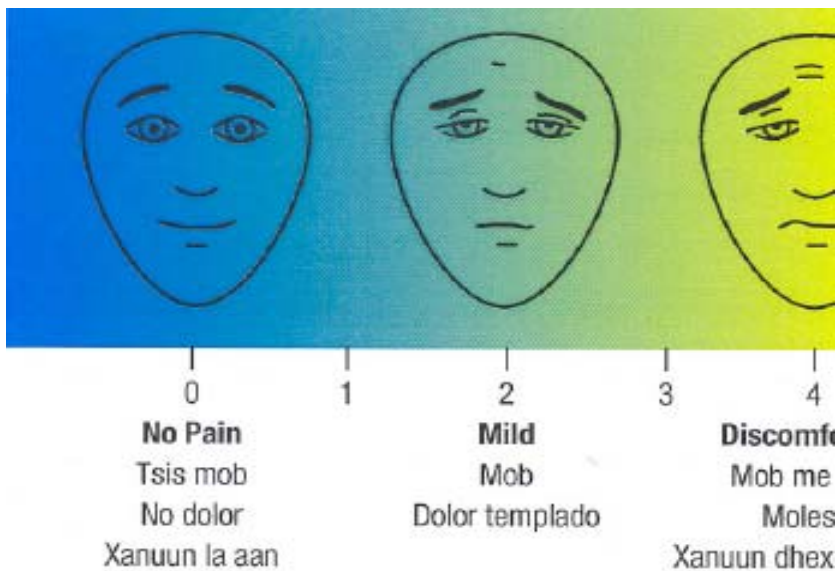


Managing Your Pain







Facts About Pain

No pain should be accepted as normal.

Pain can:

- ❖ Keep you from working, enjoying activity, taking pleasure in your family life.
- ❖ Hinder your ability to concentrate.
- ❖ Be an unpleasant reminder of your illness.

There are many types and causes of pain. Any disease process may produce pain at one time or another. There are several types of pain:

- ❖ Long term pain (chronic): This is usually debilitating and exhausting. Examples would be arthritis, chronic back pain, and cancer pain.
- ❖ Short term pain (acute): This may make you uncomfortable and anxious. Examples would be a cut, minor burn, sprained ankle, a headache or pain after surgery.

Pain control is important for all people – those with a short or long life expectancy.

**Most patients with pain
can get good pain relief.**





It is not a sign of strength to avoid taking pain medicine. When you let pain relief medicine fight for you, you can conserve your energy for more important things. The best way to get help is to:

- ❖ Be able to give a good description of the pain.
Remember—The person having the pain is the expert on his or her own pain.
- ❖ Have good communication between the person who has the pain, the family, the physician and the homecare or hospice team.

When your pain is under control you will most likely enjoy a better quality of life. You will be able to eat, sleep, perform daily activities, and relate to your family and friends in a more natural and normal way.

When you are rested and your pain is under control, you will be better able to help in the treatment of your illness.

The staff of Home Health & Hospice is committed to making sure all our clients have adequate pain relief and symptom management.

Please know that we are dedicated to helping you reach your goals for pain relief.





Treating Your Pain With Medicine

Pain can almost always be controlled through the relatively simple means of taking pain medications by mouth.



Your doctor will decide which medicine is right for you. Your homecare or hospice nurse can teach you and your family about your medications.

We will help you learn what is the correct amount of medicine you will need to relieve the pain. It will be important to take the correct dose at the right time every day.

When pain medications are not able to be taken by mouth, medicine can be given rectally or through a patch placed on the skin. Medications can also be administered through a needle into the skin or into a vein. Your nurse will be able to talk to the doctor to find the best route for you to take your pain medicine.

To treat mild pain, the doctor usually asks you to take 'over the counter', non-prescription medications such as acetaminophen (tylenol), ibuprofen, or aspirin.






To treat moderate pain, the doctor usually asks you to use a medicine that combines a non-prescription pain-reliever with a small amount of a stronger pain medicine called an opioid. Examples would be percocet, darvocet, vicodin, or tylenol with codeine.

These medicines need a doctor's prescription. They have what is called a 'ceiling' or a maximum amount that can be taken in 24 hours because the liver can only tolerate a certain amount of tylenol, ibuprofen, or aspirin.

To treat severe pain, the doctor will most likely ask you to take a medication that has only an opioid (no tylenol, ibuprofen, or aspirin mixed-in). Examples would be morphine or oxycodone or fentanyl.


These are very effective and safe medicines. The amount that you take of these medicines can be safely increased until the pain is under control – there will be no 'ceiling' or limit to the amount that you can safely take in 24 hours.





