



woundclub live 2017

Assessing and managing pain

<KOL>

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For primary care and community nurses

Assessing and managing pain in wounds

- Definition of pain
- Understanding types of pain
- Causes of pain
- Pain assessment & assessment strategies
- Practical interventions in wound management



What is pain.....

“An unpleasant sensory and emotional experience associated with actual or potential tissue damage”

International Association for the Study of Pain 2007



Why does pain matter?

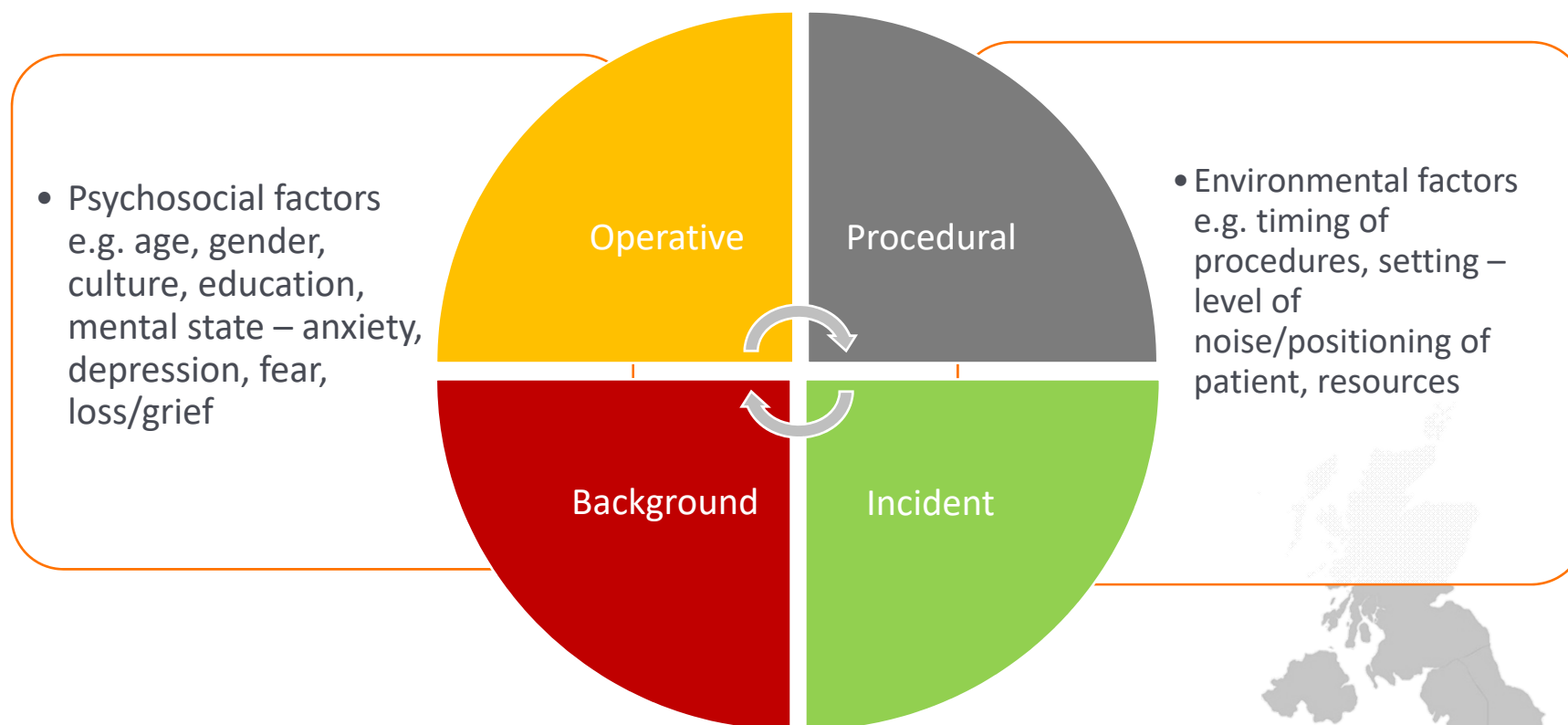


Types of common wound pain

- Nociceptive – directly from tissue damage
- Neuropathic – from dysfunction of nerve endings



Causes of pain



Assessment of pain



-
- Humanitarian
 - Moral
 - Ethical / Professional



Did we do a good job?



