



Understanding Pain

Lesson Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each participant a copy of the Learner's Guide and follow this plan to conduct the lesson. Copy certificates for everyone who completes the lesson and passes the test.
Approximate time: One hour.

Objectives

At the conclusion of this session, participants will be able to:

1. Recognize common misconceptions about pain.
2. Explain why we sometimes call pain "the fifth vital sign."
3. Recognize verbal and nonverbal signs of discomfort.
4. Describe the different kinds of pain.
5. Use comfort measures to relieve pain.



Preparation

1. Copy the Learner's Guide, Test, and Certificate for each participant.

Activities

1. Ask participants to read the conversations on the first page of the Learner's Guide and identify the misconceptions demonstrated in the conversations. Discuss this and allow for questions.
2. Ask if any of your participants have ever experienced an illness that caused them pain. Did they find out that sometimes people or doctors did not believe they were having pain, or did not think there was anything wrong? Emphasize that only the client knows the type and amount of pain he or she has. Review the material in the Learner's Guide, "Pain—the Fifth Vital Sign." Review the nonverbal symptoms of pain and the importance of reporting a client's pain to a supervisor.

Lesson

1. Review the material in the Learner's Guide, "Pain—the Fifth Vital Sign." Review the nonverbal symptoms of pain and the importance of reporting a client's pain to a supervisor.
2. Help participants go over the information in the rest of the Learner's Guide. You may want to have them read parts of it aloud. Discuss any policies and procedures you have in your organization about reporting pain, applying warm or cold compresses, exercise, massage, and other comfort measures. Emphasize the importance of support, which is something all caregivers can give. Allow time for questions.
3. The last page of the Learner's Guide provides some tools for gathering data about pain; your organization may use others that you will want to demonstrate.

Evaluation

Ask participants to complete the test and grade their work. Distribute certificates to those who complete the test with at least 11 correct answers.

Answers: 1. d; 2. b; 3. e; 4. a; 5. c; 6. True; 7. False; 8. False; 9. False; 10. False; 11. True; 12. True; 13. Fifth; 14. Pain; 15. Medicine; 16. Symptoms or problems





Understanding Pain

Learner's Guide

Wrong Beliefs about Pain



Each of the conversations below demonstrates a misunderstanding about pain. Can you identify the problem in each conversation? Refer to the “Common Misconceptions about Pain” listed below.

Mrs. Flynn: “I’m really hurting today. That medicine the doctor gave me doesn’t help very much.”

Attendant: “I expect the doctor has done the best she can. There are some kinds of pain that just won’t go away no matter what anyone does.”

Aide Mary: “That Mrs. Garrett is always complaining about her pain. She takes way too much of her pain medicine if you ask me. I think she’s addicted to it.”

Aide Alex: “Yeah, I agree. There is no way she can hurt as much as she says she does, so either she is addicted or is just wanting attention.”

Aide Joan: “Mr. Howard is so confused; he doesn’t even recognize his own daughter now.”

Aide Jerry: “Well, at least he doesn’t complain. I heard that when your mind goes you don’t feel pain.”

Attendant: “How are you feeling today, Mrs. Allen?”

Mrs. Allen: “I’m fine.”

Attendant: “Your knees are drawn up to your stomach. Does your stomach hurt?”

Mrs. Allen: “It’s nothing I can’t handle. I won’t be a whiney weakling like my sister was before she died.”

Common Misconceptions about Pain

1. Some kinds of pain are so bad we cannot effectively treat them.
2. Complaining of pain is a weakness.
3. Confused people have a higher pain tolerance.
4. People who complain of pain are just trying to get attention.
5. Terminally ill and elderly people are likely to get addicted to pain medicines.

These ideas are *not* correct. In the pages ahead, you will learn more about pain.



