Pain Management
There are many different causes and kinds of pain. Pain can be caused by injury, illness, sickness, disease or surgery. Treating pain is the responsibility of your medical practitioner, nurse, and other caregivers. This brochure discusses what you should know about pain management and is brought to you by Joint Commission and Altru Health System.

The goal of this brochure is to:
» Assist you in learning why pain control is important
» How we can work together to find the best ways to control your pain
» Learn why talking about your pain and treatment assists us all

Why should pain be treated?
Pain affects us in many ways. Pain can keep you from being active, sleeping well, enjoying family and friends, healing, and even from eating. People used to think that pain was something they 'just had to put up with'. Today we ask you to work with your healthcare providers to adequately manage your pain.

Talking About Your Pain

Patient Rights Regarding Management of Pain
As a patient you can expect:
» Staff to ask you about your pain regularly
» Information on your pain and ways to control your pain
» That your report of pain will be taken seriously
» To have staff manage your pain to the best of our ability
» Access to resources for the emotional, psycho-social and spiritual aspects of pain
» To be provided with treatment choices and follow-up care instructions

As a patient, we expect that you will:
» Tell us that you have pain, the corresponding number of your pain on a 0-10 scale and the location of that pain, what makes it better and what makes it worse, even if we don't ask.
» Know what medications you are taking, how you are to take them and how they are working.
» Participate actively in decisions about how to manage your pain
» Ask staff about side effects of medications and what to do if you have questions.
» Describe your pain using words such as:
  Aching     Pressure
  Bloating   Pulling
  Burning    Radiating
  Cramping   Searing
  Comes and Goes Sharp
  Constant   Shooting
  Cutting    Soreness
  Cutting    Soreness
  Dull       Stabbing
  Numbing    Throbbing
  Pressing   Tightness
» Share with staff a list of all medications that you take including those for pain and over-the-counter medications
» Be responsible for keeping your medications safe from others accessing them.
1. Ask your healthcare provider what to expect in controlling your pain.

2. Write down your questions before you meet with your healthcare provider.

3. Discuss any concerns you may have about your pain treatments.

4. Ask about side effects that may occur with your pain medications such as nausea, sleepiness, constipation or slowed breathing.

5. Discuss when and how to take your medications or perform your treatments. It is important to manage your pain before it becomes severe. Prevention is the best way to manage pain. Taking pain medication on a regular schedule helps to achieve the necessary level of medication in your blood for pain relief. It is hard to get control of pain once it is severe. Take medication before activities that make your pain worse.

6. Help healthcare professionals 'measure' your pain. This helps the healthcare professionals to know how your treatments are working.

7. Tell healthcare providers about any pain that won't go away, side effects you are having and any questions you have. Healthcare providers want and need to know about your pain regimen and if it needs to be changed.

**Medications:**
Medications are one way to assist in the control of pain. There are medications such as acetaminophen (Tylenol), aspirin, ibuprofen (Advil, Motrin) and naproxen (Naprosyn, Aleve) which are often used to treat mild to moderate pain. Opioids such as codeine, hydrocodone, morphine, Oxycodone, and Fentanyl are often used to treat moderate to severe pain. These medications may be available in pill, liquid, suppository or skin patch formulations. There are also medications that may be used that may not be thought of as pain relievers such as antidepressants.

**Other Treatments:**
There are a number of treatments available for pain management. Your diagnosis may impact which treatments you are able to do. Medications are only one part of the puzzle of pain management. Here are some options to start with:

- Acupuncture
- Aromatherapy
- Assistive devices
- Biofeedback
- Counseling via pastor, professional, etc.
- Distraction and reframing through music, videotapes, books, television, etc.
- Exercise on your own
- Physical Therapy, Occupational Therapy
- Heat and/or cold
- Laughter
- Massage
- Pacing - By changing activity with rest periods can help you decrease pain
- Positioning
- Relaxation, imagery, meditation, self-hypnosis or breathing techniques
- Spinal cord stimulator
- Support group
- Transcutaneous electrical nerve stimulation (TENS)
- Water therapy, bathing/shower, whirlpool
- Interventional pain management (must have referral from provider)
- Palliative care consult
- Music Therapy
- Therapeutic touch

What can you do when your pain gets worse? Tell your doctor or nurse. Tell them how bad your pain is or if you're in pain most of the time. Tell the doctor if the pain medicine you're taking is not helping.

