

Procedural Pain: the Good the Bad, and the Ugly

Janice Reynolds RN, BC, OCN, CHPN
Mid Coast Hospital
Brunswick, ME

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What is Procedural Pain?

- Pain that occurs during a procedure or afterwards.
 - Like all pain it is individual with the patient being the only judge of how it feels and how they react.
 - The patient's current state of physical health or emotional well being also has an effect.

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What is Procedural Pain?

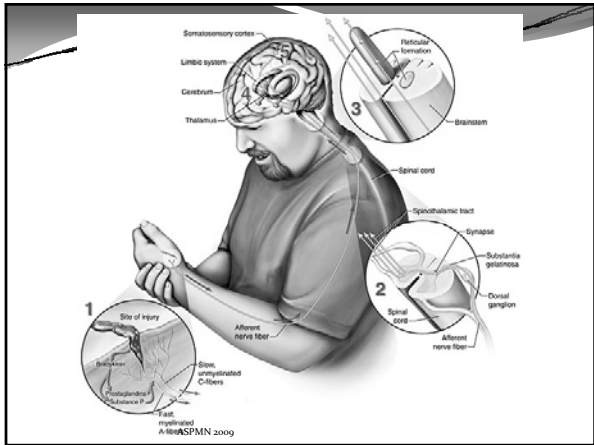
- Location of the procedure on the body, length of procedure, and amount of tissue damage which occurs has an effect.
- Previous exposure to pain, that particular procedure, complications during the procedure and skill of the clinician also adds to the pain potential.

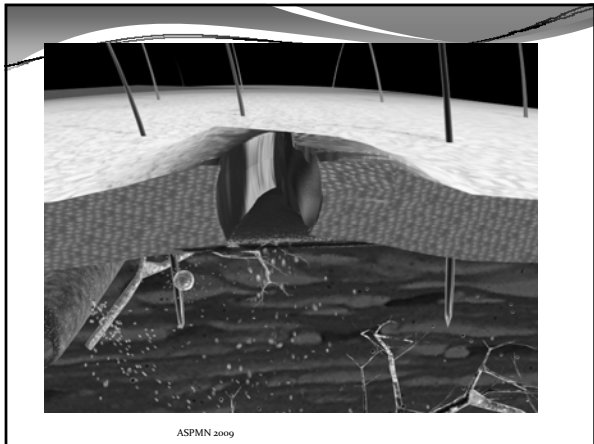
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Procedural pain

- Tissue, muscle, and nerves are damaged.
- Pain is caused by the release of chemicals from damaged cells, the inflammatory response, and damaged neurons.
- The patients' perception of pain does not necessarily correlate with the amount of damage however an increase in damage will likely increase the likelihood of pain.

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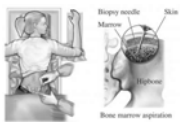
Outcomes

- The same procedure done twice may have different outcomes depending on:
 - Skill of the person doing the procedure
 - Length of the procedure
 - Complications of the procedure
 - Anesthetic used
 - Analgesic used
 - Previous patient experience

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What are Procedures?


- IV/ port accessing
- Needlesticks of any sort
 - Filling a pump
 - Filling a lap band
- Subcutaneous injection of hormonal agents
- Biopsies.
- Lumbar Puncture



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Procedures

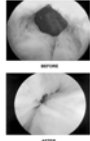
- Chest tube insertion/removal
- Paracentesis
- Thoracentesis
- Pleurodesis
- Minor surgeries
- Stitches



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Procedures


- Lymphoscintigraphy
 - For Sentinel Node Biopsies
 - Diagnose lymphoma or lymphedema
- Collagen Injections (bladder neck and elsewhere)
- Urinary Catheter insertion



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Procedures

- Dressing changes
- Vacuum Dressing Changes
- Debridement
- NG insertion
- Those other times



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“Management of Procedural Pain”

Rawe, c., Trame, C., Moddeman, G., O'Malley, P, Biteman, K., Dalton, T., Miller, A., Sillaman, B., & Walker, S. (2009) *Clinical Nurse Specialist* 24(3) 131-137

- Wound Care
- Wound drain removal
- Tracheal suctioning
- Femoral sheath removal
- CVL placement

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Why is there a problem?

- Education
 - Providers
 - Patients
- Lack of empathy
- Lack of reassessment or follow-up
- Patients who admit to pain or report it are viewed as not good patients.

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Why is there a problem?

- Opioidphobia
- Order sets
 - One size fits all
 - Lack of pre-assessment
- Lack of “Evidence” in the Adult community
 - Difficulty with the research there is.

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**Post-operative pain:
Patients' pain experience following oral mucosal biopsy under local anaesthesia**
H P O Kearns¹, B E McCartan² & P -J Lamey

**Post-operative pain:
Patients' pain experience following oral mucosal biopsy under local anaesthesia**

Objective To examine the incidence and severity of post-operative pain and use of analgesics following biopsy of oral mucosal lesions.

Design A patient survey using a self-completed pain diary.

Subjects and Methods Seventy-six patients attending an oral medicine clinic for investigation of oral mucosal disease recorded overall and worst pain experiences and analgesic usage over 7 post-operative days following biopsy using visual analogue scales in patient completed diaries.

Results One third of patients reported no post-operative pain on any day. Most patients recorded no pain or mild pain. The percentage experiencing pain dropped from the first day (61%) to the seventh day (21%). Most patients did not use any analgesics. Analgesic use was not related to the presence of pain. Only a small minority of patients recorded severe pain.

