

TITLE: Pain Management

Topic: 13 (1)

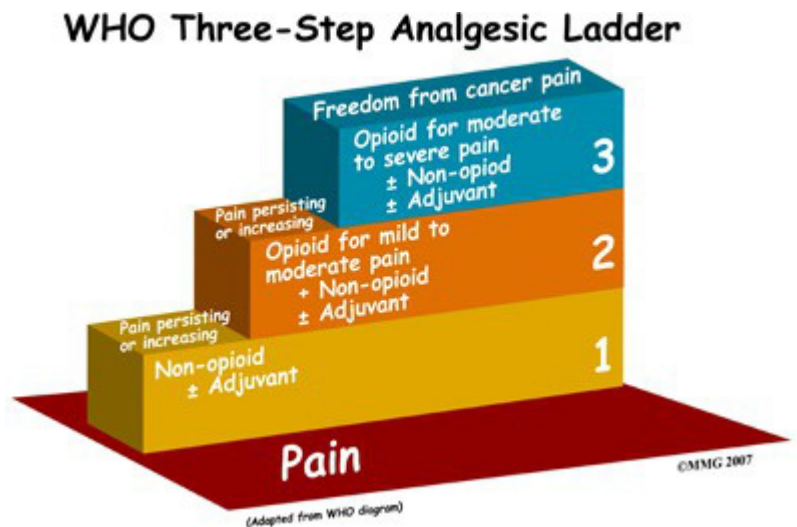
Pain management is a common issue in palliative care. Many patients and families express a fear of inadequate pain control at EOL, therefore clear communication and prompt attention to managing pain is required to address suffering. Proper assessment and management of pain can be instrumental in developing trust and an effective care giving partnership.

Pain is a multidimensional phenomenon with sensory, physiological, cognitive, affective, behavioural and spiritual components. Emotions (affective component), behavioural responses to pain (behavioural component), beliefs, attitudes, spiritual and cultural attitudes about pain and pain control (cognitive component) all alter the way that pain is experienced (sensory component) by modifying the transmission of noxious (unpleasant) stimuli to the brain (physiological component)

http://www.who.int/medicines/areas/quality_safety/guide_on_pain/en/ Accessed March 24, 2017.

WHO Pain Management Principles:

- By the ladder
- By the mouth
- By the clock
- With Breakthrough
- Dose for the individual
- Monitor for effect
- Treat underlying cause
- Treat all aspects of pain: physical, cognitive, affective behavioral and, spiritual



Classification of Pain:

Nociceptive Pain: Arises from stimulation of pain receptors within the tissue, which has been damaged or involved in an inflammatory response.

- Somatic-pain in skin muscle and bone, described as throbbing, stabbing and aching.
- Visceral-pain in organs, described as gnawing, aching, cramping, sharp.

Neuropathic Pain: Nerve pain initiated by damaged nerves.

- Described as sharp, tingling, burning, pins and needles (www.bccancer.bc.ca. accessed March 23,2017)