



Pressure Ulcers eCourse

Module 5.7: Pain Assessment & Management

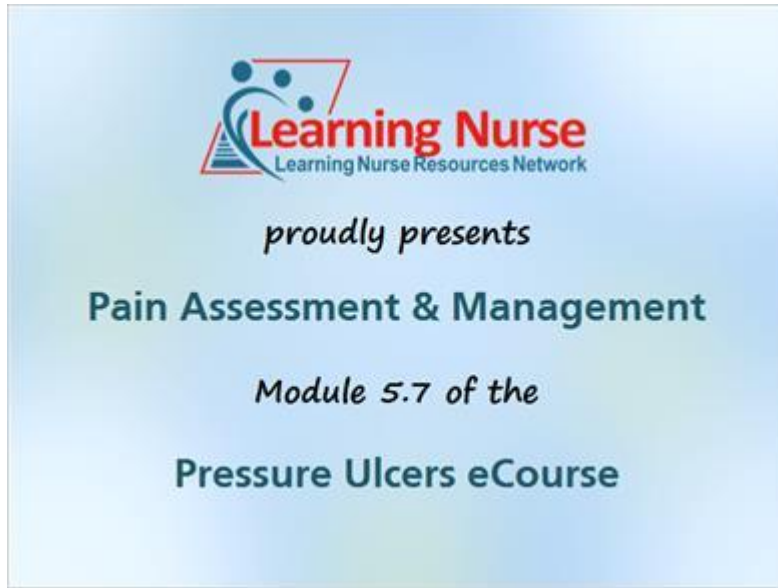
Handout

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Pain Assessment and Management

1. Pain Management

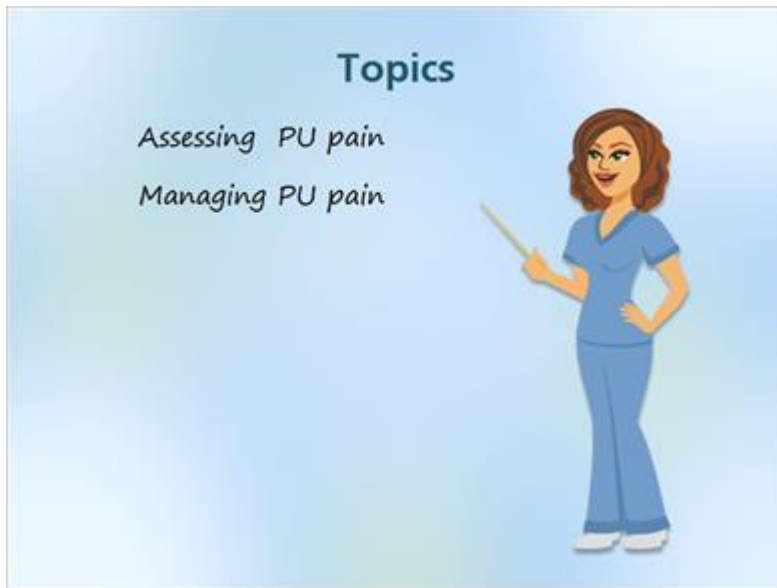
1.1 Section Title



Narration

No narration, only music.

1.2 Topics



Narration

JILL: Welcome to Module 5.7 of this Pressure Ulcer course. I'm Jill and with me is Mark.

MARK: Hi Jill. What's this module on?

JILL: We are going to take a look at how to assess and manage pain in patients with pressure ulcers.

MARK: Sounds like an important topic.

1.3 Assessment

Assessing for Pain

Pressure ulcers painful
Pain constant and severe
Most distressing symptom
Assess all for pain



Narration

MARK: I've heard it said that the deeper pressure ulcers don't hurt because all of the nerve endings are destroyed. Yet, when I perform dressing changes, some of my patients with pressure ulcers wince or moan. Do patients with pressure ulcers experience pain or not?

JILL: Pressure ulcers are painful! The pain they cause can be constant and severe. This pain is often the most distressing symptom the patient reports.

Therefore it is important that we do regular assessment and reassessment of pain in all individuals with pressure ulcers. In fact, we should consider pain as the fifth vital sign.

MARK: That is what I thought, so it's good to have it confirmed.

1.4 Causes

Causes of Pain

Pain in pressure ulcers due to:

- *friction or shear*
- *damaged nerve endings*
- *inflammation*
- *infection*
- *procedures & treatments*
- *muscle spasm*

Can also occur at rest



Narration

JILL: Pain related to pressure ulcers can arise from several sources. Mark, why don't you list these?

MARK: Okay. Pain in pressure ulcers can be due to: friction and shear, damaged nerve endings, inflammation, infection, procedures and treatments, and muscle spasms.

JILL: Pressure ulcer pain can also occur when the patient is at rest, when no procedures are being performed.

MARK: The next question is how do we measure pain?