*Some therapies are available only as an outpatient. Speak to your primary care provider.*
Myths and Misconceptions about Pain Control

Many patients do not ask for or get help because they have common misperceptions regarding pain control. Here are 10 reasons they do not seek pain relief:

1. **I will become addicted.** Fear of addiction is very common for people who take opioid analgesics (narcotics) for pain relief. Drug addiction is defined as dependence on the regular use of opioid analgesics to satisfy physical, emotional, and psychological needs rather than for medical reasons. Pain relief is a medical reason for taking opioids. Therefore, if you take opioid analgesics to relieve pain, you are not an "addict," no matter how much or how often medicines are taken. Drug addiction in patients following physician's orders is rare, and almost never occurs in people who do not have a history of drug abuse prior to illness.

2. **I won't be able to handle the side effects of pain medication.** Some people think pain relief medication will make them feel drowsy, dizzy, or not "themselves." Not everyone has side effects from analgesics. However, some of the more common ones are drowsiness, constipation, and nausea and vomiting. If you experience side effects from opioid pain relievers, they can usually be treated successfully. Often side effects get better in several days.

3. **Pain is an inevitable consequence of many diseases.** There are many patients who never experience pain. Most pain can be relieved safely and effectively.

4. **I should be able to tolerate the pain.** People's religious, moral, cultural, or family backgrounds can lead them to think that needing pain medication makes them weak. It is actually pain that can make a patient weak. Not only can pain weaken the body, it can also weaken the spirit.

5. **My doctor won't understand my pain.** Some people are afraid health care professionals will think they are exaggerating the level of pain or are being too cowardly. It is a patient's right to receive assistance in pain management. In fact, if your doctor or nurse does not understand and control your pain, you may need to seek further assistance.

6. **If I complain, I am not being a good patient.** Some people are afraid of being a burden or nuisance if they talk about their pain. Understanding how bad pain is helps the health care professional decide how to treat it. You are the best judge of your pain, and the better you can describe it, the more helpful it will be. It may help to keep a record with ratings of pain and what is tried for pain relief. The record helps you and those who are caring for you understand more about the pain, the effects it has, and what works best to ease it.

7. **Pain means my disease is getting worse.** Some people think pain is a sign of deteriorating health. However, pain may occur at any time during the course of an illness, for any number of reasons. Pain may even occur for people whose condition is stable and whose life expectancy is long.

8. **If my doctor focuses on pain control, it will distract him/her from why I am here.** Working on managing the pain will actually help improve your quality of life. In fact, chronic unrelieved pain can cause patients to have other medical problems.

9. **I will not be able to afford pain medication.** Most health plans cover partial costs for prescription medications that are medically necessary. Use of a generic medication is an option in some situations for lowering costs. Many pharmaceutical companies have patient drug assistance programs to help with the costs associated with pain medication.

10. **I have too many pills to take as it is.** Some people find it hard to remember to take all of their medications. Return of the pain is not the best reminder to take pain medication. It is important to try to prevent the pain before it starts or gets worse by using a pain-relief method on a regular schedule. If pain begins, do not wait for it to get worse before doing something about it.
Speak Up

The framework of the Speak Up™ program from Joint Commission urges patients to:

» **Speak up** if you have questions or concerns, and if you don’t understand, ask again. It’s your body and you have a right to know.

» **Pay attention** to the care you are receiving. Make sure you’re getting the right treatments by the right health care professionals. Don’t assume anything.

» **Educate** yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.

» **Ask a trusted family member or friend** to be your advocate.

» **Know** what medications you take and why you take them. Medication errors are the most common health care errors.

» **Use** a hospital, clinic, surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation against established state-of-the-art quality and safety standards, such as that provided by The Joint Commission.

» **Participate in all decisions** about your treatment. You are the center of the health care team.
PAIN SCALE

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>VERY</td>
<td>MILD</td>
<td>MILD</td>
<td>BOTHER-SOME</td>
<td>DISCOMFORTING</td>
<td>MODERATE</td>
<td>DISTRESSING</td>
<td>SEVERE</td>
<td>VERY SEVERE</td>
<td>EXCRUCIATING</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PAIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **0**: No pain
- **1**: Some pain but OK
- **2**: Mild pain worse
- **3**: Annoying pain
- **4**: Distracting pain
- **5**: Pain can’t be ignored for more than 30 minutes
- **6**: Pain can’t be ignored at all
- **7**: Pain makes it hard to think and sleep
- **8**: Pain limits activity; nausea with pain
- **9**: I cry out in pain
- **10**: Passed out