Answer Guidance

# Chapter 25: Pain management

## Activity answer guidance

### Activity 25.1

Reflect on the experience you have had in observing nurses undertake an assessment of a patient’s pain:

 Were any of the obstacles identified in Table 25.1 evident?

 How did the nurse deal with these obstacles?

 Do you feel the patient’s pain was effectively assessed?

#### Answer guidance:

 Were any of the obstacles identified in Table 25.1 evident?

*Look at table 25.1 and see if any of these were observed during a recent pain assessment. You may have noticed patient misconceptions or previous experiences impacting their thoughts, communication barriers, the patient age impacting their ability to express pain, a learning disability or mental health condition, cultural background, gender, the environment, or nurse preconceptions/ lack of understanding could all be barriers to pain management.*

 How did the nurse deal with these obstacles?

*Nurses should have the required knowledge, skills, and attitude to support patients manage their pain effectively. They should use communication skills to ask questions and listen to the patient’s verbal responses and non-verbal cues to assess their pain. They should be able to undertake a pain assessment and collaborate with the interprofessional team to ensure pain is managed effectively.*

 Do you feel the patient’s pain was effectively assessed?

*Reflect on your recent experience to determine if the pain was effectively assessed in your chosen scenario.*

### Activity 25.2

Review an experience you have had of using a pain assessment tool with patients. Reflect on how you communicated with the patients:

 Were there any barriers?

 Did you gain enough information?

 Whom did you share that information with?

#### Answer guidance:

*There are many pain assessment tools that are currently used in practice and you could have chosen any of them. The main focus of this reflection should be how you communicated with the service user. Your reflection should consider the following points (this list is not exhaustive but will give you key aspects):*

##### Communication:

 *Could the service user understand you and could they communicate their feelings, thoughts, and/or emotions?*

 *Did they have an impairment that may have affected their ability to communicate effectively, that is, visual, speech, or hearing deficit?*

 *Did they have a cognitive impairment? This could include having dementia, a head injury, or being under sedation.*

 *Were they in so much pain that they could not, or did not want to, talk with you?*

 *Did your service user have a learning disability that affected their ability to communicate?*

 *Did your service user have a mental health illness that prevented them from communicating their pain, that is, depression, catatonia, or paranoid thoughts?*

 *Were they too young to express their thoughts, feelings, or pain?*

##### Environment:

 *Did the assessment take place in a suitable environment? Think about the noise level, the actual setting—was it private?*

##### “News”:

 *Did you learn anything new?*

 *What did you find out?*

 *Could you tell the service user anything?*

##### Timing:

*Did you undertake the assessment at a suitable time? Were there any other considerations that should have been taken into account? You may identify that the patient was in so much pain that undertaking a full assessment was inappropriate at this time or that the patient was impaired by analgesia/medication that they could not communicate effectively.*

##### Review:

 *What are you going to do about the information that you have gathered?*

 *Where will you document this information?*

 *Who are you going to tell about the assessment results?*

 *How and when are you going to review this assessment?*

##### Emotional state:

*It is always important to consider the service user’s emotional state and whether they are well enough to complete an assessment and how they felt after the assessment. Most importantly you should always remember to return to the service user and inform them of your actions and how their pain is going to be managed—this will reassure them that they will not be forgotten.*

### Activity 25.3

Reflect on the last time you experienced pain—for example, when you “stubbed” your toe, cut your finger, or had a headache:

 What did you do to make the pain better?

 Did you take any medication?

 Did you use any non-medication measures to reduce your pain?

#### Answer guidance:

*You may have rubbed the injury or applied a dressing*

*You may have taken some mild over the counter pain killers*

*You may have used mindfulness tricks or distraction techniques, or massage. You might have used heat or cold.*

### Activity 25.4

Considering the potential further complications highlighted in Table 25.5, how many of a patient’s bodily systems could be compromised by ineffective pain management?

What effect is it likely that ineffective pain management will have on the time it takes for a patient to recover from illness?

#### Answer guidance:

*Respiratory, cardiovascular, gastrointestinal, neurological as well as immune systems.*

*It will increase the time it takes to recover from illness.*

### Activity 25.5

As is made clear by Table 25.4, there are a large number of analgesics that are commonly used. To care effectively for patients who are experiencing pain, you need to develop an understanding of these.

Reflecting on your most recent placement, were any of the patients you cared for taking analgesics?

If so:

o which analgesic?

o why had it been prescribed?

o was it effective?

o did the patient experience any side effects?

It is often easier to understand how drugs work by remembering the patients you have cared for who were taking them. When you go to your next placement, start to compile your own ‘directory of analgesics’, by keeping a note of the answers to the questions above. Remember the importance of confidentiality and that you must not include any names of patients or other identifying details in your analgesic directory.

