

# Promoting Comfort: Management of Pain for all Patient Populations



Wheaton Franciscan Healthcare

# Objectives

- Review Wheaton Franciscan Healthcare Interdisciplinary Standard of Care: Sensory
- Understand assessment process and parameters for intervention and reassessment related to pain and comfort
- Understand the importance of creating a plan of care with interventions that are appropriate for each individual





# Defining Pain

“Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does.”

Pasero, C. & McCaffery, M. (2004) Comfort Function Goals. *American Journal of Nursing*, 104.



# Goal of Pain Management:

Achieve the highest level of relief available or acceptable to the patient, while maintaining the highest quality of life for that patient



# Wheaton Franciscan Healthcare Interdisciplinary Standard of Care: **Comfort**

- The goal of promoting comfort is to maintain quality of life, such as a physical ability and function, psychosocial relationships, mental health and spirituality
- A holistic approach is used to manage physiologic symptoms of discomfort

# ASSESSMENT

All patients will be screened for the presence of pain by asking them a question such as:

**Do you have pain or discomfort now?”**

## Components of Pain Assessment:

- Location
- Description
- Intensity
- Duration



- Alleviating factors
- Aggravating factors
- Associative factors
- Impact of pain on patient's life



# Quiz

All patients will be screened for the presence of pain.

True    False



All patients will be assessed for physiological symptoms of discomfort

- Fatigue associated with alteration in sleep/rest pattern
- Nausea and vomiting
- Immobility
- Grimacing
- Depression
- Rubbing body parts

Non Verbal patients will be assessed for pain by objective and behavioral indicators

- Irregular breathing pattern
- Body language; rubbing or guarding
- Facial expression
- Negative verbalization
- Consolability



Assessment and Reassessment of pain is crucial to promoting comfort and patient satisfaction. Check the boxes related to when you would perform a pain assessment or reassessment.

- On admission
- With each hourly round
- After a pain medication
- After applying heat therapy
- After a patient attends a treatment or procedure
- After physical therapy
- Before physical therapy

# The following elements must be assessed on the first report of pain:

1. Pain intensity and duration
2. Behavioral indicators such as facial expression, crying, moaning, restlessness, guarding, biting, self regulation, and time out signals
3. Pain quality and character
4. Pain goals and expectations for pain management
5. Psychosocial assessment such as: coping, response to pain, attitudes about the use of pain medication, and beliefs about pain management
6. Impact on quality of life indicators such as: activity, mood, appetite, sleep, social relationships and leisure activities

# Pain intensity is assessed by using one of the following scales:

- Numeric 0-10 rating scale, Faces scale (children, cognitively impaired people)

[Link to scale](#)

- Pain Assessment in Advanced Dementia and Non Verbal patients (PAINAD)

[Link to scale](#)

Pain intensity is assessed in children under the age of 5 by using one of the following scales:

- Neonatal Infant Pain scale (NIPS) [Link to scale](#)
- Premature Infant Pain Profile (PIPP) [Link to scale](#)
- Face, Legs, Activity, Cry and Consolability scale (FLACC) (children less than 5 years) [Link to scale](#)
- Pre Verbal, Early Verbal, Pediatric scale (PEEPS) [Link to scale](#)

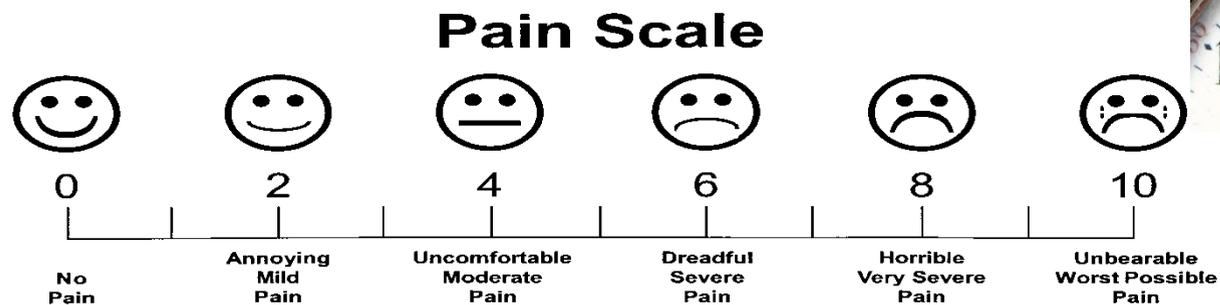
# Assessment of Pain Quality and Character

- Onset/ duration
- Location
- Description
- Aggravating factors
- Alleviating factors
- Previous interventions/treatments and effectiveness



# Questions to Assess: Onset and Duration

- What is the current level of pain?
- What is the worst it gets?
- What is the best it gets?
- When did the pain start?
- How long does it last?
- Is it constant or sporadic?



