

Pain

What is pain?

Pain is an unpleasant sensation that can range from mild, localized discomfort, to agony. Pain (hurting or discomfort) is exactly what the individual says it is. It is an experience that only can only be felt and described by the person with the pain. It can cause physical, emotional, or spiritual distress. Your nurse may ask you to rate your pain on a scale of 0-10 with 0 being no pain and 10 being the worst pain you might imagine.

Recognizing Pain

Pain can be described in many ways.

- Aching
- Stabbing
- Dull
- Burning
- Sharp
- Soreness

People with cognitive impairments (dementia, confusion), or those who are non-verbal, may exhibit pain in other ways. Your nurse will observe for these symptoms to evaluate their pain.

- Agitation
- Furrowed brow
- Guarding the area of pain
- Pacing
- Grimacing
- Moaning

Management

- Listening to relaxing music
- Light massage
- Soaking in a warm bath
- Heat/Cold
- Aromatherapy
- Deep breathing
- Take or administer medications as directed

Treatment

- Nonopioid medications: _____
- Opioid medications: _____
- Supportive medications: _____

If you need help with your symptoms, call VNA 24hrs a day:

214-689-0000

Opioid Myths

Myth: Opioids are addicting.

Reality: There is a difference between physical dependence, and addiction. Physical dependence is a state in which physical withdrawal symptoms occur when a medication is stopped or decreased abruptly. This is expected. Addiction is a chronic disease in which people have poor control over drug use and continue to use the drug despite physical and social harm. Addiction is rare for terminally ill patients when the goal of care is comfort.

Myth: All types of pain respond well to opioids.

Reality: Pain caused by bone or nerve injury (neuropathic) may need the help of additional medications along with opioids to provide better relief for these types of pain.

Myth: Giving opioids to a terminally ill patient will hasten death.

Reality: Research shows that the use of opioids does not lead to a quicker death. Withholding pain medication at the end of life is not appropriate when medications are available to relieve pain and suffering.

What should I communicate to the hospice/palliative care team?

- Location of pain
- Description and severity of pain
- What makes pain worse or better
- If pain is constant or intermittent
- How often you are taking medication
- Effectiveness of medication
- Side effects from medication (commonly: constipation, nausea, vomiting, sleepiness, dizziness, itching)
- Concerns about the medication

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