distress brought about by an actual or perceived impending threat to the integrity or continued existence of the whole person" (Cassell)
- Individual spirituality may encompass
  - Spiritual suffering
  - Inner resource deficiency
  - Belief system problem
  - Specific religious requests (Leleszi & Lewandowski, 2005)

Assessment
Spiritual Pain

- Consider faith traditions/rituals
  - May lead to acknowledgement of unspoken hopes and fears
- How faith/religious rituals assist in coping
  - With the impact of pain
  - Perception that pain is punishment for prior deeds
- Spiritual unrest may be a questioning of life's purpose, or feeling abandoned by God

Spiritual History

FICA

- F faith
- I importance
- C community
- A application

SPIRIT (Maugen, 1996)

- S spiritual belief system
- P personal spirituality
- I integration with spiritual community
- R ritualized practices
- I implications for medical care
- T Terminal events planning

Substance Abuse

Addiction - a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations

Characterized by “4 C’s” (one or more)

- impaired CONTROL over drug use
- COMPULSIVE use
- continued use despite harm - CONSEQUENCES
- CRAVING

Assessment
Pain or substance abuse?

- Look for physiological reason for pain
- Individuals with addictive disorders are at increased risk of receiving inadequate pain management
- May need higher doses of opioids
- Consider pseudoaddiction

Risk Factors
Addiction & Substance Abuse (Bricker)

- Family history of substance abuse
- Legal problems
- Personal drug or alcohol abuse
- Mental health problems
- Multiple MVA's
- Smoking (esp within 1hr of awakening)
- Fewer side effects for pain rx
- High opioid dose

Screening for Substance Abuse

- **C** have you felt you ought to **Cut** down on your drinking or drug use?
- **A** Have people **Annoyed** you by criticizing your drinking or drug use?
- **G** Have you felt bad or **Guilty** about your drinking or drug use?
- **E** Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (**Eye-opener**)?

Importance of the Multidisciplinary Team

- Involvement of a multidisciplinary team in pain assessment is the ideal approach with collaborative decision making and power
- Incorporates not only the physical aspects of pain but also the psychological/psychiatric, social, spiritual/religious, and cultural aspects of pain which complicate the patient's suffering
- Each discipline brings a unique and valuable perspective to the holistic needs of the patient and family

Putting it all together

- Preparing to meet the patient
  - Chart review
  - Interaction with significant team members
- The patient interview
  - introduction, history and physical
  - Active listening
  - Responding to questions & discussion of the plan
- Communication with the significant team members and documentation

“Although the world is full of suffering, it is full also of the overcoming of it”

-Helen Keller