Pain is always Personal

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Jean Guveyan Lecture

Conflict of Inflict Disclosure:

NO CONFLICTS OF INTEREST

OBJECTIVES:
1. Describe the power of making pain personal.
2. Analyze how the evidence for pain assessment and management relate to individual’s personal pain.
3. Demonstrate the power of making pain personal through advocacy efforts such as presentations, position statements, critical practice guidelines, policies, legislative and community actions.
2. Analyze how the evidence for pain assessment and management relate to individual's personal pain.

Culture of pain assessment and management versus the individual person experiencing pain
a) Stoic vs Expressive: Patient at fault
b) Meaning in Healthcare
c) Nurses Knowledge, Attitudes and Response

Co-morbidities challenge the evidence to manage individuals' pain
a) NSAIDS benefits and risks
b) Chronic non-cancer pain prevalence and efficacy of opioid treatment
c) Knowledge deficits of patients and healthcare providers
d) Access to self-management and non-pharmacologic management

The Power of Making Pain Personal
3. Demonstrate the power of making pain personal through advocacy efforts such as presentations, position statements, critical practice guidelines, policies, legislative and community actions.

The pendulum of pain and pain treatment
a) Severe pain no treatment - ASPMN placebo and neonatal circumcision
b) Severe pain over rated and over treated- ASPMN Range orders, Monitoring opioids (secure and dispose), Don’t treat by the numbers.
c) Healthcare providers fault
d) Living (and Leaving) a legacy of advocacy