#### You can assess pain

Module 4

## Learning objectives

- Describe how to carry out a pain assessment
- Take a holistic history and make a problem list
- Discuss the use of pain assessment tools

## What is pain?

 'Unpleasant sensory and emotional experience associated with actual or potential tissue damage'

International Association for the Study of Pain, 1994

Pain is what the patient says hurts

#### What do we need to know?

- Where is the pain are we treating?
  - people can have many use the body chart
- What type of pain is it?
  - important in choosing the treatment
- What effect is the pain having?
  - how strong/ severe is it
  - is it preventing normal activity
- Is there anything that is helping to relieve the pain?

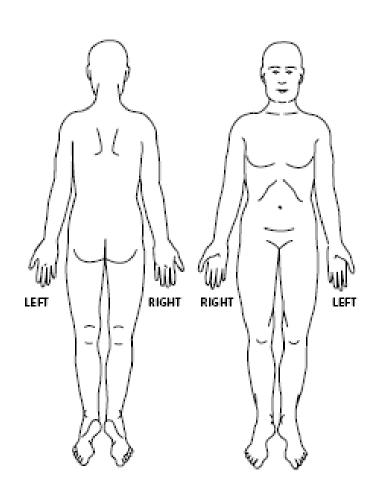
#### What do we need to know?

- Physical assessment
  - PQRST tool
  - Precipitating and relieving factors
  - Quality of pain
  - Radiation of pain
  - Site and severity of pain
  - Timing and previous treatment

#### What do we need to know?

- Holistic assessment
  - Physical
  - Psychological
  - Social
  - Spiritual
  - Cultural

### Where is the pain?



**Key Questions** 

Where is the pain? Can you point to it? Does it spread?

#### Nociceptive

- Somatic
  - the sort of pain you get after an injury.
  - sharp/aching, well localised,
  - follows normal pain pathways and is caused by direct stimulation of nociceptors..

#### Nociceptive

- Visceral
  - from the organs.
  - sharp/aching/colicky poorly localised often nauseating.
  - follows unusual pathways and is also caused by stimulation of nociceptors.

#### Neuropathic

- Nerve damage
  - various unpleasant sensations
  - burning/shooting/like electricity/dead or numb feeling/pins and needles/prickling can also be stabbing and aching
  - caused by direct damage to the nerves along their pathway.

SOMATIC	VISCERAL	NEUROPATHIC
Bone metastasis	Bowel/ureteric colic	Brachial plexus
Pressure sore	Liver capsule pain	Sciatica
Inflammation from abscess	Headache	Glove and stocking neuropathy
		Tenesmus

#### Key Questions

In your own words, what does it feel like?

Does it feel..pricking, sharp, colicky, aching...

When did it start?

Is it there all the time?

What makes it better, what makes it worse?

# What effect is the pain having?

#### Pain assessment tool

Choose the pain score that is most helpful for your patient:

#### Five-finger score

Ask the patient to show how bad the pain is with their hand



#### Faces score

Ask the patient to point to the face which shows how bad their pain is



#### Number score

Ask the patient to show where their pain comes on the scale of 1 - 10



# What effect is the pain having

- Does it prevent normal activity?
  - preventing sleep
  - preventing movement such as walking
  - preventing sitting down
  - preventing eating or swallowing

other suggestions?

#### What relieves the pain?

- Better when staying still
- Better when bowels are open
- Better after wound has discharged
- Better if use hot or cold compress
- Better if praying
- Better when with friends
- Better when taking painkillers

## One extra question

- What does the pain mean to you?
  - some answers
    - I am being punished
    - I have cancer
    - I am going to die
    - There is no hope
    - I cannot live my normal life
    - I have to suffer, it is my destiny
    - I am being eaten away

### Summary

- Accurate assessment involves detailed history and examination
- PQRST is a useful tool
- Choice of pain rating scales depend on patients understanding
- Baseline pain score is important
- Remember holistic assessment
- Re-assessment is an essential part of good care

- These resources are developed as part of the THET multi-country project whose goal is to strengthen and integrate palliative care into national health systems through a public health primary care approach
  - Acknowledgement given to Cairdeas International Palliative Care Trust and MPCU for their preparation and adaptation
  - part of the teaching materials for the Palliative Care
    Toolkit training with modules as per the Training Manual
  - can be used as basic PC presentations when facilitators are encouraged to adapt and make contextual



