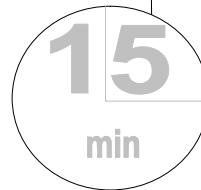


CLIP

15 minute Worksheet



Helping the patient with pain

3: Diagnosing the cause of pain

Intermediate level

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Aim of this worksheet

To understand the key clinical decisions in diagnosing 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- If you think any information is wrong or out of date let us know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 when sitting down. She looks anxious.

She asks to see you because of several pains.

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Diagnosing pain

There is no single treatment that treats all pains. Some treatments are better for some pains than for others. Consequently, it is essential to attempt to diagnose the cause of the pain

The checklist below helps you to do this in a systematic manner. For example:

- bone metastases* produce pain that is worsened by movement and straining the bone on examination
- muscle pain* produces pain on active movement (ie. when the muscle contracts) and may have a tender spot
- chest infection* causes pain that is worsened by inspiration
- constipation* causes a pain at rest in the abdomen that comes and goes every few minutes (ie. it is periodic)
- neuropathic pain* causes an unpleasant sensory change at rest, sometimes with pain on touching.

Pain behaviours and signs in people with communication difficulties

eg. coma, confusion, learning difficulty

Pain can cause a variety of behaviours and signs. The key issue is a *change* in behaviour and/or signs. This can only be identified by documenting the baseline behaviour and signs before the change, or by interviewing carers about previous behaviour and signs.

Examples of pain behaviours and signs:

Expressive: grimacing, clenched teeth, shut eyes, wide open eyes, frowning, pupil dilatation, grunting.

language (descriptive or associated words), non-language (crying, screaming, sighing, moaning)

Adaptive: rubbing or holding area, keeping area still, approaching staff, avoiding stimulation. reduced or absent function (reduced movement, lying or sitting).

Distractive: rocking (or other rhythmic movements), pacing, biting, gesturing, clenched fists.

Postural: increased muscle tension, altered posture, flinching, head in hands, limping,

Autonomic: sympathetic (↑PR, ↑BP, wide pupils, pallor, sweating), parasympathetic (↓BP, ↓PR)

Diagnostic checklist

- **Does movement precipitate the pain description, behaviour or sign?**

-does the slightest passive movement do this?

Consider: -skeletal instability due to a fracture caused by bone metastases or osteoporosis.
-nerve compression / soft tissue inflammation / local infiltration by tumour.

-does bone strain do this (ie. straining bone on examination)?

Consider: bone metastasis / intermittent nerve compression due to skeletal instability.

-is it precipitated by local pressure on muscle, and/or by active movement (ie movement against resistance)?

Consider: myofascial muscle pain / skeletal muscle strain or spasm.

-is it precipitated by joint movement?

Consider: arthritis (inflammation, infection, bone metastasis).

-could it be another movement related pains?

Consider: organ distension (tumour infiltration, haemorrhage) / inflammation or infiltration

-exclude trauma: do a 'first-aid examination' (head, neck, shoulders, limbs, back, chest, abdomen)

- **Is it due to a procedure?**

- **Is the pain description, behaviour or sign present at rest?**

-if this occurs in regular episodes lasting minutes (often normal in between), this suggests colic:

Consider bowel (constipation / obstruction / bowel irritation due to drugs, radiotherapy, chemotherapy, bile, or infection), bladder (infection / outflow obstruction / unstable bladder / irritation by tumour), ureter (infection / obstruction).

-is it in time with inspiration (or is breathing more shallow)?

Consider: rib metastasis / pleuritic pain (inflammation, tumour, infection, embolus) / peritoneal inflammation / liver capsule stretch or inflammation / distended abdomen

-is posture abnormal?

Consider: increased flexor or extensor tone / muscle spasm.

-if skin changes are present

Consider trauma / skin pressure damage / infiltration / infection / irritation / skin disease

-is the pain an unpleasant sensory change at rest (or is the pain worsened by touch)?

Consider: neuropathic pain (deafferentation pain, sympathetically maintained pain, painful peripheral neuropathies, peripheral neuralgias) / soft tissue inflammation

-if numbness or weakness are present

Consider: dermatomal nerve compression, peripheral neuropathy (eg. compression, B12 neuropathy, paraneoplastic), cord compression, cranial nerve damage or compression.