1.5 Pain Scales



Narration

JILL: The usual way to assess pain in adults is to use a validated pain scale. We do this because the most reliable indicator of pain is the individual's report of pain. Pain scales quantify the severity of pain. This provides us a means by which the effectiveness of pain control can be measured and monitored. The intensity of pain scales range from simple visual to complex, multi-dimension scores.

MARK: Are pain scales the only method we use to assess a patient's pain?

JILL: No. We should also look for non-verbal cues. We should observe their facial expressions, vocalizations and changes in activity patterns, especially in cognitively impaired and elderly patients.

MARK: So, pain scales and careful observation to assess pain. That makes sense.

1.6 Pain Scales 2

Pain Scales

Pain scales for neonates and children

- FLACC
- CRIES



Narration

JILL: Neonates and children can also have pressure ulcer pain. We need to assess pain in them using a validated scale.

MARK: Really? What should we use?

JILL: There are two commonly used scales – FLACC and CRIES. The FLACC tool, which stands for Face, Leg, Activity, Cry and Consolability, has the highest reliability in children 2 months to 7 years.

The CRIES tool, which stands for Crying, Requires O₂, Increasing VS, Expression and Sleeplessness, is for neonates and children up to 6 months.

MARK: And as with the other tools mentioned so far, we should find out which one is used in our facility, and become thoroughly familiar with its use.

JILL: Right.

1.7 Preventing Pain



Narration

JILL: Our next topic is things we can do to prevent pain. Mark, do you have any suggestions?

MARK: Sure. We have already mentioned ways to make patients and residents more comfortable. The first thing is to use a lift or transfer sheet to minimize friction and shear when repositioning our patients. Another good idea is to keep linens smooth and unwrinkled. Related to this, I would add keeping sheet free of crumbs and pizza crusts. (Chuckles)

Another obvious procedure is to NEVER position patients on their pressure ulcer. We should avoid positions that increase pressure. We can minimize pressure ulcer pain by handling all wounds gently, especially during cleansing, and protecting the periwound skin.

JILL: Good ideas, thanks.

1.8 Managing Pain

Managing General Pain

- Pain medication*
- Ask for a "time out"*
- Wound covered and moist*
- Non-adherent dressing*
- Doses of pain medication*
- Repositioning*
- Alternative therapies*

A photograph showing a healthcare professional in a white uniform assisting an elderly male patient who is sitting up in a hospital bed. The professional is leaning over the patient, possibly providing care or assistance.

Narration

JILL: Our next topic is how to manage general pain. We should organize our care delivery to ensure that it is coordinated with pain medication administration. We should encourage patients to ask for a “time out” as needed during care.

MARK: I’m not sure what you mean by “time out”.

JILL: An example would be if a patient is experiencing pain while you are cleansing a wound, he could ask you to stop for a bit.

MARK: I see. Carry on.

JILL: Other strategies for managing pain include reducing pressure ulcer pain by keeping the wound covered and moist. Using a non-adherent dressing helps as well. We must administer pain medication regularly in the appropriate dosage to control pain. We should encourage repositioning as a means to reduce pain. Finally, we should consider alternative therapies to see if they can help with pain control.

1.9 Procedures Pain

Procedures Pain

Pain control measures

Dosing prior to treatments

*Application of **topicals***



Narration

JILL: We must use adequate pain control measures, including additional dosing at times of wound manipulation, wound cleansing, dressing change, debridement, and so on. Topical medications, including opioids, are more effect when applied 20 to 30 minutes prior to wound treatment. When using topical medications, be sure to follow the manufacturer's recommendations.

MARK: I will try and remember that.

1.10 Chronic Pain

Chronic Pain

Manage persistent pain:

- local anesthetic
- an *adjuvant*
- *transcutaneous nerve stimulation*
- *warm applications*
- *tricyclic antidepressants*

Refer to pain / wound clinic resources



Narration

JILL: Finally, we want to look at some methods for managing persistent, neuropathic pain in pressure ulcers. One option is to use a local anesthetic. Another is to give the patient an adjuvant, that is, an antidepressant or antiepileptic medication. Transcutaneous nerve stimulation may help in certain circumstances. Warm applications and tricyclic antidepressants are two other alternatives.

MARK: And if those don't work, I guess we do what we always should in these situations. That is to refer the patient to a pain or wound specialist.

JILL: Yes, good point. When we can't help, refer to someone who can.

1.11 Summary



Narration

JILL: This brings us to the end of this module on pressure ulcer pain assessment and management. Mark, would you like to summarize what we learned?

MARK: Sure thing. Pressure ulcers are painful due to a number of factors. We looked at using pain scales and other methods to assess pain in pressure ulcer patients. We discussed steps we can take to prevent or reduce this pain. Finally, we examined strategies for managing and treating the pain associated with pressure ulcers.

JILL: Great. I'm Jill along with Mark saying goodbye for now.

MARK: Goodbye.

1.12 The End



Narration

No narration, only music.