Conclusion Biopsy of oral mucosal lesions does not cause undue pain in most patients.
British Dental Journal **190**, 33 - 35 (2001)

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Patient's Point of View

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Medications for Procedural Use

- Acetaminophen
- NSAIDs
- Sucrose/ pacifiers (infant only)
- Nursing (infants)

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Medications for Procedural Use

- Opioids (short acting)
 - Hydrocodone+ APAP (Vicodin/Lortab)
 - Oxycodone +APAP (Percocet, Roxicet)
 - Oxycodone
 - Fentanyl
 - Morphine
 - Hydromorphone

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Medications for Procedural Use

- Anesthetics
 - Lidocaine
 - Bactrostatic Normal Saline
 - Tetracaine

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Medications for Procedural Use

- Off label uses
 - Pregabalin
 - Lidoderm patches
 - Morphine Insyte Gel
 - Topical Lidocaine with epinephrine (for wound repair)

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Off Label

- Use or route was not officially approved by FDA.
- Evidence may exist for use or route
 - Evidence may be strong or weak
- Use may be anecdotal
- Insurance companies may not pay for an off label use.
- Some states do not allow NP to order medication for an off-label use.

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Moderate Sedation

- Used frequently in pediatrics.
- Used infrequently in adults.
- Can be difficult to have a nurse who is competent in this present in both in and out patient settings.

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Preventative Steps IVs, Ports, & other Needlesticks

- Use a topical anesthetic cream or a local intradermal anesthetic.
 - EMLA
 - Numby Stuff
 - LMX4
 - Synera
 - Lidocaine hydrochloride 1%
 - J-tip
 - Sodium Chloride with benzyl alcohol
 - Pain Ease or Ethyl chloride



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Non-pharmacological Interventions

- Ice/cold packs
- Warm packs
- Cognitive therapies
 - Guided imagery
 - Meditation
 - Relaxation/breathing

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Nonpharmacological

- Support patients usual pain coping mechanisms (prayer, meditation)
- Facilitate use of home/folk remedies unless counter indicated.
- Music Therapy
 - EBP



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Majority of patients with pressure ulcers report pain at rest or with dressing changes. 18% rated it as horrible or excruciating.

Szors & Bourguignon 1999

- Assume all wounds are painful
- Over time wounds may become more painful
- Accept that the skin surrounding the wound may become sensitive and painful.
- Accept for some patients the lightest touch or air simply moving across the wound can be intensely painful.

A World Union of World Healing Societies Initiative

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Six Strategies for Minimizing Wound Pain

1. Measure pain scores before, during, and after dressing changes, when possible, to appreciate the patient's response to the total wound pain experience.

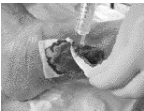
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Assessing Pain Before During and After

- Monitor for pain during the intervention(s)
 - Provide analgesia as needed when repositioning
- If pain is rated moderate to severe, dressing regimen should be reevaluated.

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2. Employ strategies to minimize pain



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Pain & Dressing Changes


- Premedicate
- Minimize daily dressing changes
- Time-outs
- Reduce anxiety
- Imagery or music



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Pain & Dressing Changes

- Diversion
- Interactive dialogue
- Deep breathing
- Touch



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3. Avoid dressings that cause wound trauma during wear time



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Pain & Dressing Changes

- Avoid cytotoxic agents
- Avoid aggressive packing
- Avoid drying out wound or wound bed
- Use warm cleansing solutions
- Protect periwound area
 - Skin protectant, barriers

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Pain & Dressing Changes

- Avoid tape on fragile skin
- Montgomery straps if appropriate
- Consider Ostomy appliance for heavily draining wound



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4. Select dressings that are know to be atraumatic on removal.



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Pain & Dressing Changes

- Careful removal of dressings and residue
- Use atraumatic dressings
 - Hydrogel
 - Calcium alginate
 - Hydrocolloidal
 - Foam
 - Transparent
 - Silicone



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5. Solicit patient's input on interventions and changes in dressing selection and overall plan of care

6. Establish dressing selection protocols based on the patients reactions and pain measurement data.

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Negative Pressure Devices


Application and removal is source of procedural pain

- Educate the patient
- Line the wound bed
- Change frequency of dressing changes
- Instill NS
- Prevent drying out

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NPD-Wound Margin Pain

- Cut sponge to exact size of wound
- Apply skin sealant to intact skin on the periwound edges. If periwound skin breaks down, apply 1 inch strips of hydrocolloidal or thin adhesive form to protect open areas before applying drape.



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Guidelines

- Existing Guidelines
 - NCCN
 - Chapter on Procedural Pain in McCaffery & Pasero's *Pain a Clinical Manual, 2nd Edition*
 - Individual Institution Policies

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National Cancer Institute

- Procedural Pain in "Pain (PDQ)"
 - Use local anesthetics and short-acting opioids to manage procedure-related pain, allowing adequate time for the drug to achieve full therapeutic effect. Anxiolytics and sedatives may be used to reduce anxiety or to produce sedation.

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Limitations to Guidelines

- Most address only the procedure itself, not afterwards
- Risk of reducing individualized care.
- Question of whether guidelines /protocols alter practice.

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Best Practice in Nursing

- The term best practice is a generic or general phrase for a process of infusing nursing practice with research-based knowledge.

The John Hartford Center of Geriatric Nursing Excellence

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Call to Action

Why

Who

What

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