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# 13

## Care for the patient in pain

Pain is the most common reason for seeking medical care. Many of the patients the nurse sees are in pain. Their pain causes suffering and interferes with healing. It is the nurse's responsibility to do everything possible to ease the patient's pain. The nurse can never know whether another person is experiencing pain or not, or how much pain that person is feeling. Pain is a personal feeling that cannot be accurately described or measured. The nurse cannot feel the patient's pain or see it. The nurse has to believe in that pain and trust the person's judgement of how severe the pain is.



### Assess the patient's pain

To work out how to manage a patient's pain, the nurse must first know where it is (location), what sort of pain it is (quality), and how strong it is (intensity). For surgery patients, burn patients, and patients who have experienced trauma, that information is usually obvious. For other patients, the nurse may need to ask about these details. It may also be useful to ask about what brings on the pain or makes it worse, things that seem to relieve the pain, other symptoms that go with the pain and the effects of the pain.

Here are questions to ask a patient who appears to be in severe acute pain:

- Where is your pain?
- Will you describe the pain for me? What does it feel like?
- How severe is your pain?

These questions will provide the basic information needed to provide relief for the pain. In addition, ask the patient if he or she is taking any other medications. Ask if the patient is allergic to any pain medications.

If it is not clear whether the patient is in pain, begin by simply asking:

- Are you in pain?

Here are other questions that you might ask, especially about chronic or recurring pain, or pain that is difficult to identify:

- When did the pain start? How long have you had it?
- Are you in pain all the time? If not, how long does the pain usually last?
- What usually makes the pain come? What makes it worse?
- What seems to help the pain to go?
- Do you have other symptoms just before or during or after your pain (for example, nausea, blurred vision, dizziness, and shortness of breath)?
- Does the pain affect your sleeping, eating, working, and other activities?
- What do you usually do to try to help the pain to go?

## **Location of pain**

Pain may be felt in one place and be easy to identify. It may be felt in many areas of the body, especially if it is coming from internal organs. Sometimes pain may go out from the place of internal injury to other body parts. Occasionally pain is caused in one place and felt in another (referred pain). Some patients feel what is called phantom pain. This is pain in a body part that has already been cut off. It can continue long after the cut has healed. To help the patient to say where the pain is, you can use a chart of the body or a picture of a person. Ask the patient to point to the place where it hurts. This is especially helpful with children.

## **Character of pain**

Sometimes giving people a list of adjectives may help them to describe their pain. Words commonly used for pain include: sharp, throbbing, burning, searing, stinging, intense, shooting, dull, steady, aching, radiating, pricking, pressing, rubbing, etc. If the patient has these words to choose from, he or she can pick out the ones that apply.

## **How to identify the patient in pain**

Sometimes you can get an idea of the patient's pain simply by looking at him or her. People in pain often clench their teeth, shut their eyes tightly, bite the lower lip and grimace. They may have a beaten look and dull eyes. A person in pain often holds that part of the body still. The person may rub the sore body part. Body movements such as tossing and turning in bed can also indicate pain. People in pain may also moan or cry out. They may be sweating, appear pale or have rapid or shallow breathing.

Patients may suffer more or less from pain, depending on what it means to them. For example, a woman in childbirth may find it easy to stand her pain. She knows that she will have a baby. A person with chronic back pain who is miserable and cannot make the pain stop may not find it easy to stand. Some patients learn ways to cope with pain that make it more tolerable for them. Others do not seem able to cope with pain.

### **Patients respond differently to pain**

A patient's response to pain may also be affected by background and culture. One person may say the pain is not so serious when the family is there, while another tries to get sympathy

from family members. One person may say nothing about the pain while another cries out or complains. One patient may want quick relief while another may think pain relief is a sign of weakness or think that pain medication is addictive.



## **How to manage the patient's pain**

Here are the keys to effective pain management:

- **Show that you recognize the patient's pain and respond with a caring attitude.**
- **Listen carefully to what the patient says about the pain.**
- **Act to relieve the pain.** In cases of acute pain such as surgery or trauma, it is especially important to act quickly to relieve the pain. Pain can lead to complications and delay recovery. (Do not, however, give pain medication to a patient with acute pain in the abdomen until the problem has been found.)

- **Give pain relief before the pain becomes severe.** If the patient's pain continues, you must give medication on a regular schedule instead of waiting until the patient asks for help. Scheduled doses maintain consistent blood levels and prevent severe pain. This means that less medicine is needed to control the pain. If variable drug dosages have been prescribed (for example, intramuscular morphine 5 to 15 mg every three to four hours), ask the patient about the pain and adjust the dosage to make sure that the patient's pain is controlled.



## Pain medication

Drug management involves the use of narcotic opiates, and non-steroidal anti-inflammatory drugs and other analgesics.

### Narcotic analgesics

Narcotics relieve pain and give a sense of euphoria. Narcotics like morphine provide maximum pain relief. The dose can be steadily increased to relieve pain. Morphine is the best drug for very severe pain and for the terminally ill, whose pain may steadily increase.

Pethidine is also an effective narcotic analgesic which can be used as an alternative to morphine. But it is not as long-lasting as morphine and is not as effective as morphine for patients who are dying in severe pain. Codeine is a narcotic which can be given by mouth for moderate pain.

Paracetamol or other anti-inflammatory drugs and narcotics work well together. They provide better pain relief than either drug given alone. An effective dose of paracetamol or aspirin for pain relief is between 650 and 1000 mg. Doses of narcotics vary, and you must know the ranges of effective doses. Doses vary depending on how the drug is given.

