

# Making choices for life

## Fact Sheet 2

### PAIN



#### KEY MESSAGES

- "Pain is whatever a person says it is and not what others think it should be" (Dickinson 1988).
- The client is the best authority of their own pain. They are the most reliable indicators of the existence and intensity of pain.
- Unrelieved pain is undesirable; if ignored it can be more difficult to control.
- Personal beliefs are not adequate to determine another's level of pain.
- A client's pain management is provided by registered and enrolled nurses, medical practitioners and other specialists as required.
- Choice of medication is based on the severity of the pain experience by the individual and not the stage of the disease.
- A client cannot become addicted. Physical dependence and tolerance is rare in individuals without a history of prior drug use.
- Do not tamper with a syringe driver. Follow organisational policies and procedures in documenting and recording continuous infusions.
- Work within your organisation's clear statement of duties.
- Do not deviate from your scope of practice.

#### WHAT CAN YOU DO?

- Provide a systematic and holistic approach to pain management that is tailored to the client's individual physical, psychological, spiritual and cultural needs.
- Undertake an assessment of the client's pain, and report to the team leader. This will provide enhanced pain management, improving a client's quality of life.
- Observe and document the client's pain and other symptoms in line with care plan directives
  - Assess the probable causes of pain, there are many different types of pain and many different causes of pain (hydration, hunger, nutrition, spiritual, depression, psychological, grief, oral, dental, constipation, urinary retention, incontinence, shame, restlessness, hypoxia)
  - For those who are unable to verbalise their level of pain, it is important to accurately report findings based on observations using behavioural cues.
- Make sure all appropriate equipment to support in providing comfort to the client are available.
- Check that referrals are in place to ensure adequate support (family know who to contact and when).
- Promptly report to the appropriate member of the care team any variation in pain or other symptoms.
- Regularly evaluate and document effectiveness of all pain and symptom control strategies
  - In conjunction with analgesic medication a range of complementary strategies can be used such as TENS (Transcutaneous electrical nerve stimulation), relaxation, imagery, medication, hypnosis, acupuncture, acupressure, aromatherapy, repositioning, attending to clinical and emotional needs, distraction, heat packs and massage.

- Refer the client and their loved ones to ask their questions regarding pain management techniques and advice to specialist health care practitioners.
- Knowing your own work role boundaries, responsibilities and limitations will assist in delivering the service using a palliative approach.

#### WHY IT WORKS

- It is a psycho-social physiological approach to maintaining client's comfort and dignity.
- Acknowledge a client's wishes by upholding their cultural, religious and spiritual difference in relation to pain.
- Promoting comfort.
- Individual tailoring of the doses, methods and applications of pain management are the key principles to enhance the client's sense of control.
- It is essential that your values, religion, spiritual beliefs, culture and your own personal beliefs do not influence your decision-making processes.
- Be familiar with legal and ethical considerations on pain management to assist the client and family in decision making.

#### REFERENCES

Dickinson JA 1988 "Symptom Control in Palliative Care", Australian Prescriber, vol.11, no.4, pp.78-82

[http://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/pubs/rp/RP9697/97rp4\\_Residential\\_Aged\\_Care](http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/RP9697/97rp4_Residential_Aged_Care)

Palliative Approach Toolkit – [www.caresearch.com.au/PAToolkit](http://www.caresearch.com.au/PAToolkit)

[http://www.aacqa.gov.au/providers/home-care/processes-and-resources/resources-specifically-for-home-care/fact-sheets/homecarecommonstandardsv14\\_0.pdf](http://www.aacqa.gov.au/providers/home-care/processes-and-resources/resources-specifically-for-home-care/fact-sheets/homecarecommonstandardsv14_0.pdf)

McCaffery M and Beebe A 1989 Pain, Clinical Manual for Nursing Practice, CV Mosby, St Louis