Are all your patients comfortable all of the time?

Head in the sand?



If we don't look....."Not asked for pain killers so must be ok!"

If we give two tablets....."That's a good job done"

Why is assessment bad?

- It can be inaccurate
- Inappropriate prescriptions
- Inappropriate administration
- Pain is expected?



PAIN IS ACCEPTED!!!!!!!!!!!!

Pain assessment

- Multi layered approach
- Initial assessment
- On-going assessment
- Review assessment



Assessment strategies

“Pain is what the patient says it is, but sometimes the patient doesn’t say”

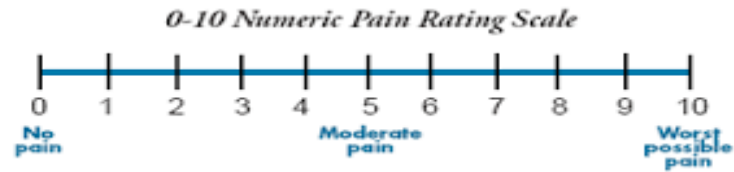
WUWHS (2004)



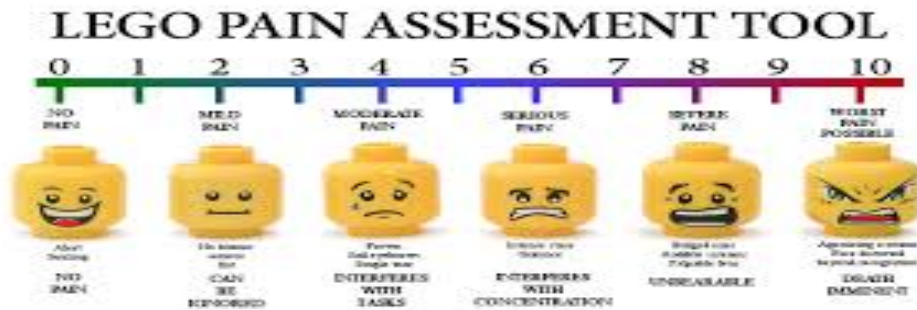
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Measuring pain intensity

- Visual scales
- Numerical scales
- Verbal scales
- Pain diaries



0 1 2 3 4 5 6 7 8 9 10



CROWNED Double PAIN Scale: www.thewoundhealing.com The design inspiration, artwork, is courtesy of LEGO Group

Management of pain

- Treat underlying cause
- Address local factors causing wound pain
- Consider analgesic and co-analgesic options



Management of pain – treat underlying cause

- Correct underlying cause of wound – will promote healing and reduce pain



Management of pain – address local factors causing wound pain

- Preparing the environment
- Dressing removal
- Dressing selection



Management of pain – address local factors causing wound pain

- dressing choice

- Hydrogels
- Hydrofibers
- Alginates
- Soft silicone
- Skin protectants
- Adhesive removers
- Antimicrobials