Pain—the Fifth Vital Sign

We often check our clients' four major vital signs: blood pressure, temperature, pulse, and respirations. In addition, we should check to see if the person is experiencing any pain. We often call pain "the fifth vital sign," because we know that the presence of pain is an indication of a health problem that needs investigation. When clients tell you they are having pain, or you see nonverbal signs of discomfort, you should **always** report this to your supervisor. James Campbell, MD, president of the American Pain Society, said, "If pain were assessed with the same zeal as other vital signs, it would have a much better chance of being treated properly. We need to treat pain as a vital sign. Quality care means that pain is measured and treated."



Why Do We Hurt?

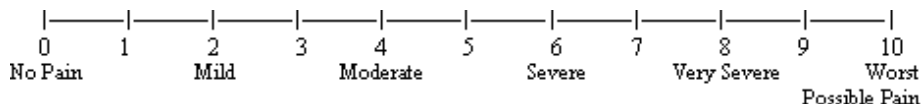
Pain is our body's way of telling us that something is wrong. People who are born without the ability to feel pain often do not live long, because they do not always



recognize when they are sick or injured. When we hurt, our body is sending a signal that must be investigated—think of pain as a flashing highway sign that warns us of danger. We ignore such signs at our own peril.

How Do You Know When a Client is in Pain?

First, *listen to the client.* Ask how he or she is feeling. Ask if he or she is uncomfortable in any way. If a client tells you that he does not feel good or that she hurts, say, "Can you describe your pain?" Ask where they hurt. Ask what the pain feels like. Is it stabbing, or burning, or dull and aching? Ask how much they hurt. Say, "On a scale of 0 to 10, with 0 being no pain and 10 being the worst possible pain, how bad is your pain?" See the scale below as an example. Report what the client says to your supervisor at once.



Only the client really knows how he or she is feeling or how much pain he or she is experiencing. The person having pain is the only expert on this subject, and no one else has the right to make a judgment about the type or amount of pain an individual has. We must always believe a client's report of pain.

What if the Client Cannot or Will Not Tell You about His or Her Pain?

If a client cannot talk to you about his or her pain, it is up to you to watch closely for **nonverbal signs**. When a client is uncomfortable, you might notice symptoms such as these:



- Guarded, cautious movements
 - Facial grimacing
 - Rapid heartbeat
 - Rapid or irregular breathing
 - Moaning, groaning, or sighing
 - Bracing or tensing the muscles
 - Irritability, anger, or impatience
 - Tearfulness or agitation
 - Loss of appetite
- Sadness or depression
 - Elevated blood pressure
 - Restlessness or sleeplessness



Report any of these symptoms to your supervisor.

Types of Pain

There are two main types of pain: **acute** and **chronic**. **Acute** pain is severe, and usually signals an injury or illness. Kidney stones and heart attacks cause acute pain. When we cure the injury or illness, the pain goes away. Acute pain can be a symptom of serious problems that require emergency treatment. Acute pain is generally too intense to ignore, and will often cause people to clutch the part of the body that is in pain. This type of pain requires medical attention.

Acute Pain is:

- Temporary
- Caused by a recent or current event or illness
- Relieved with treatment
- Often associated with trauma, surgery, or medical procedures
- Often signaled by a change in pulse and/or respiratory rate



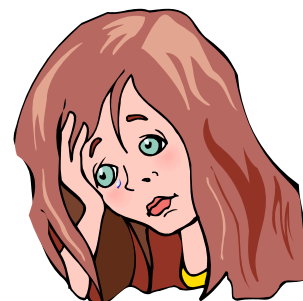
Chronic pain is a persistent, ongoing pain that lasts for weeks, months, or years. Sometimes an injury or illness originally caused the pain, but for unknown reasons the pain continues even after the injury or illness is gone. There may be an incurable disease causing the pain, such as cancer. Chronic pain can even occur without any known injury or illness causing it. The best we can do in these situations is to treat the pain without curing the underlying disease.



Chronic pain is not always constant and continuous, but can come and go. Sometimes chronic pain becomes sharp or severe for a time, and then subsides. It can be very disabling to live with chronic pain, because the pain makes it too difficult or tiring to perform everyday activities.

