TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School *of* Nursing

Integrative Inter-professional Pain Management: A Holistic Approach

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Core Values/Principles

Advocacy

Collaboration

Communication

Compassion

Comprehensive Care

Cultural Inclusiveness

Empathy

Ethical Treatment

Evidence-Based Practice

Health Disparities

IPE Teamwork

Patient-centered care

Humanizing the Management of Pain

There is a need to focus on the person as an individual with a set of symptoms rather than considering the person in terms of a diagnosis.

Many of those with chronic pain report a lack of communication and understanding among professionals.

Universal Definition of Pain

"Pain is what the person says it is and occurs when the person says it does."

McCaffrey (1968)

So why do we go to the efforts of describing and assessing pain and the manifestation of pain?

Relevance of Pain

Pain is one of the five most common reasons for seeking medical attention and is one of the most disabling and costly conditions in North America.

Pain affects the person's quality of life.

Management should not be iatrogenic.

The IPE Clinicians' Goal

The IPE Team will maximize the patient's functionality by enhancing the analgesic response, and to minimize treatment-related side effects or toxicities.

The importance of comprehensive pain management strategy occurs with inclusion of holistic components of complementary and alternative therapies with the patient.

Myths About Pain

The clinician is in the best position to judge the existence and severity of the patient's pain.

Comparable stimuli produce comparable pain in different people.

Visible signs always accompany pain and can be used to judge its severity and existence.

The Gold Standard

Self Report is the **GOLD STANDARD**

Validation of pain experiences builds trust.

Pain Qualifiers

Duration:

Acute-stabbing, sharp-occurs suddenly, lasting approximately 3 months, possibly 6 months

Chronic-dull, throbbing-occurs ongoing after injury is long-healed, greater than 6 months

Condition:

Low Back Pain

Painful Diabetic neuropathy

Cancer Pain

Physiologic:

Nociceptive-caused by activity in neural pathways in response to potentially tissue-damage cues

Neuropathic-arising as a direct consequence of a lesion or dysfunction in the nervous system

Incident/episodic pain: pain pathways are activated intermittently

Multidimensional & Individual Experience:

Biological, Psychological, Social + others

Allowance for Individualism

There may be:

- Differences in pain thresholds.
- Lack of uniform relationship between tissue damage and pain.
- Higher than expect pain reports warrant reassessment.

Remember:

- Behavioral and emotional adaptation to pain does not necessarily mean absence of pain.
- Stoic or exhausted responses may occur.
- Physiologic adaptation may occur toward homeostasis despite severe pain.

Choice and Use of Pain Assessment Instruments

Review with selection of the most appropriate for use with this patient and the capacity which allows for the assessment of pain according to needs represented.

Consider each member's input for the selection of EBP tools for fullest options for evaluation of pain.

Pain Myths

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Assessment of Pain

Importance for utilizing the appropriate evidence based tool for the population represented.

For example: developmental/age, LOC, ESL

https://www.verywellhealth.com/pain-scales-assessment-tools-4020329

The Adapted Pain Assessment Acronym:

O=onset

P=provokes, palliates

Q=quality

R=region, radiation

S=severity

T=timing/treatment

U=understanding

V=values

Pain Instruments

Measures of Pain Intensity

Uni-dimensional Tools

Quick and easy assessment of intervention efficacy

Common metric of 0-10 adopted by many centers

Standard Tools-reliable/validity well documented

Visual Analogue Scale (VAS)

