End of Life Care Information - **PAIN**

INTRODUCTION

Pain is "an unpleasant sensory or emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (International Association for the Study of Pain, 2008).

ASSESSMENT

The person/resident is able to communicate:

- Ask if pain on rest or movement
- Observe for non-verbal signs of pain
- Assess pain using an appropriate tool e.g.

  OLDCART

  Onset : When did it start?

  Location : where is it and does it radiate?

  Duration: How long does it last - Intermittent or continuous?

  Characteristics: Describe the pain.

  Aggravating factors: What makes it worse?

  Relieving factors: What makes it better?

  Treatment : Medications or non pharmacological interventions
- Pain and illness history, examination for bruises, swelling or breaks in the skin.

The person/resident is unable to communicate:

Observe for pain:

- Facial expressions
- Vocalisations
- Body movements
- Altered interactions
- Change in routine
- Mental status changes
- Psychological changes
- Assess using an appropriate tool e.g. Abbey pain scale or FACES pain scale.

Abbey Pain scale can be accessed from

https://edu.cdhb.health.nz/Hospitals-Services/Health-Professionals/think-delirium/Documents/Abbey-Pain-Scale.pdf

Physical assessment of pain:

P	Provocative factors	Ask what makes the pain worse?
Q	Quality	What exactly does it feel like?
R	Radiating	Does it go anywhere else?
S	Severity/Suffering	How bad is it? *(This is when we use a **pain scale**)* How much does the pain affect your life?
T	Timing and trends	Is it there all the time or does it come and go? Is it worse at any particular time of the day or night?
U	Understanding	"What does this symptom mean to/for you?" "How does this symptom affect your daily life?" "What do you believe is causing this symptom?" Does their pain have meaning?

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Wong-Baker FACES Pain Rating Scale

MANAGEMENT

- Both Pharmacological and non-pharmacological interventions are necessary for pain management
- Ask family/whanau if they would like to be involved in non-pharmacological interventions
- Believing that pain exists for the person as well as being with them can help reduce pain
- Positioning people for comfort and re positioning them regularly can help reduce stiffness and muscular aches as well as providing pressure relief. Pressure area risk assessments such as Braden or Waterlow should be carried out and appropriate pressure relieving aids supplied.
- Guided imagery and distraction can help reduce some types of pain by helping to relax or distract the dying person. Distraction therapy comes in many forms e.g. guided audio cds, tv, music, reminiscence etc. Remember that music played should be the person's own choice.
- Heat and/or cold can often help ease pain e.g. wheat pack. Care should be taken with the temperature to prevent burning.
- Massage, touch can be beneficial. Those giving massage should have an understanding of what is beneficial and what may cause harm. It is important to be aware that some people may not be comfortable with massage or touch.
- Prayer and mindfulness meditation can be beneficial in reducing pain or existential suffering depending on spiritual or cultural perspectives of the person.