Chronic pain occurs when the nervous system keeps sending out pain signals repeatedly. It can cause loss of appetite, depression, irritability, and sleeplessness. Chronic pain sufferers are in a vicious cycle of exhaustion and depression that can make the pain worse.

New medicines and treatments make it possible to relieve even the most severe pain. ***No one should have to live with untreated chronic pain.***



Chronic Pain is:

- Pain that continues a month or more
- Pain that may come and go
- From a source that may be difficult to identify
- Treatable with treatments that control or lessen pain
- Pain that usually does not change the normal pulse and respiratory rate

Some of the major causes for chronic pain include cancer, heart disease, diabetes, arthritis, muscle disorders, bone disorders, and diseases of the nervous system.

Reactions to Pain

Every person responds differently to pain. Each of us has a physical pain threshold. Your pain threshold is the amount of painful stimulation your body needs before it recognizes that something hurts. This is different for every individual. In most people, this physical pain threshold stays the same over their lifetime.

Every person also has a psychological pain tolerance. Your pain tolerance is how much pain you can put up with before you react to it. This is different for every individual. Unlike the physical pain threshold, the psychological pain tolerance can change over time. Many things can affect your pain tolerance, including age, gender, culture, personality, and previous experiences with pain. Having a high tolerance to pain is not necessarily a good thing, because you might ignore an important sign of illness. Having a low tolerance to pain is neither good nor bad; pain tolerance is simply a fact to recognize when treating a client's pain.

Everyone has the right to live without pain if it is possible to do so, and the right to receive appropriate pain management when necessary. No one should suffer unnecessarily when treatment or relief is available.

Major Types of Pain Management

Medication prescribed by a doctor is the best treatment for pain.

This is one of the reasons it is so important to report a client's pain. The client's doctor cannot prescribe the right kind and amount of medicine if he or she does not know about the client's pain. While there are other things caregivers can do to relieve a client's discomfort, none of them take the place of the correct regimen of pain medication. ***People with serious illnesses should not worry about taking too much pain medicine if they follow their doctor's orders.***



Some of the measures you can take to make your clients more comfortable include the following:



Mild Exercise

Exercise helps increase flexibility and strength, relieving muscle stress that can cause backaches, headaches, and fatigue. Exercising in warm water is particularly good, because the water relaxes and supports the muscles, making exercises easier to perform.

Heat or Cold Applications

Warm or cool compresses applied to a painful area can bring temporary relief. Check with your supervisor before applying heat or cold to a client, and follow safe procedures to prevent harm to the client's skin.



Massage

Massage is useful for back pain and muscle soreness, and can be very relaxing to a client during a time of discomfort. Do not massage any painful area that is warm to touch, red, or swollen—report those symptoms to your supervisor at once.

Relieve Other Symptoms Besides Pain

Many things can make a client uncomfortable besides pain. Nausea, constipation, thirst, muscle or joint stiffness, fatigue, muscle cramps, itching, swelling, agitation, and depression are common problems experienced by people who are sick or injured. These things can cause great discomfort and make pain feel much worse.





Always make sure your supervisor is aware of any symptoms your client is experiencing. Many of these problems need treatment with medication.

Think of these things when you are caring for a client who needs comfort measures:

Symptom or Problem	Comfort Measures
Muscle or joint stiffness	Reposition the client frequently and use pressure-relieving devices.
Itching	Use soothing body lotions on the skin to relieve dryness.
Swelling	Elevate swollen feet and legs.
Constipation	Encourage fluids. If the client is eating, provide adequate fiber in the diet.
Thirst	Offer liquids frequently. Provide a straw or cup for sipping if needed. If the client cannot drink or sip, provide ice chips or hard candy to suck on (if there is no danger of choking). Keep the mouth moist by swabbing with water.
Fatigue	Ensure that the client has everything needed to sleep comfortably, such as a quiet, cool room with sufficiently warm bedding; soft, loose clothing; comfortable positioning and support; adequate hydration; darkness or soft lighting as requested; and freedom from pain.
Nausea	Eliminate unpleasant odors from the environment. Keep the room cool (not cold) and provide cool, damp cloths for the head and neck as needed. Keep the mouth clean and moist. Provide sips of clear liquid as desired if allowed.
Agitation or depression	Be a good listener. Give your client a safe environment in which he or she can feel free to express troubling thoughts without fear of judgment. Provide good personal care to help your client feel as clean, comfortable, and attractive as possible.
Leg cramps	If the client can stand, have him or her do so. Assist the client to prevent falling. If the client cannot stand, apply firm pressure to the entire sole of the foot of the affected leg, pushing the upper part of the foot toward the knee.

