ELNEC- For Veterans

END-OF-LIFE NURSING EDUCATION CONSORTIUM

Palliative Care For Veterans

Module 2
Pain Management

PARTICIPANT OUTLINE

Module 2: Pain Management
Participant Outline

Section I

I. INTRODUCTION
- A. Definitions
- B. Current status of pain relief

II. BARRIERS TO PAIN RELIEF
- A. Importance of recognizing and addressing barriers
- B. Specific barriers
  1. Fear of side effects
  2. Fear of addiction
  3. Fear of respiratory depression
  4. Fear of hastening death
  5. Healthcare systems
  6. Cost and reimbursement
  7. Personal/family cultural influences

III. STATUS OF PAIN SPECIFIC TO VETERANS
- A. Pain most frequently reported
- B. Veterans Health Administration (VHA) and the Institute for Healthcare Improvement (IHI) Collaborative
  1. Identification of attributes of an ideal pain management system
  2. Results of the VHA and IHI Collaborative Project
  3. Description of future objectives

Section II

IV. PAIN ASSESSMENT
- A. Components
  1. Pain history
  2. Physical examination
  3. Laboratory/diagnostic evaluation
- B. Veterans with advanced dementia
- C. Veterans intubated/unconscious
- D. Pain History
  1. Location
  2. Intensity
  3. Quality
  4. Pattern
  5. Aggravating/alleviating factors
  6. Medication history
  7. Meaning of pain
- E. Addiction assessment
- F. Physical examination

1. Observation
2. Palpation
3. Auscultation
4. Percussion

G. Diagnostic evaluation
H. Reassess
I. Common syndromes seen at the end of life
   1. Nociceptive pain syndromes
   2. Neuropathic pain syndromes
J. Pain versus suffering at the end of life
K. Veterans at risk for poor pain assessment and treatment
   1. Older adults
   2. Non-verbal or cognitively impaired persons/unconscious patients
   3. Veterans who deny pain
   4. Uninsured and underserved individuals
   5. Persons with a history of addictive disease
   6. Veterans with PTSD/psychiatric mental disorders
L. Communicating assessment findings
M. Definitions
   1. Tolerance
   2. Physiological dependence
   3. Psychological dependence (addiction)

Section III

V. PHARMACOLOGICAL THERAPIES
   A. Nonopioids
      1. Acetaminophen
      2. Nonsteroidal antiinflammatory drugs (NSAIDs)
      3. COX-2 inhabitants
   B. Opioids
      1. Mechanism of action
      2. Adverse effects
   C. Adjuvant analgesics
      1. Antidepressants
      2. Anticonvulsants
      3. Local anesthetics
      4. Corticosteroids
   D. Routes of administration
      1. Oral
      2. Mucosal and buccal
      3. Rectal (also stomal/vaginal)
      4. Transdermal
      5. Topical
      6. Parenteral
         a. Intravenous
         b. Subcutaneous

c. Intramuscular (not recommended)
d. Nasal

7. Spinal
   a. Epidural
   b. Intrathecal

Section IV

VI. PRINCIPLES OF PAIN MANAGEMENT

A. World Health Organization (WHO) 3 step ladder
B. Prevent and treat adverse effects
C. Use of long-acting and breakthrough medications
D. Converting from one route or drug to another (equianalgesia)
E. Opioid rotation
F. Addictive disease
G. Cancer therapies to relieve pain
   1. Radiation
   2. Surgery
   3. Chemotherapy
   4. Other therapies
H. Interventional therapies
   1. Neurolytic blocks
   2. Neuroblative procedures
   3. Vertebroplasty/kyphoplasty
I. Non-pharmacological techniques
   1. Cognitive-behavioral therapies
      a. Relaxation
      b. Guided imagery
      c. Distraction
      d. Cognitive reframing
      e. Support groups
      f. Pastoral counseling/prayer
   2. Physical measures
      a. Heat/cold
      b. Massage
      c. Repositioning/bracing
   3. Complementary therapies
J. Nursing role
   1. Acupuncture
   2. Acupressure
   3. Massage
   4. Others

VII. CONCLUSION

A. Assessment is key
B. Use both drug and non-drug therapies
C. Suffering/existential distress
D. Interdisciplinary team