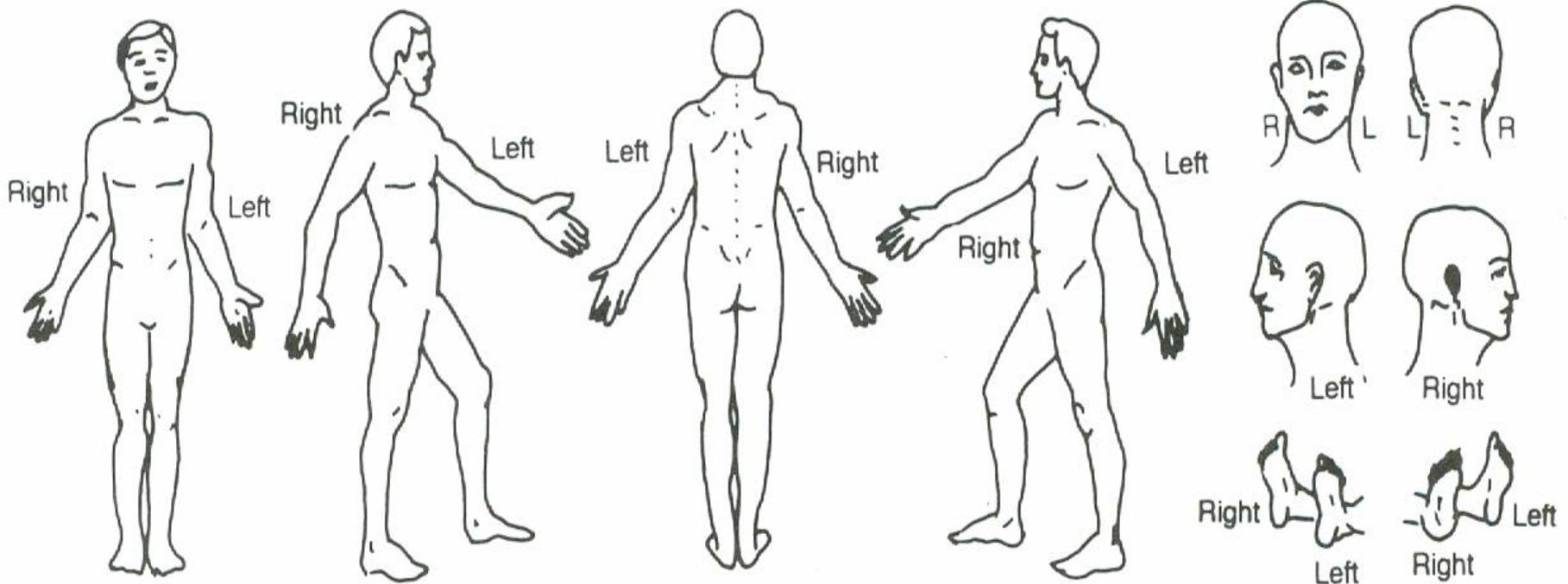
# Location

Does it radiate somewhere?

Anatomic location?

Where?

Is it present in more than one spot?



Intensity: Patient rates the pain. Scale used

Internal pain? External pain?



## **Aggravating factors**

*What makes the pain worse?*

## **Alleviating factors**

*What makes the pain better?*

## **Previous interventions/ treatments and effectiveness**

*What medicines have helped in the past?*

*What other methods have been used?*

*(Heat? Cold? Massage?)*

# Plan of Care

1. Analyze the assessment data to determine the patient and family care needs
2. Validate the care needs with the patient, family and other members of the interdisciplinary team when possible and appropriate
3. Document diagnosis and care needs in a manner that facilitates the determination of the expected outcome and plan

# Outcome Identification

1. Patient will verbalize effective comfort management or progress toward their comfort goal
2. Patient will achieve a comfortable state that allows optimal physical, psychosocial and spiritual function as appropriate to the patient's condition

Basic Assessment: **WDL (Within determined limits)**

Patient verbalizes /demonstrates absence of sensory alterations. This includes use of devices that maintain normal sensory functioning (e.g. glasses, hearing aids, and dentures). (See HEENT in Epic for these WDL statements: Hearing and vision intact, Teeth intact and appropriate for age, Absence of hoarseness.