Support

Sometimes a listening ear and a caring attitude are the best medicine for people in pain. Do not give advice to a client who expresses feelings to you. Do not judge the client or give your opinion. Just listen and try to understand and accept what they say and feel.





Pain in the Elderly and in Clients with Dementia

Older clients sometimes will not complain about pain caused by a chronic condition. They may have become accustomed to the pain and do not want to complain. You can help these clients by being alert to changes in their behavior that may indicate they are hurting.

Clients with dementia present a special problem when dealing with pain, because they may not be able to recognize their pain or tell you about it. Even if pain wakes them up in the middle of the night, they may not remember what awakened them. When caring for a client who is confused, you must be especially careful to watch for nonverbal and behavioral signs that the client is hurting. Look for changes in:

- Sleep
- Mood
- Eating
- Mobility
- Behavior
- Ability to perform activities of daily living

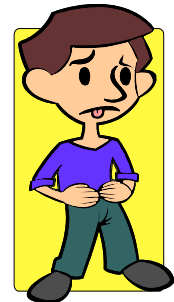
Be alert to the following symptoms in a confused client – unrelieved pain may be the cause:

Mood: Less social, more withdrawn or depressed, agitated, more confused, snaps at people.

Sleep: Problems like back pain, leg cramps, and sinus congestion often disrupt sleep.

Eating: Change in appetite, eats less, eats slower, does not chew effectively, spits food out. Look for problems with teeth, gum disease, and mouth sores, and look under dentures for lesions. Check for constipation.

Mobility: Change in gait, unwillingness to walk or move. Check for foot problems such as corns, calluses, and blisters. Look for bruises on the hips, legs, buttocks, and arms. Check to see if the client has fallen recently. Clients with dementia sometimes go for days with a fractured limb before someone realizes there is a problem.



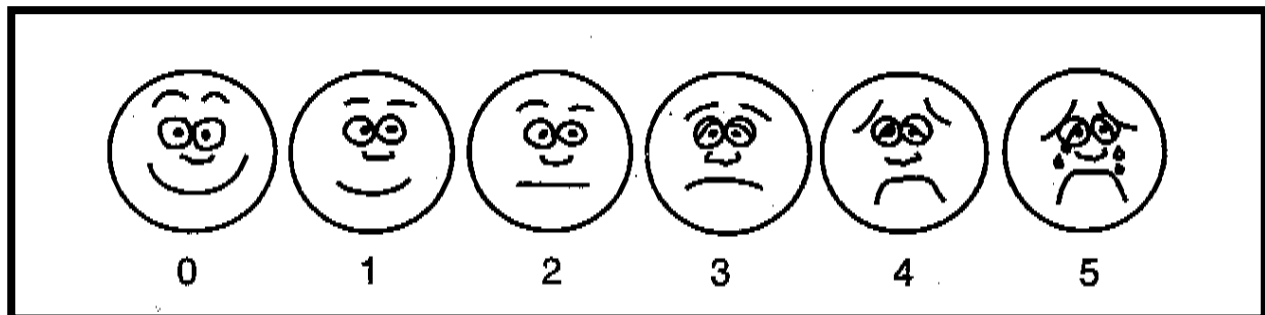
ADL Function: Sudden inability to do things they could do yesterday, less activity, more rest, changes in usual routine.