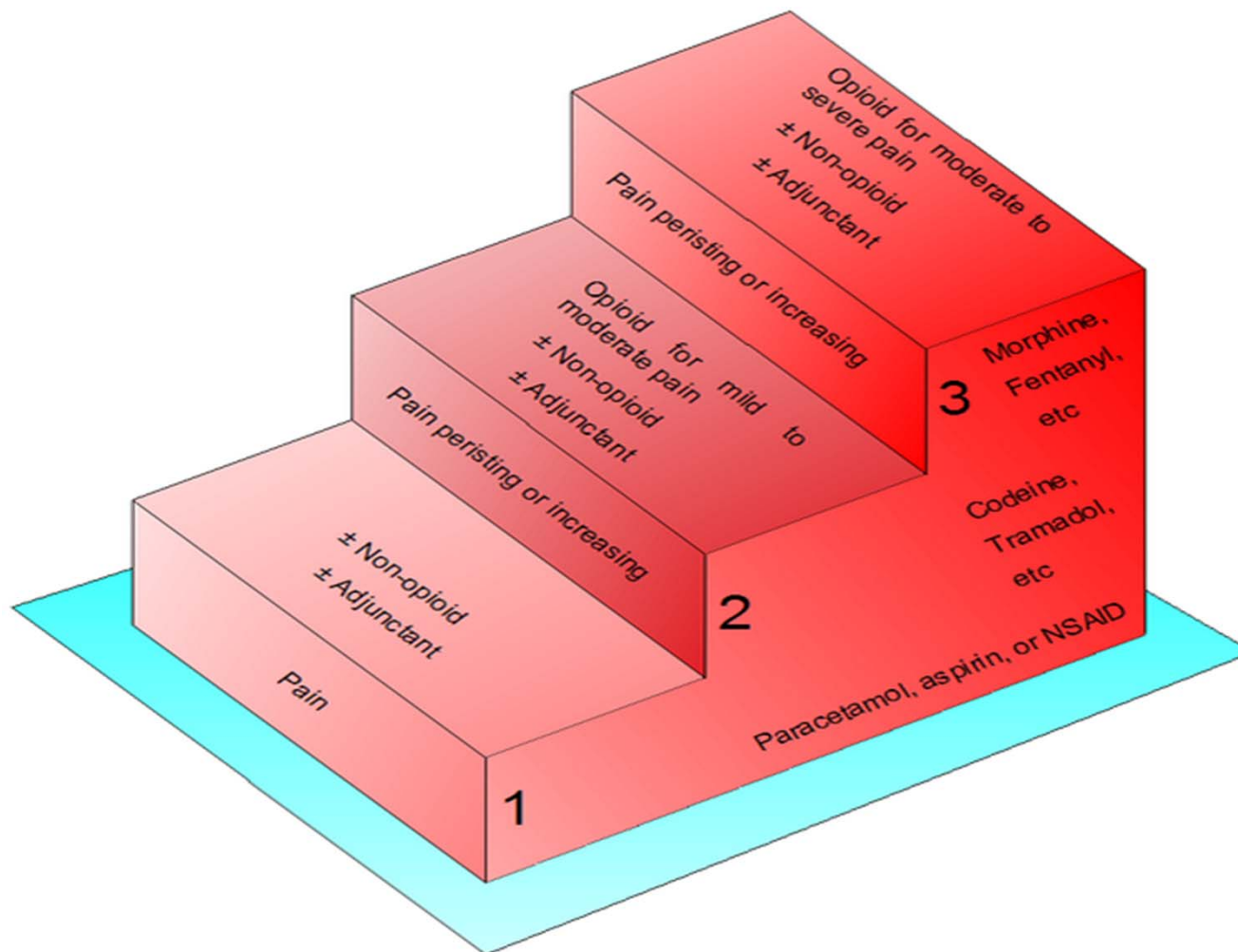


Management of pain – Consider analgesic and co-analgesic options

- Preventives
- “Fire extinguishers”
- Co-analgesics



WHO analgesic pain ladder



Classes of analgesics

- Opioids
- NSAIDs
- Paracetamol (acetaminophen)
- Topical local anaesthetics
- 50% nitrous oxide and 50% oxygen gas



Oxford League Table of Analgesic Efficacy

Drug	Number patients	NNT
Ibuprofen 800	76	1.6
Diclofenac 100	411	1.9
Piroxicam 40	30	1.9
Paracetamol 1g Codeine 60	197	2.2
Rofecoxib 50	675	2.3
Naproxen 450	257	2.3
Pethidine 100	364	2.9
Tramadol 150	561	2.9
Morphine 10	946	2.9

Other options

- Distraction therapy
- Music
- Breathing/relaxation exercises
- Acupuncture/ acupressure
- Massage
- TENS machine



Consensus recommendation for managing wound-related pain (WUWHS 2007)

- Choose dressings that minimise trauma and pain during application and removal
- Treat infections that cause wound-related pain and inhibit healing
- Treat local factors that may induce wound-related pain
- Select an appropriate dressing to minimise wound related pain
- Evaluate each patient's need for pharmacological and non-pharmacological strategies
- Involve and empower patients to optimise pain management
- Healthcare providers should ensure wound-related pain control for every patient

Key messages

- Predict painful situations
- Appropriate, effective assessment
- A multimodal approach



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