# Identifying Outcomes:

## What is the patient and or family care need?

### **Goal:**

- Setting realistic goals/outcomes for meeting patient needs and designing strategies to achieve goals/outcomes

### **Comfort and function goals for addressing patient pain needs:**

- What patient needs to do
- What nursing needs patient to do
- What patient wants to do

# Interventions:

Initiating and completing actions necessary to accomplish defined outcomes / goals

- Collaborate with other disciplines/ resources to help manage difficult comfort/ pain issues
- Provide patient and family with education on comfort/ pain management using the teach back method

## Types:

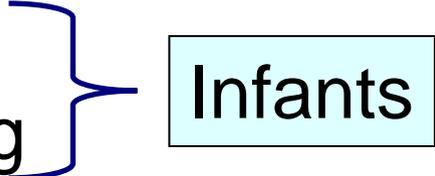


Pharmacologic



Non-pharmacologic

# Non- Pharmacological Interventions

- Physical/occupational therapy
  - Massage
  - Heat/Cold
  - TENS
  - Exercise
  - Relaxation
  - Sucrose
  - Swaddling
- 
- Distraction
  - Guided imagery
  - Meditation
  - Prayer
  - Acupressure
  - Acupuncture
  - Chiropractic techniques
  - Education

# Pharmacologic Interventions

Use pharmacologic interventions and conduct sedation assessment using the Pasero and McCaffery Sedation Scale as appropriate

Reassessment is Performed:

–Approximately every 1 hour

**AND**

–Appropriate intervals after each intervention



**REASSESSMENT** is essential to adequate pain control

# Monitoring IV Opioid Therapy

It is essential that you inform patients and their representatives regarding the monitoring process.

This includes:

1. Potential need to wake the patient for assessments
2. To alert healthcare providers if something doesn't seem right with their loved one regarding the occurrence of adverse reactions (i.e. breathing problems, excessive sleepiness, nausea, vomiting, mental status changes)"

# Evaluation

Determine the extent to which goals/outcomes have been achieved and whether interventions have been successful



- Monitor and evaluate effectiveness of comfort management plan and adapt the plan as needed

# Goal of Pain Management:

**Evaluation of the patients quality of life are reflected in key factors such as:**

- sustained pain relief
- adequate sleep/rest
- absence of nausea and vomiting
- allowing for optimal physical, psychosocial, and spiritual function “as appropriate” to the individuals condition



# As Patient Advocates our Goal is to Promote Comfort in all Patient Populations

- Cognitively impaired
- Non-Verbal
- Non-English speaking
- Children
- Elderly
- Generational
- Age Specific
- Culturally Diverse

# Promoting Comfort in all Patient Populations



- When a patient is unable to vocalize self report of pain, additional assessment techniques are required beyond verbal questioning
- Rely on sources of information such as:
  - behavioral cues
  - observations by family/caregiver

**As a care giver, assume pain is present based on procedure, trauma or surgical interventions**

# Promoting Comfort in all Patient Populations

## *Special Considerations and Adaptations*

- Be consciously aware of your own biases that might influence pain management interventions
- Be aware that each culture may experience and communicate pain in a different manner

For example:

- Some cultures see pain as a “test” they must endure
- Other cultures do not acknowledge presence of pain



# Promoting Comfort in all Patient Populations

- The use of a translator or CyraCom translator (blue) phone connection may be helpful with initial assessment of pain to help staff recognize “signs of pain” for that individual patient
- Special consideration for the proper management of pain in the dying patient is essential to promote comfort and dignity during the dying process

# Patient Education

Begin with the end in mind,  
education starts at admission



Remember: “Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does.” McCaffery

Education about promoting comfort should be presented to achieve the highest level of relief available or acceptable while maintaining the highest quality of life for that patient

# Patient Education

**Education should be provided in a manner so that the patient and family can:**

- Retain information
- Correctly follow their treatment plan
- Improve or maintain health



# Documentation

Documentation of pain and the promotion of comfort will be covered during your computer education classes and should be reviewed with your preceptor or supervisor





Throughout your orientation process you will need to work closely with your preceptor to determine your role in promoting comfort and managing pain in all populations



# In Summary

This module covered content that will help you in your orientation by reviewing:

- The Interdisciplinary Standard of Care that governs our practice in promoting comfort for our patients.
- The assessment process and parameters for intervention and reassessment related to pain and comfort
- The importance of creating a plan of care with interventions that are appropriate for each individual