Difficult Behaviors: Restiveness, agitation, or striking out. Always examine what surrounds the behavior, to see if pain is the cause. What activity was going on when the behavior started? What activity was occurring just before the behavior started? See the table for some possible connections between behavior and cause.

Activity	Behaviors	Possible Causes
Bathing or Dressing	Pulling away when touched, flinching, pushing caregiver's hand away, avoiding or refusing bath, resisting getting dressed	Joint or muscle stiffness or pain, skin problems, bruising, edema, arthritis, bone pain, other pain
Toileting	Pulling away or pushing caregiver away, running away, dancing around, refusing to cooperate, hitting, arguing, getting upset	Urinary tract infection, constipation, impaction, problems in perianal area such as itching, hemorrhoids, groin rash, fungal infections, open areas on skin
Transferring	Cursing, name calling, hitting, not cooperating, refusing to move, resisting	Pain in joints or muscles, arthritis, skin problems, bone pain
Feeding	Pushing or hitting caregiver's hand away, spitting food out, refusing to eat	Dental problems, sore gums, mouth ulcers, poorly fitting dentures

How to Know How Much a Client with Dementia is Hurting

Use this Wong Baker Smile-Sad Faces Pain Rating Scale for those who cannot understand or are unwilling to use the 0-10 Scale. Ask the individual to point to the way he/she feels or the way the pain feels.





Questions to Ask Your Clients When They Hurt

When a client complains of pain, you can help the nurse or doctor by reporting as much information as possible. By asking the questions in this table, you are gathering important data about the client's pain.

Where is the pain?					
What time was your last pain medicine?					
Is your pain:	Yes	No	Do you have:	Yes	No
Burning?			Numbness?		
Sharp?			Tingling (pins and needles)?		
Aching?			Weakness?		
Throbbing?			Muscle spasm or tightness?		
Shooting?			Other:		
Other:					
What makes your pain worse?	Yes	No	What makes your pain feel better?	Yes	No
Coughing			Relaxing		
Sitting			Sitting		
Standing			Standing		
Lying down			Lying down		
Walking			Walking		
Moving around			Moving around		
Other:			Heat		
			Cold		
			Medicine		
			Other:		



Understanding Pain: Test

Name _____ Date _____ Score _____
(11 correct answers required)

Directions: Match the question on the left with the answer on the right by putting the correct letter in the blank space.

- | | |
|--|----------------------|
| 1. This kind of pain is severe, and goes away when the underlying problem is cured. _____ | a. Mild exercise |
| 2. This is a nonverbal sign of pain that should be reported to a nurse or doctor. _____ | b. Guarded movements |
| 3. This is a common type of chronic pain. _____ | c. Chronic pain |
| 4. This can be a helpful treatment for some kinds of pain. _____ | d. Acute pain |
| 5. This kind of pain is persistent and ongoing and sometimes occurs without a known cause. _____ | e. Arthritis |

Directions: Answer the following questions by circling “T” for true or “F” for false.

6. We should always believe what a client tells us about his or her pain. T or F
7. Warm or cold compresses are not helpful in relieving pain. T or F
8. Confused people and the elderly have a higher pain tolerance. T or F
9. Nothing can be done to relieve certain types of pain. T or F
10. Terminally ill and elderly people are likely to get addicted to painkillers. T or F
11. You should not massage a painful body part that is warm, red, or swollen. T or F
12. Whenever a client complains of pain, you should report it to your supervisor. T or F

Directions: Fill in the blanks in the questions below.

13. Pain is called the _____ vital sign because we should ask about pain when we are checking people’s health status and other four vital signs.
14. A client with dementia who becomes upset and uncooperative about personal care might be experiencing some kind of _____.
15. _____prescribed by a doctor is the best treatment for pain.
16. Caregivers can help relieve a client’s pain by doing things that relieve other uncomfortable _____.





Certificate of Completion

Awarded to: _____
(Name of Participant)

**For Completing the
One-Hour Course Entitled
*Understanding Pain***



Date of Course: _____

Organization: _____

Presented by: _____
(Signature of presenter, or write "self-study")