To treat acute pain or for pain that only occurs occasionally, the doctor may order you to take pain medicines 'prn', which means take it whenever you begin to feel pain. He will give you guidelines as to how much time you should wait between doses.

To treat chronic pain, it is usually recommended to have a constant level of pain relieving medicines in your body at all times to prevent the pain from coming. This means taking your pain medicine on a fairly strict ('around the clock') schedule, so that you can avoid the pain. Your homecare or hospice nurse can help you set up a good schedule depending upon what medicine the doctor has ordered. It is always easier (and usually takes less medicine) to prevent the pain than to treat pain after it comes.

A common way to handle chronic, severe pain is to use a strong, long acting medication that you would only need to take two to three times a day. Examples would be morphine-sustained release or oxycodone-slow release. These medicines give you a small amount of pain relief at all times. The tablets should not be chewed or crushed or broken in any way because they are designed to slowly dissolve once they are swallowed or taken rectally. There is also a temporary skin patch (fentanyl) which can be placed on the skin once every three days.





Along with a long-acting, slow release medicine, your doctor will most likely order a **quick acting medicine** for you to take to treat the pain that ‘breaks-through’ the long-acting medicine. This quick acting medicine can also be taken before an activity that you know causes pain to prevent the pain from starting. Examples would be an immediate release morphine or oxycodone.

Occasionally the body develops a **‘tolerance’** to a certain dosage of an opioid, meaning that the body is used to a certain amount and you may need more medication to continue to get good relief. If at any time your pain medicine stops being effective, you must let your homecare or hospice nurse know. Your nurse can then coordinate with your doctor to raise the dose to a level which will be effective.

Once you have been on scheduled pain medicine that contains an opioid, you should **never abruptly stop** the medicine. Your body has become accustomed to the medicine and you may have some uncomfortable side effects unless you slowly wean away from it. Those who are close to dying may seem to be in less pain but their schedule of pain medications must be continued to make sure they remain pain-free. Talk to your homecare or hospice nurse before adjusting any medications.

Side Effects of Opioid Medications

Any medication that contains an opioid can have temporary side effects, such as **nausea and/or vomiting, sleepiness, or dizziness**. These should be reported to your homecare or hospice nurse. These side effects usually go away within a few days, once the body gets accustomed to the pain medicine. Side effects can be treated so that you are not uncomfortable during the time it takes your body to adjust. Any time the dose of an opioid is increased, you may again notice some side effects for a brief while, but they will eventually go away.

Constipation is a side effect of taking opioids which never goes away. It is best to prevent this side effect before it even starts. Opioids slow down the bowel. It is necessary to take a stool –softener/laxative medication and drink lots of water to keep the bowel contents moist and moving on a good schedule of every one to three days.

Stronger laxatives may be needed if it has been over three days since the bowels last moved. Your homecare or hospice nurse will help you keep a close eye on this.





Non-Medicine Ways to Relieve Pain

There are some non-medicine techniques that can relieve mild pain. These techniques can also be used in combination with pain medicines to help relieve moderate to severe pain. Some of the techniques take a little practice and experimentation.

Relaxation

Relaxation reduces tension in muscles. It can help you fall asleep, make you feel energized, and reduce anxiety.

- ❖ Find a comfortable position either sitting or lying down.
- ❖ Stare at an object or close your eyes.
- ❖ Concentrate on your breathing or on a peaceful scene.
- ❖ Take a slow, deep breath in and tense all muscles or a group of muscles (such as your arms).
- ❖ Hold your breath for a second or two.
- ❖ Exhale and relax, letting the tension drain away.

Imagery

Imagery is using your imagination to create mental pictures or situations. Imagery can help you reduce your pain, feel relaxed, relieve boredom, decrease anxiety, and help you sleep.

- ❖ Close your eyes and breathe slowly until you feel relaxed. Concentrate on breathing in ('in, one, two') and out ('out, one, two'). Imagine a ball of energy forming in your lungs or on your chest.
- ❖ Imagine that as you breathe in, the air you breathe in blows this healing ball of energy to the area of your pain where it heals and relaxes you.
- ❖ Imagine that as you breathe out, the air blows that ball away from your body, taking your pain with it.
- ❖ When you are ready to stop, slowly count to three, breathe in deeply, open your eyes, and say to yourself, "I feel alert and relaxed"



Distraction

Distraction means turning your attention to something other than the pain. It can be useful when you are waiting for your pain medicine to work. It can be a powerful way to temporarily relieve even the most intense pain. Any activity that occupies your attention can be used for distraction – watching television, listening to music, reading, doing crafts, or visiting.