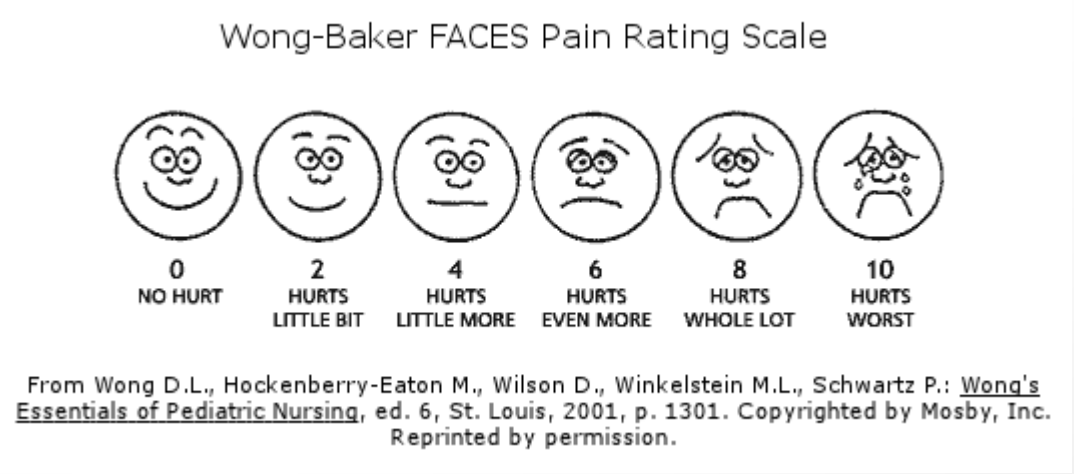
Numeric Rating Scale (NRS): 0 to 10

Verbal Rating Scale (VRS): No pain, mild, moderate, severe, very severe

Pain Instruments

Present Pain Intensity (PPI): No pain, mild, discomforting, distressing, horrible, excruciating

Faces



From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

On a scale of 1 to stepping on a lego, how much pain are you in?

Pain Instruments

Multidimensional tools:

Brief Pain Inventory

7 interference items; 4 intensity items; 2 items assessing pain treatment effectiveness

0-10 on most items

24 languages

Useful for assessment of impact on ADLs

5-8 minutes to complete

continued

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continued

Multi-dimensional tools: Short-form McGill Pain Questionnaire *Melzack, R. Pain 1987; 30(2), 191-7.

Developed in 1984, revised in 2009

SF-MPQ: 15 + 2 items (VAS, PPI)

Many languages

None, mild, moderate, severe

Recall-current time

SF-MPQ-2: 22 items

14 languages

Rated on intensity scale 0-10

2-5 minutes to complete

Recall-during the past week

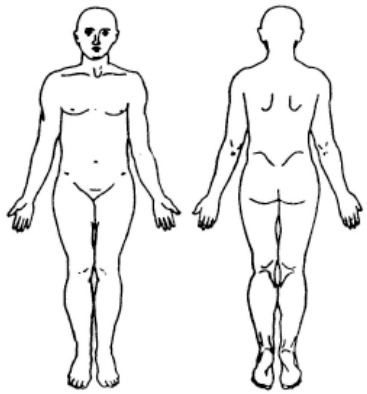
McGill Pain Questionnaire

Patient's Name _____ Date _____ Time _____ am/pm

PRI: S _____ (1-10) A _____ (11-15) E _____ (16) M _____ (17-20) PRI(T) _____ (1-20) PPI _____

1 FLICKERING QUIVERING PULSING THROBBING BEATING POUNDING	11 TIRING EXHAUSTING	
2 JUMPING FLASHING SHOOTING	12 SICKENING SUFFOCATING	
3 PRICKING BORING DRILLING STABBING LANCINATING	13 FEARFUL FRIGHTFUL TERRIFYING	
4 SHARP CUTTING LACERATING	14 PUNISHING GRUELLING CRUEL VICIOUS KILLING	
5 PINCHING PRESSING GNAWING CRAMPING CRUSHING	15 WRETCHED BLINDING	
6 TUGGING PULLING WRENCHING	16 ANNOYING TROUBLESOME MISERABLE INTENSE UNBEARABLE	
7 HOT BURNING SCALDING SEARING	17 SPREADING RADIATING PENETRATING PIERCING	
8 TINGLING ITCHY SMARTING STINGING	18 TIGHT NUMB DRAWING SQUEEZING TEARING	
9 DULL SORE HURTING ACHING HEAVY	19 COOL COLD FREEZING	
10 TENDER TAUT RASPING SPLITTING	20 NAGGING NAUSEATING AGONIZING DREADFUL TORTURING	
	PPI 0 NO PAIN 1 MILD 2 DISCOMFORTING 3 DISTRESSING 4 HORRIBLE 5 EXCRUCIATING	