#### Answer guidance:

*You have been asked to reflect on a recent placement:*

 Were any of the patients you cared for taking analgesics?

*It is highly likely that your patients were prescribed analgesics for acute and chronic pain, regardless of the setting*

 If so: which analgesic? Why had it been prescribed? Was it effective? Did the patient experience any side effects?

*You may have seen patients taking paracetamol, nefopam, opiates, non-steroidal anti-inflammatory drugs (NSAIDS), neuropathic agents, steroids, benzodiazepines, lidocaine, and others. These may have been prescribed for post-operative pain, neuropathic pain, palliative pain, bone pain, acute or chronic pain, burns, muscular, nociceptive pain, and others.*

*Patients may have experienced side effects such as drowsiness, constipation, nausea, vomiting, headache, confusion/ hallucination, dry mouth, or others. Pain killers may have varied results and patients may need to move up the analgesic ladder if their pain killers are ineffective.*

### Activity 25.6

Cooper, T.E., Heathcote, L.C., Clinch, J., Gold, J.I., Howard, R., Lord, S.M., et al. (2017) ‘Anti-depressants for chronic non-cancer pain in children and adolescents’, Cochrane Database of Systematic Reviews, 5 August.

 Review the article at: <https://pubmed.ncbi.nlm.nih.gov/28779487/>

 Identify how the findings of this systematic review have shaped pain management for this service user group.

#### Answer guidance:

*You have been asked to review an article about anti-depressants for chronic non-cancer pain in children and adolescents. Children can experience chronic pain related to genetic conditions, nerve damage, muscle or bone pain, stomach pain, as well as for unknown reasons. Antidepressants have been used for pain relief and pain management since the 1970s and are considered by clinicians to be useful for symptoms of nerve, menstrual, muscular, joint, and stomach pain. The evidence in this review was of low quality due to a lack of data and small study sizes. The authors found no evidence to support or refute the use of antidepressants to treat chronic non-cancer pain in children and adolescents.*

## Case study answer guidance

### Case study 25.1: James

Raphael is aged 48 and is an experienced nurse who has worked in the Accident and Emergency (A&E) departments for 12 years. Following a serious car accident, he experienced severe shoulder pain with limitations to his mobility and strength, along with head and neck pain. Raphael had to adapt his physical movements to ensure that he did not exacerbate the severe, sharp shoulder pain which progressed to include reduced strength in his hand. Following review by a shoulder specialist, he learned that he needed an operation that, when completed, resolved the shoulder pain and increased his mobility and strength. Although the resolution of the shoulder pain was effective, Raphael then started to realise that the head and neck pain was more acute than he had previously perceived. Following consultation with a neurosurgeon, Raphael learned that the initial car accident had resulted in damage to the cervical discs, which was trapping the nerves resulting in the pain. Due to the serious nature of any operation in the cervical region, he could not have surgery until the effects of the injury were having a more detrimental effect. It took nearly 6 years for his condition to worsen, during which time Raphael had to change his job as he was no longer able to carry out fundamental nursing duties. At this important time, he began to feel inadequate and experienced mild depression. Fortunately, Raphael was under the care of a pain specialist team and was commenced on anti-depressants which not only helped the depression but also helped with the pain itself.

 How many changes had Raphael been forced to make to his lifestyle due to the physical pain he was experiencing?

 What do you think was the underlying cause(s) of Raphael’s depression?

#### Answer guidance:

*The underlying depression may have been caused by the chronic pain and lack of progress in managing this, but also a loss of identity and a sense of inadequacy through not being able to undertake normal daily activities and his chosen profession.*

*Ralph had to give up his job and became very depressed. Although it doesn’t say in the case study, it could be assumed Ralph also struggled with driving and other leisure/sporting activities due to the trapped nerve in his neck.*

### Case study 25.2: Maud

Maud was reviewed by her GP four times over the summer months as she kept feeling unwell and fainting. During her fourth consultation, Maud told the doctor that she thought maybe she was feeling unwell and fainting because she did not drink enough fluids. The reason for this was climbing the stairs to use the toilet caused her a great deal of pain, even though she took her analgesia as often as it was prescribed. The doctor reviewed her analgesia and following a home visit by a community nurse and social worker, Maud had a downstairs toilet installed. Three months later, the community nurse visited Maud again, at which time Maud declared herself very happy with her new toilet and stated that her new medication was working very well.

 Identify the ways in which Maud’s case demonstrates how her quality of life has improved because a holistic approach was applied to her care:

#### Answer guidance:

*An interprofessional approach was taken to ensure all of Maud’s needs were met. Analgesia meant that she suffered less pain, but a downstairs toilet also met she didn’t have to cause pain by climbing up the stairs. This meant that she could drink plenty without fear of having to climb the stairs, and she was also less likely to feel faint and risk falling.*