## **Administration of narcotics**

Narcotics can be given in several different ways. They are given most commonly by oral, intramuscular, or intravenous routes as an intravenous bolus or a continuous intravenous infusion. Oral administration is the easiest route. However, the effect of most opiate narcotics only lasts about four hours. This means that patients taking morphine or other opiates by mouth have to be woken up in the night to control their pain properly. There are some long-acting forms of morphine, with a duration of eight hours. There is also a new liquid morphine for those who cannot swallow pills.

Several narcotic opiates are available as suppositories. This route of administration is particularly helpful for patients who cannot swallow or who have nausea and vomiting.

Patients whose pain cannot be controlled by oral medication have their medication injected under the skin (subcutaneous injection). Pain relief can also be given into the muscle. This is not desirable because it is painful, the drug absorption varies and the shot must be repeated every three to four hours. Giving drugs intravenously is rapid and effective. It is useful for patients in acute pain. Some large hospitals now have patient-controlled pain relief. Pumps give the opiate when the patient pushes a button.

Patient-controlled pain relief is also possible by giving the patient a supply of liquid morphine.

The use of narcotic analgesics is normally controlled by various regulations and procedures to prevent misuse and to comply with international conventions on narcotic drugs. Access to narcotic drugs may be difficult because these drugs are normally kept under locked storage. Health workers are required to keep detailed records of the use of these drugs. This sometimes discourages the use of narcotic analgesics because it adds to the workload and responsibility of the doctors and nurses. But the well-being of the patient must be the main consideration of the nurse. Do not let this extra work stop you from using these effective analgesics.

## **Side effects of narcotic analgesics**

Narcotics all have side effects. You must review these side effects when giving any narcotic.

**Respiratory depression:** Narcotics may make the patient breathe less. This respiratory depression is the most dangerous side effect. Also, all narcotics make the patient sleepy to begin with.

Check the patient's alertness and breathing before giving any narcotic. This information will help you to decide whether the patient is having breathing problems or is too

sedated. If you see either of these problems, the dose is too large and you should obtain an order from the doctor to reduce the dose immediately.

The amount of sedation from narcotic analgesics will go down gradually on its own after the patient has taken the drug for three to five days.

As well as reducing breathing, narcotic analgesics have other side effects. These include constipation, itching (pruritus) and rarely, inability to urinate (urinary retention).

For **constipation**, increase the patient's fluid intake, increase fibre and bulk-forming agents in the diet, increase exercise and if necessary, use stool softeners or a laxative. Nausea and vomiting will gradually stop. Give an antiemetic until they stop. The patient may prefer to change the analgesic.

***Clinical alert: If the patient's breathing is reduced, give a drug to reverse the effects of the narcotic, such as naloxone hydrochloride (Narcan) until breathing returns to normal.***

For **pruritus** (itching), use cool packs and lotions and give the patient an antihistamine. The most common antihistamine is phenegen. Always have this available whenever drugs are given, to counteract reactions.

If the patient suffers **urinary retention** (inability to urinate), the nurse may need to catheterise the patient, or administer a narcotic antagonist drug such as Narcan.

## **Non-narcotic analgesics**

Non-narcotics or non-steroidal anti-inflammatory drugs include aspirin, acetaminophen and ibuprofen. They can work as pain relief and also bring down fever. Their most common side-effect is indigestion, or in extreme cases stomach ulcers and gastric bleeding. This can be prevented by eating some food when taking the medication.

Adjuvant analgesics are drugs which were not developed for pain relief but which can reduce some types of pain, especially chronic pain. These drugs include mild sedatives or tranquillisers. They can reduce muscle spasms as well as anxiety and tension, which may increase pain. Antidepressants such as amitriptyline hydrochloride may also help with pain. Anticonvulsants such as carbamazepine can control the pain of herpes zoster (shingles) and diabetic nerve problems, such as pain in the feet.

You should check patients frequently who may be in acute pain, such as patients after surgery. Check every two hours for the first 24 hours after surgery and then every three to four hours until discharge. Give narcotic analgesics and non-steroidal anti-inflammatory drugs (NSAIDs) as the doctor orders. The NSAIDs increase the pain relief provided by narcotics. Pain is less severe if relief medication is given on a schedule. Do not wait until patients are in such pain that they ask for relief.

When patients are not clear about the cause of pain and the amount of pain, it is helpful to follow the three-step ladder approach suggested by the World Health Organization for cancer pain. This approach is equally useful for pain from other causes.

- First give the patient a non-narcotic non-steroidal anti-inflammatory drug (NSAID).
- If the patient still feels pain after taking the maximum dose of the NSAID, add a weak opioid narcotic.
- If the patient still feels pain, add a strong opioid narcotic.

At any step, adjuvant analgesics can also be given.



## **Nursing measures for relieving pain**

There are several other things you can do to help relieve the patient's pain:

- Talk slowly and quietly with the patient
- Change the position of the patient to make him or her more comfortable
- Place padding over bony areas of the body before you apply a bandage.
- Apply heat or ice to the painful area
- Offer appropriate food
- Give enough fluids

- Encourage visitors to distract and comfort the patient with friendly conversation or by playing favourite music quietly
- Give the patient a warm, relaxing bath
- Give a back rub or massage

**Believe what the patient tells you about his  
or her pain.**