BRIEF	RHYTHMIC	CONTINUOUS
MOMENTARY	PERIODIC	STEADY
TRANSIENT	INTERMITTENT	CONSTANT



E = EXTERNAL
I = INTERNAL

COMMENTS:

continued

Neuropathic Pain Diagnostic Questionnaire *Bouhassira et al. Pain 2005; 114(1-2): 29-36.

Q1-Is the pain: burning, painful cold, electric shocks yes/no for each

Q2-Is the pain associated with: tingling, pins & needles, numbness, itching yes/no for each

Q3-Is the pain localized in an area where:

Hypoesthesia to touch or hypoesthesia to pinprick yes/no for each

Q4-Can the pain be caused or increased by brushing? Yes/no for each

Yes=1 point, No=0 points, Score>4/10 = neuropathic pain, Sensitivity 83% Specificity 90%

Continued

FLACC Scale

DATE/TIME						
Face 0 - No particular expression or smile 1 - Occasional grimace or frown, withdrawn, disinterested 2 - Frequent to constant quivering chin, clenched jaw						
Legs 0 – Normal position or relaxed 1 – Uneasy, restless, tense 2 – Kicking, or legs drawn up						
Activity **0** – Lying quietly, normal position, moves easily **1** – Squirming, shifting back and forth, tense **2** – Arched, rigid or jerking						
Cry **0** – No cry (awake or asleep) **1** – Moans or whimpers; occasional complaint **2** - Crying steadily, screams or sobs, frequent complaints						
Consolability **0** – Content, relaxed **1** – Reassured by occasional touching, hugging or being talked to, distractible **2** – Difficult to console or comfort						
TOTAL SCORE						

continued

FLACC stands for face, legs, activity, crying, and consolability.

Designed for use with children too young to co-operate verbally & with adults who are unable to communicate.

Each item is scored as:

0=relaxed & comfortable

1-3=mild discomfort

4-6=moderate pain

7-10=severe discomfort

Provides a trend for increasing, decreasing, or stable pain

The Ideal Plan for Pain Management

Each member of the inter-professional team in concert with the patient will consider the pain, appropriate assessment, safest and most effective plan including complementary alternative therapies for management of pain with a minimum of side effects.

Ultimately the patient will experience the quality of being heard, seen and understood for an improved outcome of the experience of pain.

Pain and Complementary/Integrative Therapies to Consider

EBP supports the use of complementary and alternative therapy (CATs) as a part of the treatment plan for patients with both acute and chronic pain: certification may be required, check with state/ professional practice guidelines. *Board of Nursing for Texas favors first line to be non-opioid pharmacologic agent when appropriate.

Body-based methods-touch, yoga, acupressure, massage

Energy therapies-therapeutic touch, Reiki, electromagnetic

Diet & herbal preparations-diet, nutrition, tea

Mind therapies-meditation, relaxation, guided imagery

Sensory therapies-aromatherapy, music

Movement therapies-pilates, dance therapy

References:

https://www.verywellhealth.com/pain-scales-assessment-tools-4020329

Hamlin, A.S. Pain and Complementary therapies, *Critical Care Nursing Clinics of North America 29 (*2017) 449-460.

Simpson, C.A. Complementary Medicine in Chronic Pain Treatment.

Physical Medicine Rehabilitation Clinics of North America 26(2015) 321-347.

Tick, H. Integrative Pain Medicine: A Holistic Model of Care, International Association for the Study of Pain, *Pain Clinical Updates,* May 2014.

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