

CLIP

15 minute Worksheet



Helping the patient with pain

2: Issues in assessing pain

Introductory level

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Aim of this worksheet

To consider additional issues around assessing pain

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Use the activity on the back page and take this learning into your workplace.

Case study

Pat is a 36 year old woman, married with two sons aged 12 and 9. She had problems with her bowels for several months before some rectal bleeding made her see her GP. Investigations revealed a carcinoma of the sigmoid colon with liver metastases. She copes with some denial and refuses to tell her sons. She tends not to complain of pain, but grimaces whenever she sits down. She looks anxious.

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Assessing pain

You need to ask Pat:

- Where it is, its character, what makes it worse and what makes it better.
- How long has it been present?
- How is it affecting her daily activities?
- Is it affecting her relationships?
- How is the pain making her feel?
- How severe is the pain?
- What goals does she have for the pain?

Of all of these, severity is the least important in deciding treatment, with two exceptions
 -pain of such severity that it demands an immediate response.
 -when you need to convince a colleague that a patient has pain!

It is important to know Pat's goals at this stage

- if they are unrealistic we need to negotiate some shorter term goals
- if they are too pessimistic, we need to negotiate some longer term goals.

Problems in assessing pain

- The number of different pains (50% of patients have 3 or more different pains).
 (Twycross RG *et al* *Journal of Pain and Symptom Management* 1996; 12: 273-282)
- Not all pains respond to morphine
- Patients underplaying their pain
 Beware the stoic: "I think there's a pain somewhere in the room, but I could not positively say that I have got it." Mrs. Gradgrind ('Hard Times', Charles Dickens)
- Patients reacting markedly to their pain (usually anxiety, anger or depression are present)
- Staff or partners assessing a patient's pain
 'Your own pain is certainty: another person's pain is uncertainty'
- The patient with poor or absent communication (coma, confusion, dysphasia, learning disability)
 See *Identifying Distress CLiP Worksheet*.

Help with assessing pain

| Tool | Advantages | Disadvantages |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Asking the patient | Highly accurate and reproducible! | Almost none. |
| Asking the partner or a colleague | Useful when communication with the patient is difficult. | Strongly subject to bias |
| Body chart | Simple to use, involves the patient, helps with diagnosis. | Almost none. |
| Visual analogue scale (VAS) | Very useful, simple, research tool that includes the patient's subjective view about their pain. | Some patients have difficulty understanding the concept. |
| Categorical scale | Simple to use, especially to convince other professionals of a patient's pain! Useful in research (? more consistent than VAS). | May be less sensitive than VAS. |
| Pain diary | Provides qualitative information for care and research use. | Difficult for patients to complete over long periods. |
| Pain questionnaire | Useful research tool, provides some qualitative data. | Not suitable for daily use. |

Principles

- Set realistic goals
- Understand the problems of assessment
- Know which pain assessment tools are best in which situations

Talk it over

Talk to a colleague and write down what else you would want to know about Pat's pain

Write

Ring the ones you think are MOST important in deciding treatment

Reflect

Think about TWO problems that could make it difficult to assess someone's pain.

- 1.
- 2.

Write

What are the advantages and disadvantages of the following pain assessment tools?

| Tool | Description | Advantages | Disadvantages |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|
| Asking the patient | Good communication and listening. | | |
| Asking the partner or a colleague | Good communication and listening | | |
| Body chart | Body diagram allowing patient or professional to mark pain distribution | | |
| Visual analogue scale (VAS) | Plain, 100mm line marked 'No pain' at one end, and 'Severe pain' at the other. The patient puts a mark corresponding to the severity of the pain. | | |
| Categorical scale | 5 point scale marked no pain, mild, moderate, severe and excruciating pain. | | |
| Pain diary | A daily diary written by the patient describing severity, feelings etc. | | |
| Pain questionnaire | eg. McGill-Melzack: sets of words describing pain (eg. pricking, stabbing). Results in an overall score. | | |

FURTHER ACTIVITY: Issues in assessing pain

Discuss the use of pain assessment tools in your team.

FURTHER READING: Issues in assessing pain

Journal articles

Davies J. McVicar A. Issues in effective pain control. 1: Assessment and education. *International Journal of Palliative Nursing*. 2000; **6**(2): 58-65.

Davies J. McVicar A. Issues in effective pain control. 2: From assessment to management. *International Journal of Palliative Nursing*. 2000; **6**(4):162-9.

Mayer DM. Torma L. Byock I. Norris K. Speaking the language of pain. *American Journal of Nursing*. 2001; **101**(2): 44-9.

Twycross RG. Palliative care in the past decade and today. *European Journal of Pain*. 1999; **3**(SUPPL. A): 23-29.

Twycross RG. The fight against cancer pain. *Annals of Oncology*. 1994; **5**(2):111-112.

Resource books and websites

A Guide to Symptom Relief in Palliative Care, 5th ed. Regnard C, Hockley J. Abingdon: Radcliffe Medical Press, 2004

Cancer Pain Relief and Palliative Care. Geneva : WHO, 1990.

Oral Morphine, Information for Patients, Families and Friends. Twycross R., Lack S.A. Beaconsfield Publishers. 1988.

Oxford Textbook of Palliative Medicine 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.

PCF3- Palliative Care Formulary, 3rd ed. Twycross RG, Wilcock A. Oxford: Radcliffe Press, 2008. Also on www.palliativedrugs.com

Symptom Management in Advanced Cancer, 3rd edition. 2001. Twycross RG, Wilcock A. Abingdon: Radcliffe Medical Press.

Wall and Melzack's textbook of pain, 5th ed. Stephen B. McMahon and Martin Koltzenburg, eds. Edinburgh : Elsevier Churchill Livingstone, 2006.



**Current
Learning
In
Palliative care**
An accessible
learning programme
for health care
professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Also available online on

www.helpthehospices.org.uk (click on 'e-learning')