Skin Stimulation

Skin stimulation is the use of pressure, friction, temperature change, or chemical substances to excite nerve endings in the skin. It is believed that the same nerve pathways transmit the sensations of pain, heat, cold, and pressure to the brain. When skin is stimulated so that pressure, warmth, or cold is felt, pain sensation is blocked or lessened. Skin stimulation can also alter the flow of blood to the affected area. Sometimes skin stimulation will get rid of pain for hours.

Skin stimulation is done either on or near the area of pain, but it can also be helpful to use skin stimulation on the side of the body opposite to the pain – for instance on the right knee if the left is painful.

If any skin stimulation technique increases your pain, stop using it. Skin stimulation should not be used if you are receiving radiation therapy.





Massage

Use steady, slow circular motions or even light strokes. Use bare hand or any substance that feels good, such as talcum powder, lotion, warm oil. Remember - foot rubs, hand rubs, and back rubs can be very relaxing. Do not use over red, raw, tender, or swollen areas

Pressure



Locate a spot that is over or near the area of pain. Experiment by applying pressure to the area for about 10 seconds as firmly as possible without causing pain. Use the heel of your hand, a fingertip, or the ball of the thumb. If the area of pain is an entire limb, use one or two hands to encircle a leg or arm. Once you find a 'trigger point', pressure can be applied for up to a minute. This will often relieve pain for several minutes to several hours after the pressure is relieved.

Vibration

Use over or near the site of pain to bring temporary relief of pain. Use a vibrating device such as a small battery-operated vibrator, a hand-held electric vibrator, a large heat-massage electric pad, or a bed vibrator. Consult your homecare or hospice professional before using any heat applications. Do not use over red, raw, tender, or swollen areas.

Heat or Cold

Please consult your homecare or hospice professional before using heat or cold applications. Once approved, try both and use which ever technique works best to relieve pain.



Heat often relieves sore muscles. Use a heating pad, hot water bottle, a hot moist towel (in a zip-lock bag), or a hot bath or shower.

- ❖ Don't go to sleep for the night with the heating pad on.
- ❖ Limit the time of application to 20 minutes.
- ❖ Don't use heat over any area where you have poor circulation.
- ❖ Don't use heat over a new injury—this can increase bleeding—wait 24 hours.
- ❖ Don't apply any heat source to bare skin.
- ❖ Don't use heat over a pain medicine patch.

Cold numbs the affected area. Use re-usable gel packs that are sealed in plastic and remain pliable even when frozen, an ice pack, or ice cubes (in a zip-lock bag).

- ❖ Don't apply to bare skin—wrap in a towel first.
- ❖ Limit the time of application to 20 minutes.
- ❖ Don't use cold over an area of poor circulation.
- ❖ If you start to shiver, stop using the cold.







Menthol Preparations

These are creams, lotions, liniments, or gels that contain menthol (such as Ben-Gay, Icy-Hot, Mineral Ice, Joint-ritis, or Heet).

When they are rubbed into the skin, they increase blood circulation to the affected area and produce a warm or cool feeling that lasts for several hours.

First test your skin by rubbing a small amount into the area of pain. If this is not uncomfortable and does not irritate your skin, rub some more into the area.

- ❖ Some menthol preparations contain an aspirin-like substance that can be absorbed through the skin. Check with your doctor or homecare or hospice nurse before using this technique if you have been told not to take aspirin.
 - ❖ Do not use menthol preparations over broken skin, a skin rash, or mucus membranes such as your mouth or around your rectum.
 - ❖ Do not get the menthol in your eyes.
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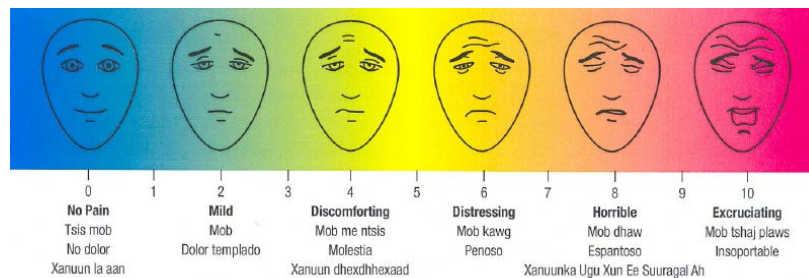
Assessment of Pain



Your homecare or hospice nurse will be doing a thorough assessment of your pain at the initial visit and then will reassess at every visit. The purpose of re-examining your pain is to check on the effectiveness of your pain relief techniques and to find out your satisfaction with how your pain is being treated. The goal is to use the lowest necessary dose of pain medicine to keep you comfortable.