- **Does the pain description, behaviour or sign occur during or after eating (or are feeds being refused)?**

Consider: dental problems / mucosal problems in GI tract / distension of stomach or bowel.

- **Is the cause of pain still uncertain?**

Consider: vascular disease / infection

Pat's pains: these are probably muscle tension, colic, skin pressure pain, and neuropathic pain.

Write

List the behaviours and sign associated with the following pains. The checklist opposite will give you some help.

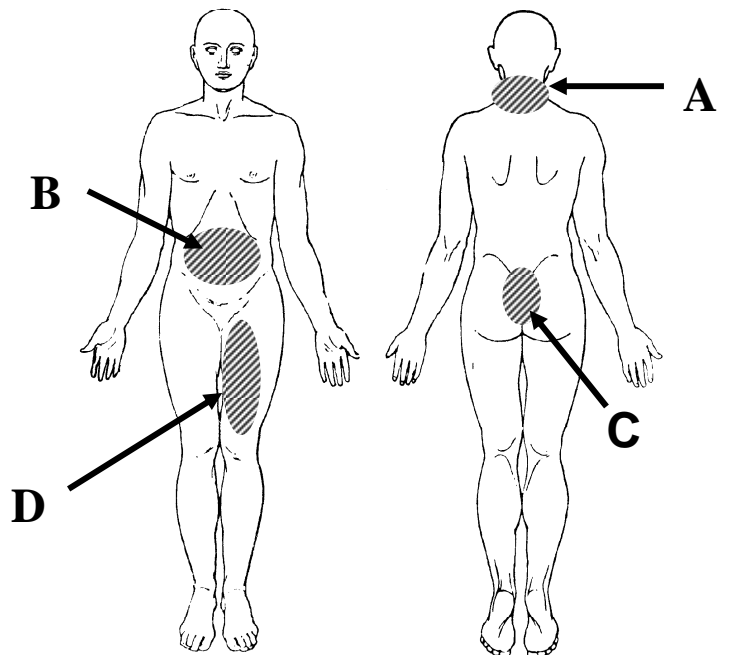
Pain due to:	Characteristics of the pain
-bone metastasis	
-muscle strain or spasm	
-chest infection	
-constipation	
-neuropathic pain	

Write

Now have a go at assessing Pat's pain shown on the body diagram below:

	Behaviour, sign or description	What makes it worse	What makes it better	Cause of pain
A: neck	Holds neck still when present	Turning head Local pressure on muscle	Rest, local massage	
B: abdomen	When present: grimacing every few minutes	Nothing	Nothing	
C: sacrum	Grimacing during day when sitting. Red skin over sacrum	Sitting	Lying on the side	
D: thigh	Grimaces occasionally. Burning feeling	Sitting. Touch	Nothing	

Observation suggests Pat has pain in these marked areas:



FURTHER ACTIVITY: Diagnosing the pain

When you next see a patient with pain

–use the diagnostic checklist to assess the cause of the pain

FURTHER READING: Diagnosing the 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.

Regnard C, Mathews M, Gibson L, Clarke C. Difficulties in identifying distress and its causes in people with severe communication problems *International Journal of Palliative Nursing*, 2003, **9**(3): 173-6.

Regnard C, Reynolds J, Watson B, Matthews D, Gibson L, Clarke C. Understanding distress in people with severe communication difficulties: developing and assessing the Disability Distress Assessment Tool (DisDAT). *Journal of Intellectual Disability Research*. 2007

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.

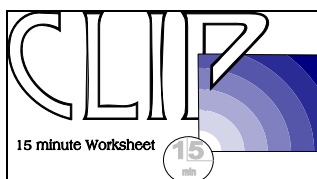
Oral Morphine, Information for Patients, Families and Friends. Twycross R., Lack S.A. Beaconsfield Publishers. 1988.

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

PCF2- Palliative Care Formulary, 2nd ed. Twycross RG, Wilcock A, Charlesworth S. Abingdon: Radcliffe Medical Press, 2003. 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')