You will be asked to rate your pain. Often a 0 – 10 scale is used where 0 = no pain and 10 = horrible pain
If this is difficult for you to do, your nurse may ask you if your pain is:

- ❖ 'mild' or 'little'(1-3)
- ❖ 'moderate' or 'medium'(4-6)
- ❖ 'severe' or 'large'(7-10)

Another technique for describing pain is a series of faces from happy to sad.







Other questions your nurse will ask you to get a good picture of your pain will be:

- ❖ Where is your pain?
- ❖ What makes it worse?
- ❖ What makes it better?
- ❖ What words describe your pain? (dull, sharp, ache, throbbing, heavy, stabbing...)
- ❖ Does the pain interfere with your daily activities? (sleeping, eating, walking, sitting, sex, working...)
- ❖ What medications have you taken for pain in the last 24 hours?
- ❖ Were they effective?

Your home care or hospice nurse knows that the best way to assess your pain is to ask you and to *believe what you say*.

One tool that can help your nurse assess your pain is keeping a pain control record, such as the one in the back of this pamphlet. Talk to your home care or hospice nurse about how to keep the record.



If you are caring for someone who has difficulty

communicating, always ask the person about pain first.


Remember he or she may need extra time to respond. Wait at least a couple of minutes for them to respond. If you do not get a response, look for signals of pain.:

- ❖ **Face:** grimacing, frowning, blinking, tightly closed eyes, or wide open eyes.
- ❖ **Voice:** moaning, crying, groaning, calling out, screaming.
- ❖ **Body movements:** hitting, biting, rigid posture, increase in head movements, rocking, tugging or pulling on legs, guarding parts of the body, change in walking motion, restless movement of the hands.
- ❖ **Mood:** increased irritability, increased confusion, more withdrawn or agitated.
- ❖ **Change in daily activities:** more rest periods, less social activity, sudden stopping of a routine, change in sleep pattern.

As you learn what behaviors signal pain for the one for whom you are caring, please share this with the nurse or other health care workers.



Dispelling the Myths About Pain Control

- ❖ Pain is not a normal part of growing older.
 - ❖ Pain is not an acceptable consequence of illness. Pain can and should be treated.
 - ❖ Opioid medication used to relieve pain or shortness of breath does not cause an addiction – except in extremely rare instances – less than 1%. When medicine is taken to relieve pain or shortness of breath, the medicine works on the pain or shortness of breath and does not make you ‘high’. Addicts take the medicine to simply feel that ‘high’.
 - ❖ Pain medication does not lose effect over time. It will continue to relieve pain. If the pain gets worse, the amount you take can be increased by your doctor.
 - ❖ You do not need to ‘save’ the medicine for later. You do not need to be concerned about taking an ‘overdose’. Your homecare or hospice nurse will coordinate with your physician so that you will always know the correct dose to take to counteract your pain. Your input is crucial. Don’t ever be afraid to tell your nurse about your pain or your dissatisfaction with your pain control.
 - ❖ Taking pain medicine does not mean you are about to die. Many individuals take pain medicine – (even strong medicine like morphine) for years. Taking pain medicine will not shorten your life.
- 



Remember:

It is **not a sign of strength** to avoid taking pain medication.

It is always easier (and takes less medicine) to **prevent pain** than to treat pain after it comes.

Most side effects of opioids are **temporary** and will go away in a few days.

There are some **non-medicine techniques** that can help relieve pain.

Your homecare or hospice nurse knows that the best way to assess your pain is to ask you and to **believe what you say**.

Pain is not normal and is not an acceptable consequence of illness.

Pain medicine used to relieve pain or any discomfort rarely causes a problem with **addiction**.

You do not need to **'save'** medicine for later – it does not lose its effect over time.

When you have less pain, you will be able to **enjoy life** and do the things you want to do.



Pain Control Record

Medication for pain:

Medication for side effects:

Pain Scale

0 = No Pain	6= Dreadful
2= Mild Pain	8= Very Severe
4= Uncomfortable	10= Worst Possible





NOTES





For additional copies of *Managing Your Pain* contact:
Mayo Clinic Health System -
Home Health & Hospice
P.O. Box 2060
Eau Claire, WI 54702
800-236-8408

Or you may print directly from our website
mayoclinichealthsystem.org
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Under Resources on the Hospice Services page

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